

SITE-SPECIFIC HEALTH AND SAFETY PLAN

JJ METAL RECYCLING FACILITY FIRE SITE

Carolina, Puerto Rico

SSID No.: 02ZZ

DC No: RST3-05-D-0111
TDD No: TO-0370-0114
EPA Contract No: EP-S2-14-01

Prepared for:

U.S. Environmental Protection Agency, Region II
Response and Remediation Branch,
Caribbean Environmental Protection Division,
City View Plaza Tower 2, Suite 7000
48 State Road. 165, km 1.2, Guaynabo, Puerto Rico 00968-8069

Prepared by:

Removal Support Team 3
Weston Solutions, Inc.
Federal East Division
Edison, New Jersey 08837

December 2018

**REGION II RST 3 HEALTH AND SAFETY PLAN
EMERGENCY RESPONSE/REMOVAL ASSESSMENT/REMOVAL ACTION
(Revised 11 July 2017)**

Site Information:

TDD No.: TO-0370-0114

Site Name: JJ Metal Recycling Facility Fire Site

Site Address: Latitude: 18.378466
Longitude: -65.926445
Carolina, Puerto Rico

Directions to Site from the RST 3 PR Office (Color map is included on the following page):

1715 Avenida Juan Ponce de León

San Juan, 00909, Puerto Rico

Take Calle Marginal to Expreso Román Baldorioty de Castro/PR-26

- 7 min (3.2 km)
1. Head northwest on Avenida Juan Ponce de León/PR-25 toward Calle Mayol 350 m
 2. Turn right onto Avenida Eduardo Conde 180 m
 3. Turn left onto Calle San Jorge 450 m
 4. Turn right onto Calle Marginal 2.9 km

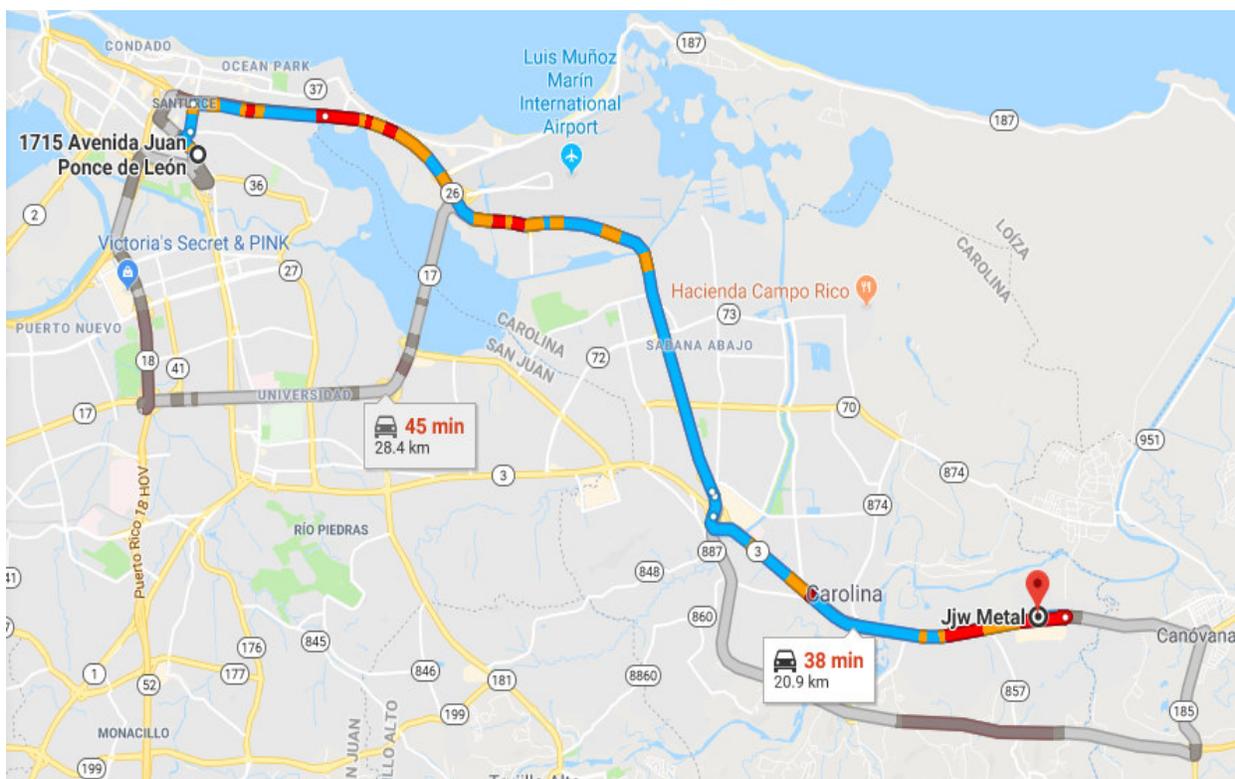
Follow Expreso Román Baldorioty de Castro/PR-26 and PR-3 S to Calle Marginal in Carolina

- 19 min (17.6 km)
5. Merge onto Expreso Román Baldorioty de Castro/PR-26 10.0 km
 6. Continue straight onto PR-66 85 m
 7. Take the Route 887/Route 3 exit toward Carolina Centro/Saint Just/Trujillo Alto 300 m
 8. Keep left, follow signs for PR-3/Carolina Centro and merge onto Hwy 3 S/PR-26/PR-3 S
i Continue to follow Hwy 3 S/PR-3 S 6.9 km
 9. Make a U-turn at PR-874 450 m
 10. Turn right onto Calle Marginal
i Destination will be on the right 20 s (75 m)

Jjw Metal

Calle Marginal, Carolina, 00987, Puerto Rico

Estimated travel time: 38 minutes, 20.9 kilometers.



***This map is subject to Google's Terms of Service, and Yahoo is the owner of rights therein.*

Historical/Current Site Information:

At approximately 1545 hrs on November 28, 2018, Weston Solutions, Inc., Removal Support Team 3 (RST 3) was activated by the U.S. Environmental Protection Agency, Region II (EPA) On-Scene Coordinator (OSC) to provide emergency response support at the JJW Metal ER Site (the Site) located in Carolina, Puerto Rico. The fire was reported at 1345 hrs on November 28, 2018 at the metal recycling plant located on PR-1, in front of Los Colobos. Early reports state that the fire has been contained and will not spread to the surrounding community. It is believed that a tank may have exploded at the facility. No other initial information was provided by the EPA.

RST 3 Scope of Work:

As part of the initial emergency response activities to be conducted at the Site, RST 3 has been tasked with providing two Core Response Team (CRT) members to support the response activities. The RST 3 scope of work includes conducting continuous 24-hour dust particulate monitoring using DustTrack air monitors and periodic air monitoring for volatile organic compounds (VOCs), at locations within a ¼ mile and ½ mile radius from the Site using a MultiRAE unit equipped with photoionization detector (PID).

In addition, RST 3 will collect multimedia samples including air, soil, and water samples, from locations to be determined on-site at the discretion of the EPA OSC. Air samples will be collected using Summa canisters for Toxic Organics (TO)-15 VOC analysis, and soil and surface water samples will be collected for VOCs, semivolatile organic compounds (SVOCs), polychlorinated biphenyls (PCBs), perfluoroalkyl and polyfluoroalkyl substances (PFAs), total metals, and mercury, analyses. Soil samples will be collected from locations outside the immediate perimeter

of the Site; surface water samples will be collected from the nearest water body; background soil and surface water samples will be collected from locations at least a ¼ mile from the Site. RST 3 will also maintain a photo-documentation log, and provide overall documentation of response activities.

Three (3) S.M.A.R.T. Health and Safety Goals for the Project (Simple, Measurable, Actionable, Reasonable, & Timely):

1. Safe driving; no accidents, incidents or moving violations when travelling to and from the Site.
2. Use appropriate personal protective equipment (PPE) for the assigned tasks.
3. Be aware of surrounding areas and walking surfaces to minimize slips, trips, and falls.

Incident Type:

- Emergency Response: Beginning on November 28, 2018
- Removal Assessment
- Removal Action
- Residential Sampling/Investigation
- PRP Oversight

Location Class:

- Industrial
- Commercial
- Urban/Residential
- Rural

U.S. EPA OSC: Carlos Huertas
Original HASP: Yes or No Yes
Lead RST 3: Hector Rodriguez

Date of Initial Site Activities: 11/28/2018
Site Health & Safety Coordinator: Hector Rodriguez
Site Health & Safety Alternate: Gabriela Rodriguez

Response Activities/Dates of Response (fill in as applicable)

Emergency Response:

- Perimeter Recon: Beginning on November 28, 2018
- Site Entry: Beginning on November 28, 2018
- Visual Documentation: Beginning on November 28, 2018
- Multi-Media Sampling: Beginning on November 28, 2018
- Decontamination

Removal Assessment:

- Perimeter Recon
- Site Entry

- Visual Documentation
- Multi-Media Sampling
- Decontamination

Removal Action:

- Perimeter Recon
- Site Entry
- Visual Documentation
- Multi-Media Sampling
- Decontamination

Physical Safety Hazards to Personnel:

| | | | | | |
|-------------------------------------|--|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Inclement Weather – Attach FLD02 | <input checked="" type="checkbox"/> | Heat – Attach FLD05 | <input type="checkbox"/> | Cold – Attach FLD06 |
| <input type="checkbox"/> | Confined Space – Attach FLD08 | <input checked="" type="checkbox"/> | Industrial Trucks – Attach FLD09 | <input type="checkbox"/> | Manual Lifting – Attach FLD10 |
| <input checked="" type="checkbox"/> | Terrain – Attach FLD11 | <input checked="" type="checkbox"/> | Structural Integrity – Attach FLD13 | <input type="checkbox"/> | Site Security – Attach FLD14 |
| <input type="checkbox"/> | Pressurized Containers, Systems – Attach FLD16 | <input type="checkbox"/> | Use of Boats – Attach FLD18 | <input checked="" type="checkbox"/> | Waterways – Attach FLD19 |
| <input type="checkbox"/> | Explosives – Attach FLD21 | <input checked="" type="checkbox"/> | Heavy Equipment – Attach FLD22 | <input type="checkbox"/> | Aerial Lifts and Manlifts – Attach FLD24 |
| <input type="checkbox"/> | Elevated Surfaces and Fall Protection – Attach FLD25 | <input type="checkbox"/> | Ladders – Attach FLD26 | <input type="checkbox"/> | Excavations/Trenching – Attach FLD28 |
| <input checked="" type="checkbox"/> | Fire Prevention – Attach FLD31 | <input type="checkbox"/> | Demolition – Attach FLD33 | <input type="checkbox"/> | Underground/Overhead Utilities – Attach FLD34 |
| <input checked="" type="checkbox"/> | Hand and Power Tools – Attach FLD38 | <input checked="" type="checkbox"/> | Illumination – Attach FLD39 | <input type="checkbox"/> | Storage Tanks – Attach FLD40 |
| <input checked="" type="checkbox"/> | Lead Exposure – Attach FLD46 | <input checked="" type="checkbox"/> | Sample Storage – Attach FLD49 | <input type="checkbox"/> | Cadmium Exposure – Attach FLD50 |
| <input type="checkbox"/> | Asbestos Exposure – Attach FLD52 | <input type="checkbox"/> | Hexavalent Chromium Exposure – Attach FLD 53 | <input type="checkbox"/> | Benzene Exposure – Attach FLD 54 |
| <input type="checkbox"/> | Drilling Safety – Attach FLD56 | <input type="checkbox"/> | Drum Handling – Attach FLD58 | <input type="checkbox"/> | Gasoline Contaminant Exposure – Attach FLD61 |
| <input type="checkbox"/> | Noise – Attach CECHSP, Section 7 | <input checked="" type="checkbox"/> | Walking/Working Surfaces | <input checked="" type="checkbox"/> | Motor Vehicle Safety – Attach FLD57 |
| <input checked="" type="checkbox"/> | Unknowns in Tanks or Drums | <input type="checkbox"/> | Nonionizing Radiation | <input type="checkbox"/> | Ionizing Radiation |

Biological Hazards to Personnel:

- Infectious/Medical/Hospital Waste – Attach FLD 44 and 45
- Insects – Attach RST 3 FLD 43B
- Raw Sewage
- Non-domesticated Animals – Attach RST 3 FLD43A
- Poisonous Plants/Vegetation – Attach RST 3 FLD 43D
- Bloodborne Pathogens – Attach FLD 44 and 45

Training Requirements:

- | | |
|---|--|
| <input checked="" type="checkbox"/> 40-Hour HAZWOPER Training with three days supervised experience | <input type="checkbox"/> 8-Hour Management or Supervisor Training in addition to basic training course |
| <input checked="" type="checkbox"/> 8-Hour Annual Refresher Health and Safety Training | <input type="checkbox"/> Site Specific Health and Safety Training |
| <input type="checkbox"/> DOT (CMV Training - ERV in Use) | <input type="checkbox"/> Bio-Medical Collection and Response |

Medical Surveillance Requirements:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Baseline initial physical examination with physician certification | <input checked="" type="checkbox"/> Annual medical examination with physician certification |
| <input type="checkbox"/> Site-specific medical monitoring protocol (Radiation, Heavy Metals) | <input type="checkbox"/> Asbestos worker medical protocol |

Vehicle Use Assessment and Selection:

Driving is one of the most hazardous and frequent activities for Weston Employees. As such, Weston Employees are required to adhere to established safe operating practices in order to maintain their eligibility to drive Weston owned, leased, or rented vehicles. Every person riding in a Weston vehicle, including passengers must maintain a commitment for a safe journey. This means being attentive while in the vehicle and helping the driver to notice hazards ahead of and around the vehicle and ensure that their presence does not distract the driver from safely operating the vehicle.

A high percentage of vehicle accidents occur when operating in reverse. Anytime a vehicle is operated in reverse, e.g., backing out of a parking area, if there are passengers, at least one of them are to assist the driver by acting as a guide person during the reverse movement or during other vehicle operation where it would be prudent to have a guide person(s) participate in the vehicle movement. When practical, the preferred parking method would be to back into the parking area.

At a minimum, each Weston Driver must:

- Possess a current, valid drivers' license
- Current Commercial Motor Vehicle (CMV) card when operating the Emergency Response Vehicle
- Obey posted speed limits and traffic laws
- Wear seat belts at all times while the vehicle is in operation
- Conduct a 360 degree inspection around the vehicle before attempting to drive the vehicle
- Report accidents / incidents immediately and complete a Notice of Incident (NOI)
- Keep vehicles on approved roadways (4WD doesn't guarantee mobility on unapproved surfaces)

All Region II RST 3 personnel are experienced and qualified to drive RST 3 fleet vehicles (Tahoe, Suburbans, Minivan/Cargo Van, and Emergency Response Vehicle). However, in the event that vehicle rental is required, each person must take the time to familiarize themselves with that

particular vehicle. This familiarization includes adjustment of the dashboard knobs/controls, mirrors, steering wheel, seats, and a 360 degree external inspection of the vehicle.

1. The following vehicles are anticipated to be used on this project:

- | | |
|---|--|
| <input type="checkbox"/> Car | <input type="checkbox"/> Pickup Truck |
| <input checked="" type="checkbox"/> Intermediate/Standard SUV (e.g. Chevy Trailblazer, Chevy Tahoe, Ford Explorer, Ford Escape) | <input type="checkbox"/> Full Size SUV (e.g. Chevy Suburban, Ford Expedition, GMC Yukon) |
| <input type="checkbox"/> Minivan/Cargo Van (e.g. Chevy Uplander, Chevy Express Van) | <input type="checkbox"/> Box Truck (Size: _____) |
| <input checked="" type="checkbox"/> Emergency Response Vehicle (ERV) | <input type="checkbox"/> Other _____ |

2. Are there any on-site considerations that should be noted?

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Working/Driving Surfaces | <input checked="" type="checkbox"/> Debris | <input type="checkbox"/> Overhead Clearance | <input checked="" type="checkbox"/> Obstructions |
| <input checked="" type="checkbox"/> Tire Puncture Hazards | <input type="checkbox"/> Vegetation | <input checked="" type="checkbox"/> Terrain | <input checked="" type="checkbox"/> Parking |
| <input type="checkbox"/> Congestion | <input checked="" type="checkbox"/> Site Entry/Exit Hazards | <input checked="" type="checkbox"/> Local Traffic Volume | <input type="checkbox"/> Security |
| <input checked="" type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Time/Length of Work Day | <input type="checkbox"/> Other: | |

Do any of the considerations above require further explanation? No

3. Was the WESTON Environmental Risk Management Tool completed in EHS? Yes

Was an Environmental Compliance Plan required? No

4. Are there any seasonal considerations that should be noted (e.g., Anticipated Snowy Conditions) No.

5. Is a Traffic Control Plan required? Yes No

Chemical Hazards to Personnel:

| Contaminant Action Levels | | |
|---------------------------|--|---|
| Contaminant: | Level: | Action |
| LEL | 10% or above | Evacuate the scene. Reassess the situation |
| Oxygen | 19.5% or below | Evacuate and upgrade to a minimum of Level B |
| PID | Continuous reading of 20 ppm above background or greater | Upgrade to Level C and wear an organic vapor (OV) cartridge/air purifying respirator (APR). Investigate source. |
| Chlorine | 0.5 ppm APR 5 ppm SCBA | Upgrade to Level C and wear a chlorine (CL) cartridge/air purifying respirator (APR). Upgrade to SCBA if second action level is reached. Investigate source |
| Carbon Monoxide | 50 ppm APR 200 ppm SCBA | Upgrade to Level C and wear a carbon monoxide (CM) cartridge/air purifying respirator (APR). Upgrade to SCBA if second action level is reached. Investigate source |
| Hydrogen Sulfide | 10 ppm APR 100 ppm SCBA | Upgrade to Level C and wear a hydrogen sulfide (HS) cartridge/air purifying respirator (APR). Upgrade to SCBA if second action level is reached. Investigate source |
| Ammonia | 50 ppm APR 300 ppm SCBA | Upgrade to Level C and wear an ammonia (AM) cartridge/air purifying respirator (APR). Upgrade to SCBA if second action level is reached. Investigate source |

Chemical Hazards to Personnel (Concluded):

| Physical Parameters | <u>Chemical Contaminant</u> TBD |
|----------------------------------|--|
| Exposure Limits / IDLH Level | _ ppm ___ mg/m ³ PEL <u>NA</u> ppm ___ mg/m ³ REL ppm ___ mg/m ³ IDLH |
| Physical Form (Solid/Liquid/Gas) | _____ Solid ___ Liquid _____ Gas |
| Color | Colorless |
| Odor | |
| Flash Point Flammable Limits | <u>N/A</u> Degrees F ___% UEL ___% LEL |
| Vapor Pressure | _____ atm |
| Vapor Density | _____ Air = 1 |
| Specific Gravity | _____ Water = 1 |
| Solubility | |
| Incompatible Materials | |
| Routes of Exposure | _____ Inh _____ Abs _____ Con _____ Ing |
| Symptoms of Acute Exposure | |
| First Aid Treatment | |
| Ionization Potential | _____ eV |
| Instruments for Detection | <u>X</u> PID w/ _____ Probe _____ FID _____ CGI _____ RAD _____ Det Tube Other: Tube; |

Site Map with Work Zones: Work zones are currently unknown. The appropriate work zones will be determined on-site based on the proposed work areas.



***This map is subject to Google's Terms of Service, and Google is the owner of rights therein.*

Work Zone Definitions:

Exclusion Zone - the area where contamination is either known or expected to occur and the greatest potential for exposure exists. The outer boundary of the Exclusion Zone, called the Hotline, separates the area of contamination from the rest of the Site.

Contamination Reduction Zone (CRZ) - the area in which decontamination procedures take place. The purpose of the CRZ is to reduce the possibility that the Support Zone will become contaminated or affected by the site hazards.

Support Zone - the uncontaminated area where workers are unlikely to be exposed to hazardous substances or dangerous conditions. The Support Zone is the appropriate location for the command post, medical station, equipment and supply center, field laboratory, and any other administrative or support functions that are necessary to keep site operations running efficiently.

Communications:

- Buddy System
- Radio
- Air Horn for Emergencies
- Hand Signals/Visual Contact

Personnel Decontamination Procedures:

- Wet Decontamination (procedures as follows)
- Dry Decontamination (procedures as follows)

It is anticipated that all field work will be conducted in Level D/C personal protective equipment (PPE). All used dedicated respirator cartridges, Tyvek, and nitrile gloves and booties will be collected in trash bags and disposed of in accordance with applicable federal, state, and local regulations.

Equipment Decontamination Procedures:

- None
- Wet Decontamination (procedures as follows)
- Dry Decontamination (procedures as follows)

It is anticipated that all multi-media sampling activities will be completed utilizing dedicated sampling equipment which will be disposed of off-site in accordance with state and local regulations. However, if non-dedicated sampling equipment is utilized it will be decontaminated in accordance with EPA Environmental Response Team (ERT)/Scientific, Engineering, Response and Analytical Services (SERAS) contractor Standard Operating Procedure (SOP) number (No.) 2006 – *Sampling Equipment Decontamination* on site as follows:

1. Alconox detergent and potable water scrub.
2. Potable water rinse.
3. Deionized water rinse.
4. Propanol rinse.
5. Deionized water rinse.
6. Air dry (sufficient time will be allowed for the equipment to completely dry)

Adequacy of decontamination determined by: RST 3 Health and Safety Officer

Personal Protective Equipment:

The designated levels of personal protection for the applicable tasks and work areas are based on an evaluation of potential hazards identified from information currently available and may change in the field.

| Designated Levels of Personal Protection | | | | | | |
|--|--------------------------------------|----------------|----------------------|---|---|---|
| Task #: | Work Area: (e.g., EZ, CRZ, other) | Job Function: | Level of Protection: | | | |
| 1 | Impacted area | Air Monitoring | A | B | C | D |
| 2 | Impacted area | Assessment | A | B | C | D |
| 3 | Impacted area | Documentation | A | B | C | D |
| 4 | Impacted area | Sampling | A | B | C | D |

Specific levels of PPE, including criteria for upgrading and downgrading levels of protection, are provided below.

| Levels of PPE | |
|---|--|
| Level of Protection: | Specific Equipment (e.g., Clothing Materials, Respirator Type, Cartridges): |
| D | Hard hat, safety glasses, steel toe boots, nitrile gloves |
| D (modified) | Use rubber botties over boots, Saranex, safety goggles, PFD's, Waders, etc. as appropriate |
| C | Same as above plus P100 Cartridges or Air Purifying Respirator. |
| | |
| Criteria for Upgrading or Downgrading Levels of Protection: | |
| Based on air monitoring readings and changes in tasks and work areas. | |

Hazard Task Analysis:

| RISK LEVEL (High, Medium, Low) | TASK/HAZARD | RECOGNITION/ SYMPTOMS | MITIGATION | LEVEL OF PROTECTION |
|--------------------------------|--|--|---|------------------------------|
| Medium | <p>Task: Documentation and Sampling</p> <p>Hazard: Slips, Trips, Falls and Uneven Walking Surfaces</p> | Exterior walking surfaces clear of debris, uneven surfaces, and ice that may increase the potential for an incident. | Maintain walking paths in cleared areas. | Level D/C |
| Medium | <p>Task: Documentation and sampling.</p> <p>Hazard: Potential exposure to site contaminant (lead).</p> | Potential contact with site contaminants. Observe air monitoring readings for hazardous conditions | Use appropriate level of PPE. Maintain clean work areas by following good housekeeping procedures. | Level D/C |
| Low | <p>Task: Driving</p> <p>Hazards: Vehicular loss of control i.e. swerving or skidding into traffic or pedestrians. Collision with stationary objects.</p> | Distractions while driving. Poor driving conditions, i.e. rain. Exhaustion/lack of sleep. | <p>Maintain eyes on road while moving; check rear view mirrors and side mirrors when backing up and changing lanes.</p> <p>Wear seat belt and make sure there is a line of sight in all directions.</p> <p>Reduce speed when road condition is slippery.</p> <p>Pull to curb to answer phone calls.</p> <p>Switch driver if exhausted or stop to take short naps before continuing.</p> <p>Maintain eyes on road while moving; check rear view mirrors and side mirrors when backing up and changing lanes.</p> | Seat Belt and Driver Airbags |

Frequency and Types of Air Monitoring:

Continuous- _____ Routine - _____ Periodic - _____

| DIRECT READING INSTRUMENTS | MultiRAE CGI / O ₂ / H ₂ S / CL ₂ / CO / PID | MicroFID or TVA-1000 | Drager Chemical Detector Tube | DustTrack |
|----------------------------|--|---|---|--|
| EQUIPMENT ID NUMBER | To be Determined | N/A | N/A | N/A |
| CALIBRATION DATE | To be Determined | N/A | N/A | N/A |
| RST 3 PERSONNEL | Hector Rodriguez Gabriella Rodriguez | N/A | N/A | Hector Rodriguez Gabriella Rodriguez |
| ACTION LEVEL | > 10 - 20% LEL (Confined Space / non-Confined Space) < 19.5% O ₂ Deficient > 23% O ₂ – Enriched H ₂ S – PEL: 20 ppm IDLH: 100 ppm Cl ₂ – PEL: 1 ppm IDLH: 10 ppm | Unknowns: 1 - 5 Units - "Level C" 5-500 Units-"Level B" | PEL / TLV / IDLH: Compare with Drager Tube | < 100 µg/ m ³ : Continue monitoring ≥ 100 µg/m ³ : Continue monitoring Begin dust suppression measures. Notify OSC that early warning alert level has been reached ≥ 150 µg/m ³ : Cease activities; re-evaluate dust suppression measures |

| Dräger Tubes | Expiration Date | Strokes | Color Change |
|-------------------------------------|--------------------------------------|----------|--------------------------------|
| Nitrogen Dioxide - 2 to 100 PPM | See individual package before use | 10 or 5 | yellowish-green to bluish-grey |
| Phosgene - 0.25 to 5 PPM | See individual package | 40 or 20 | white to red |
| Hydrochloric Acid - 50 to 5,000 PPM | See individual package | 1 or 10 | blue to white |
| Cyanide - 2 to 15 mg/m ³ | See individual package | 10 | yellow to red |
| Acetic Acid - 5 to 80 PPM | See individual package | 3 | blue/violet to yellow |
| Chlorine - 0.2 to 3 PPM | See individual package | 10 | white to yellowish-orange |
| Ammonia - 5 to 70 PPM | See individual package | 10 | yellow to blue |

Emergency Telephone Numbers

| Emergency Contact | Location / Address | Telephone Number | Notified |
|------------------------|------------------------------------|--|----------|
| Hospital | Hospital UPR - Dr. Federico Trilla | Emergency: 911 Non-Emergency: (787) 757-1800 | No |
| Ambulance | 911 | 911 | No |
| Police | 911 | 911 | No |
| Fire Department | 911 | 911 | No |

Chemical Trauma Capability? Yes No

If no, closest backup: _____ Phone: _____

Driving directions from the Site to Hospital UPR - Dr. Federico Trilla (Color Map Provided on the Following Page):

Jjw Metal

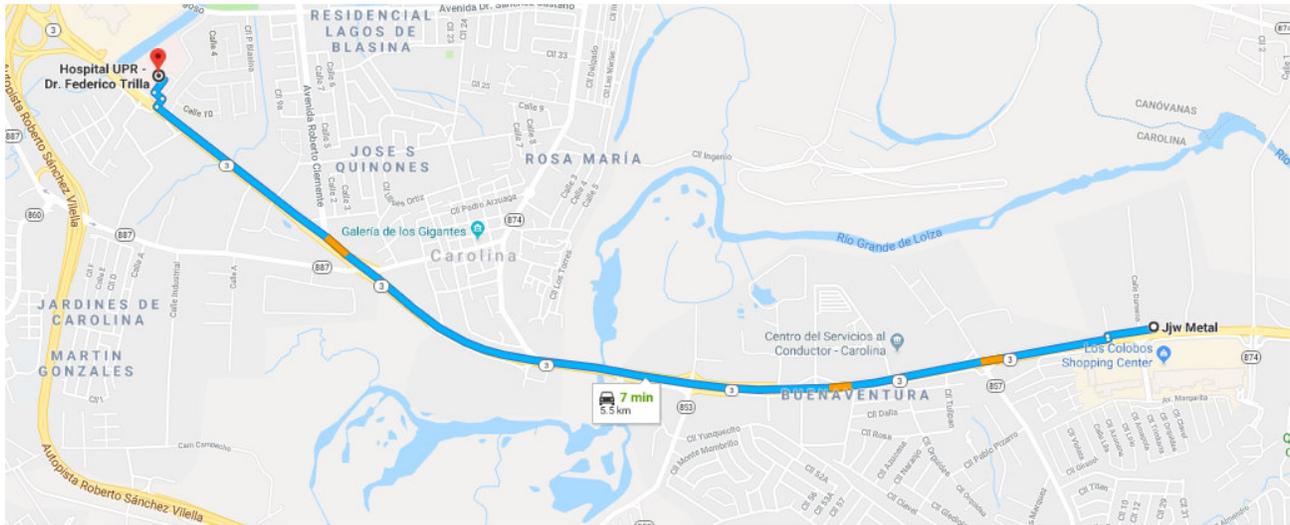
Calle Marginal, Carolina, 00987, Puerto Rico

- ↑ 1. Head west on Calle Marginal toward Calle Darsena
230 m
- ↶ 2. Turn left toward PR-3 N
17 m
- ↷ 3. Turn right onto PR-3 N
5.0 km
- ↷ 4. Turn right onto Calle 1
▲ Restricted usage road
47 m
- ↶ 5. Turn left
▲ Restricted usage road
49 m
- ↷ 6. Turn right
▲ Restricted usage road
📍 Destination will be on the left
76 m

Hospital UPR - Dr. Federico Trilla

km 8. P.R, 3 Cll 3, Carolina, 00984, Puerto Rico

Estimated travel time: 7 minutes, 5.5 kilometers.



***This map is subject to Google's Terms of Service, and Google is the owner of rights therein.*

Route verified by: Hector Rodriguez

Date: 11/28/2018

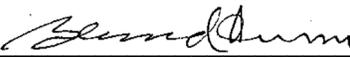
Additional Emergency Telephone Contacts

| | |
|--|---|
| <p>WESTON Medical Emergency Service Dr. Peter Greaney, Medical Director WorkCare 300 South Harbor Blvd, Suite 600 Anaheim, California 92805</p> | <p>800-455-6155 Regular Business Hours (9AM to 7:30PM) Dial 0 or Ext. 175 for Michelle Bui to request the on-call clinician. 800-455-6155 After Hours (Weekdays 7:31PM to 8:59AM, Weekends, Holidays) Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.</p> |
| <p>Chemtrec</p> | <p>800-424-9300</p> |
| <p>ATSDR</p> | <p>404-639-0615</p> |
| <p>ATF (explosives information)</p> | <p>800-424-9555</p> |
| <p>National Response Center</p> | <p>800-424-8802</p> |
| <p>National Poison Control Center</p> | <p>800-764-7661</p> |
| <p>Chemtel</p> | <p>800-255-3924</p> |
| <p>DOT</p> | <p>800-424-8802</p> |
| <p>CDC</p> | <p>800-232-0124</p> |

Pre-Response Approval

HASP prepared by: Timothy Benton

Date: 12/5/2018

Pre-Response/Entry Approval by: 

Date: 12/5/2018

| Tasks Conducted | Level of Protection/Specific PPE Used |
|---|---------------------------------------|
| Air Monitoring | Level D/C |
| Assessment | Level D/C |
| Documentation | Level D/C |
| Sampling | Level D/C |
| PPE Upgrade/Downgrade will be based on air monitoring readings and changes in tasks and work areas. | |

Hazardous Waste Site and Environmental Sampling Activities

Off Site: Yes No
On Site: Yes No

Describe types of samples and methods used to obtain samples:

All field and sampling activities including air monitoring and air, soil and surface water sampling will be performed in accordance with applicable EPA ERT/SERAS SOPs.

Was laboratory notified of potential hazard level of sample? Yes No

Note: The nature of the work assignment may require the use of the following procedures/programs which will be included as attachments to this Health and Safety Plan (HASP) as applicable: Emergency Response Plan, Confined Space entry Procedures, Spill Containment Program.

Disclaimer: This HASP was prepared for work to be conducted under the RST 3 Contract EP-S2-14-01. Use of this HASP by WESTON and its subcontractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.

Air Monitoring Summary Log

Date: ___/___/___

Data Collected by: _____

| Station/Location | CGI / O₂ Meter / CL₂ / H₂S | PID | FID / TVA-1000 | DustTrak | Other () |
|-------------------------|--|------------|---------------------------|-----------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ATTACHMENT A

WESTON FLDS

FLD 02 INCLEMENT WEATHER

Hot weather (ambient temperatures over 70°F), cold weather (ambient temperatures below 40°F), rain, snow, ice, and lightning are examples of inclement weather that may be hazardous or add risk to work activities. Extremes of heat, cold, and humidity, as well as rain, snow, and ice, can adversely affect monitoring instrument response and reliability, respiratory protection performance, and chemical protective clothing materials.

RELATED FLDs AND OP

FLD 05 – Heat Stress Prevention and Monitoring

FLD 06 – Cold Stress

OP 05-03-008 – Inclement Weather & Business Disruption Policy

PROCEDURE

The potential for exacerbating the impact of physical hazards must be considered for tasks that expose personnel to inclement weather. Risk assessment and hazards analysis should be accomplished during the planning stages of a project for the most likely inclement weather conditions that may be encountered, i.e., rain and lightning in late spring, summer, and early fall, or lightning prone areas; cold, snow, and ice in winter. The Field Safety Officer (FSO) must determine the proper safety procedures and recommend them to the site manager. Each worker must evaluate the risk associated with his/her work and be actively alert to these hazards. Managers and workers must be familiar with the requirements of FLD 05 and FLD 06.

A pre-site activity risk assessment must be completed when inclement weather occurs. Weather conditions that affect instruments and personal protective equipment (PPE) function must be conveyed to site workers who should monitor function and integrity of PPE and be alert to changing weather conditions. A decision must be made on the proper safety procedures to use if work must continue, or to stop work if the risk is too great. The appropriate Safety Professional **must be notified of all instances of the need to stop work for safety reasons, including inclement weather.**

Heat

Hot, dry weather increases risk of soil drying, erosion, and dust dispersion, which may present or increase risk of exposure and environmental impact from toxic hazards. Hot weather will increase pressure on closed containers and the rate of volatilization, thereby potentially increasing the risk of exposure to toxic, flammable, or explosive atmospheres.

Prevention and Protective Measures

Employees must be protected from airborne contaminants using engineering controls such as wetting dry soil to prevent particle dispersion, and providing local ventilation to reduce volatile air contaminants to safe levels, or if engineering controls are infeasible, using prescribed PPE. Wind shifts and velocity should be measured where change may result in dispersion of airborne contaminants into the work area.

Rain, Wet Weather, and High Humidity

Wet conditions resulting from rain and wet weather increase slipping and tripping hazards, braking distances of vehicles, the potential for vehicle skidding, or difficulties in handling powered devices such as augers and drills. Rain fills holes, obscures trip and fall hazards, and increases risk of electrical shock

when working with electrical equipment. Changes in soil conditions caused by rain can impact trenching and excavating activities, creating the potential for quicksand formation, wall collapse, and cave-in. Vehicles become stuck in mud, and tools and personnel can slip on wet surfaces. Rain and wet conditions may decrease visibility (especially for personnel wearing respiratory protection) and limit the effectiveness of certain direct-reading instruments (e.g., photoionization detectors [PIDs]).

Feet that become wet and are allowed to remain wet can lead to serious problems under both heat and cold conditions. Activities that may result in wet feet include extended work in chemical protective clothing and wading in water/liquid during biological assessments. Trench foot, paddy foot, and immersion foot are terms associated with foot ailments resulting from feet being wet for long periods of time. All have similar symptoms and effects. Initial symptoms include edema (swelling), tingling, itching, and severe pain. These may be followed by more severe symptoms including blistering, death of skin tissue, and ulceration. (NOTE: The following Preventive and Protective Measures also apply to Cold, Snow, and Ice.)

Preventive and Protective Measures

Walkways, stairs, ladders, elevated workplaces, and scaffold platforms must be kept free of mud, ice, and snow. Employees shall be prohibited from working on scaffolds covered with snow, ice, or other slippery material except as necessary for removal of such materials.

Vehicles used in rain or cold weather must have working windshield wipers and defrosters, and windows must be kept clear of obstruction.

Drivers must observe traffic laws, including maintaining speed within limits safe for weather conditions, and wearing seat belts at all times. Note that this may mean operating below the posted speed limit.

When walking, workers should use a walking stick or probe to test footing ahead where there is standing water, snow, or ice to protect the walker against stepping into potholes or onto puncture hazards, buried containers, or other potential structurally unsound surfaces.

Prior to using vehicles or equipment in off-road work, workers should walk the work area or intended travelway when puddles or snow may obscure potholes, puncture hazards, or buried containers, or other potential structurally unsound surfaces.

Project managers should arrange to have winches, come-alongs, or other mechanical assistance available when vehicles are used in areas where there is increased risk of getting stuck. Cable or rope and mechanical equipment used for pulling stuck vehicles must be designed for the purpose, of sufficient capacity for the load, and be inspected regularly and before use to ensure safety. **Manually pushing stuck vehicles is to be avoided.**

Prevention methods are required when work is performed in wet conditions or when conditions result in sweating, causing the feet to become and remain wet. Proper hygiene is critical. Workers must dry their feet and change socks regularly to avoid conditions associated with wet feet. Use of foot talc or powder can additionally assist in prevention of this type of condition.

Cold, Snow, and Ice

Cold weather affects vehicle operation by increasing difficulty in starting and braking. Ice, frost, and snow can accumulate on windows and reduce vision. Cold, wet weather can cause icing of roadways,

driveways, parking areas, general work places, ladders, stairs, and platforms. Ice is not always as obvious to see as snow or rain, and requires special attention, especially when driving or walking.

Snow and ice increase the risk of accidents such as slipping when walking, climbing steps and ladders, or working at elevation, and the risk of accidents when driving vehicles or operating heavy equipment. Heavy snow and ice storms may cause electric lines to sag or break, and the use of electrical equipment in snow increases the risk of electric shock. Snow can hide potholes and mud, which can result in vehicles getting stuck or persons falling when stepping into hidden holes. Snow also may cover water, drums or other containers, sharp metal objects, debris, or other objects that can cause falls or punctures.

Preventive and Protective Measures

WESTON personnel are cautioned against operating motor vehicles such as cars or trucks on ice under any circumstances. If traveling in icy conditions, WESTON personnel should follow all public service advisories that curtail driving activities.

Personnel performing activities that require working over ice should be aware of minimal ice thickness safety guidelines as follows:

- 4-inch minimum: activities such as walking or skating.
- 6-inch minimum: activities such as snowmobiling or the use of equipment with the same weight and cross-sectional area as a snowmobile.

Personnel should always be aware that these measurement guidelines are under ideal conditions and that snow cover, conditions on rivers, ponds, or lakes with active currents, and other environmental factors impact the safety of working on ice. Clear ice typically is the strongest, while ice that appears cloudy or honeycombed (contains entrained air) is not as structurally strong. Measurements made by drilling or cutting through the ice should be made every few feet to verify safe conditions. Provisions for rescue (e.g., ladders or long poles and effective communications) must be available at the work site.

Lightning

Lightning represents a hazard of electrical shock that is increased when working in flat open spaces, elevated work places, or near tall structures or equipment such as stacks, radio towers, and drill rigs. Lightning has caused chemical storage tank fires and grass or forest fires. Static charges associated with nearby electrical storms can increase risk of fire or explosion when working around flammable materials, and can adversely affect monitoring instruments.

Lightning is the most dangerous and frequently encountered weather hazard people experience each year. Lightning affects all regions. **Florida, Michigan, Pennsylvania, North Carolina, New York, Ohio, Texas, Tennessee, Georgia, and Colorado** have the most lightning deaths and injuries.

Preventive and Protective Measures

Prior to working in areas or beginning projects when or where there is an increased potential for lightning striking personnel, steps must be taken to predict the occurrence of lightning strikes. Recommendations include:

- Check with client management to determine if there are any patterns or noted conditions that can help predict lightning or if there are structures that are prone to lightning strikes. Arrange for

client notification when there is increased potential for lightning activities. Ensure that clients include WESTON workers in lightning contingency plans.

- Monitor weather reports.
- Note weather changes and conditions that produce lightning.
- Stop work in open areas, around drill rigs or other structures that may attract lightning, on or in water and in elevated work places when lightning strikes are sighted or thunder is heard near a work site.
- Ensure all personnel are provided with safe areas of refuge. Prevent personnel from standing in open areas, under lone trees, or under drill rigs.
- Observe the “30-30” Rule. If you see lightning and thunder is heard within 30 seconds (approximately 6 miles), seek shelter. If you hear thunder, but did not see the lightning, you can assume that lightning is within 6 miles and you should seek shelter. Remain in the sheltered location for 30 minutes following the last lightning strike.
- Use a hand held static potential meter (lightning detection device) to monitor the potential difference between a cloud and the ground. When the measured potential is greater than 2 kV/m, there is a potential for a lightning strike – seek shelter.

High Wind and Tornado Safety

High Winds

Many construction workers have died due to wind-related accidents and injuries. A ladder that seems secure under normal circumstances can become unstable during windy conditions and cause you to fall. Scaffolding that is improperly secured can rip free during strong winds and kill bystanders. The risk of injury for construction workers increases during strong winds. Keep in mind that changing weather conditions can affect your daily work tasks, and make sure you have a game plan to prevent proper damage and personal injury.

Stay Informed: With today’s modern technology available at the touch of a button, you should keep up to date with the latest local weather reports. Visit weatherbug.com or weather.gov to stay informed in case of wind warnings, watches, and advisories. Larger projects may have their own weather station on site to provide instant weather data. Use daily hazard assessments to determine if working conditions have changed or will change throughout the day.

Be Prepared: When you know the weather will be windy, secure loose building materials, scaffolding and fencing that could be picked up or torn loose by strong winds and thrown onto surrounding streets, structures, vehicles, or bystanders.

Know the Limits of Your Equipment: When operating any equipment, take time to read the operator’s manual and become familiar with the wind specifications. Many crane manufacturers have high-wind guidelines to prevent you from operating a crane in unsafe weather. You should also check safety equipment such as fall protection to determine if it is adequate for windy conditions.

Know the Terminology

Severe Thunderstorm Watch

A Severe Thunderstorm Watch means that strong thunderstorms capable of producing winds of 58 mph or higher and/or hail 3/4 inches in diameter or larger are possible. If you are in the area of a Severe Thunderstorm Watch, you should be prepared to take shelter from thunderstorms. Severe Thunderstorm Watches are generally issued for 6-hour periods.

Severe Thunderstorm Warning

A Severe Thunderstorm Warning means that thunderstorms capable of strong winds and/or large hail are occurring or could form at any time. If you are in the area of a severe thunderstorm, you should take shelter indoors immediately, avoid windows, and be prepared for high winds and hail. Severe Thunderstorm Warnings are generally in effect for an hour or less.

High Wind Watch

A High Wind Watch is issued when sustained winds exceeding 40 mph and/or frequent gusts over 60 mph are likely to develop in the next 24 to 48 hours. For summit areas, high wind watches are issued when sustained winds are expected to exceed 45 mph and/or frequently gust over 60 mph. If you are in an area for which a High Wind Watch has been issued you should secure loose objects outdoors that may blow about and avoid outdoor activity that exposes you to high winds.

High Wind Warning

A High Wind Warning is issued when sustained winds exceeding 40 mph and/or frequent gusts over 60 mph are occurring or imminent. For summit areas, warnings are issued for winds exceeding 45 mph and/or frequently gusting over 60 mph. Wind warnings may issued up to 24 hours ahead of the onset of high winds and remain in effect for 6 to 12 hours. If you are in an area where a high wind warning is in effect you should avoid activities that expose you to high winds. Loose objects may be blown around. Tree limbs may break and fall. Power lines may be blown down.

Wind Advisory

A Wind Advisory is issued when sustained winds of 30 to 39 mph and/or frequent gusts to 50 mph or greater are occurring or imminent. Wind advisories may be in effect for 6 to 12 hours. If you are in an area where a wind advisory is in effect you should secure loose objects that may be blown about outdoors and limit activity that may expose you to high winds.

Work Safely: If you will be working on a windy day, you should be alert and protected. Wear eye protection to prevent dust and other particles from entering or striking your eyes. Keep your hard hat on at all times to prevent injuries from falling or flying objects. The likelihood of falls from heights is greatly increased by strong winds. Wear the necessary PPE to ensure your safety.

To avoid flying debris and to minimize damage during high winds:

- Shut down outdoor activities involving work at elevation on ladders, scaffolding, aerial lifts, etc.; handling large tarps and plastic sheeting when wind speeds exceed 25 mph; including work with radioactive materials and highly toxic materials that could be dispersed by the winds.
- At 13 - 18 mph wind will raise dust. Follow the dust action level.

- Move mobile items stored outside to indoor storage.
- Secure any items that cannot be moved inside.
- Be careful opening exterior doors.
- Be cautious about downed power lines, tree limbs, and debris on roads.
- Be alert for animals who have escaped from farms and zoos.

Stay Away from Power Lines: High winds can cause tree limbs to fall on power lines resulting in electrocution hazards or loss of power. Your best bet is to keep your distance.

Tornados

What is a TORNADO?

A tornado is a violent windstorm characterized by a twisting, funnel-shaped cloud. It is spawned by a thunderstorm or as a result of severe weather associated with hurricanes. A funnel cloud is formed as cool air overrides a layer of warm air, forcing the warm air to rise rapidly. The damage from a tornado results from high wind velocity and wind blown debris.

Tornado Safety

When a tornado approaches, you have only a brief amount of time to make life-or-death decisions. Advance planning and quick response are the keys to surviving a tornado.

Purchase a NOAA Weather Alert radio with an alert feature. When tuned to the proper frequency, these weather radios remain silent until a weather emergency occurs. Once they pick up the alarm tone, they will begin broadcasting emergency weather information so that citizens can protect themselves and their property. Some models of the NOAA weather radio incorporate the Specific Area Message Encoder technology, allowing users to target only those warnings that affect their immediate geographic area.

Conduct tornado drills. Designate an area to serve as your safe area, and practice having team members assemble there in response to a mock tornado warning.

Emergency Communications Plan. Develop an emergency communications plan in case team members are separated from one another when a tornado warning goes into effect. Designate an emergency coordinator. Instruct everyone to contact this coordinator in a weather emergency for instructions on what to do during the storm and where to reassemble after the emergency has passed. Design contingency plans to be consistent with client contingency plans. When possible use client warning and alerting systems and confirm that team members have access to shelters and know how to get to them.

Know the Difference between a Tornado Watch and a Tornado Warning

Tornado Watch: Issued by the National Weather Service when tornadoes are possible in your area. You should remain alert for approaching storms. Remind family members of where the safe areas are within your home, and carefully monitor radio or television reports for further developments.

Tornado Warning: Indicates that a tornado has been sighted in your area, or is indicated on weather radar. You should proceed to safe shelter immediately.

When A Tornado Warning Goes In Effect, Put Your Safety Plans In Action.

In Your Automobile: Motor vehicles are easily overturned by tornado winds. Leave your vehicle and seek shelter in a sturdy building. As a last resort, seek shelter in a ditch or culvert. Do not try to outrun or outmaneuver a tornado! Use the time to seek appropriate shelter outside your vehicle.

Office Buildings, Hotels, and Shopping Centers: Take shelter in an interior hallway on a lower floor. A closet, bathroom or other small room with short, stout walls will give some protection from collapse and flying debris. Otherwise, get under heavy furniture and stay away from windows. Many tornado deaths have occurred in large buildings due to the collapse of a roof or wide span wall. A corner area, away from a window, is safer than the middle of a wide span wall.

Out In Open Country: When severe weather approaches, seek inside shelter immediately. The chances of encountering falling trees, downed power lines and lightning are far greater than encountering a tornado itself. If a tornado approaches, lie flat in the nearest depression, such as a culvert or ditch, and cover your head with your arms.

**BE ALERT TO CHANGING WEATHER CONDITIONS
HAVE AN EMERGENCY WEATHER PLAN IN PLACE
REHEARSE YOUR CONTINGENCY PLANS PERIODICALLY
KNOW WHERE TO GO WHEN A TORNADO THREATENS.**

FLD 05 HEAT STRESS PREVENTION AND MONITORING

Heat stress may occur at any time work is performed at elevated temperatures. If the body's physiological processes fail to maintain a normal body temperature because of excessive heat, a number of physical reactions can occur such as fatigue, irritability, anxiety, and decreased concentration or dexterity, and possibly death. Because heat stress is one of the most common and potentially serious illnesses at field sites, regular monitoring and other preventive measures are vital to ensure worker safety. Wearing chemical protective clothing often decreases natural body heat loss (cooling) and increases the risk of heat stress.

Employees who are taking prescription or over-the-counter medications should consult with their personal physician prior to working in high-temperature environments to see if their medication would impair their ability to handle heat stress.

REFERENCES

OSHA 29 CFR 1910 and 1926

RELATED FLDs

FLD 02 – Inclement Weather

FLD 03 – Hot Processes – Steam, Low Temperature Thermal Treatment Unit, and Transportable Incinerator

FLD 08 – Confined Space Entry Program

FLD 36 – Welding/Cutting/Brazing/Radiography

FLD 37 – Pressure Washers/Sandblasting

PROCEDURE

Heat Stress Symptoms and Treatment

Heat Rash

Heat rash, also known as prickly heat, may occur in hot and humid environments where sweat is not easily removed from the surface of the skin by evaporation and is aggravated by chafing clothes. When extensive or complicated by infection, heat rash can be so uncomfortable that it inhibits sleep and impairs a worker's performance.

Symptoms – Mild red rash, especially in areas of the body that come into contact with protective gear.

Treatment – Decrease amount of time spent working in protective gear and provide body powder to help absorb moisture and decrease chafing. Heat rash can be prevented by showering, resting in a cool place, and allowing the skin to dry.

Heat Cramps

Heat cramps are caused by inadequate electrolyte intake. The individual may be receiving adequate water; however, if not combined with an adequate supply of electrolytes, the blood can thin to the point where it seeps into the active muscle tissue, causing cramping.

Symptoms – Acute painful spasms of voluntary muscles, most notably the abdomen and extremities.

Treatment – Move the victim to a cool area and loosen clothing. Have the victim drink 1 to 2 cups of cool potable water or diluted commercial electrolyte solution (e.g., Gatorade, Quench) immediately, and then every 20 minutes thereafter until symptoms subside. Electrolyte supplements can enhance recovery; however, it is best to double the amount of water required by the dry mix package directions or add water to the liquid form.

Heat Exhaustion

Heat exhaustion is a state of weakness or exhaustion caused by the loss of fluids from the body. Heat exhaustion is not as dangerous as heat stroke, but if not properly managed in the field it may lead to heat stroke.

Symptoms – Pale, clammy, and moist skin, profuse perspiring, and extreme weakness. Body temperature is normal, pulse is weak and rapid, and breathing is shallow. The person may have a headache, may vomit, may feel dizzy, and may be irritable or confused.

Treatment – Move the victim to a cool, air-conditioned or temperature-controlled area, loosen clothing, place in a position with the head lower than the feet (shock prevention), and allow the victim to rest. Consult a physician. Ensure that the victim is not nauseated or vomiting. If not nauseated or vomiting, give the victim small sips of cool water or diluted electrolyte replenishment solution (one to one dilution with water, or if mixing from powder, double the water added). If this is tolerated, have the victim drink 1 to 2 cups of fluid immediately, and every 20 minutes thereafter until symptoms subside. Seek medical attention at the advice of the consulting physician.

Heat Stroke

Heat stroke is an acute and dangerous reaction to heat stress caused by a failure of the body's heat regulating mechanisms, i.e., the individual's temperature control system (sweating) stops working correctly. Body temperature rises so high that brain damage and death may result if the person is not cooled quickly.

Symptoms – Red, hot, dry skin (although the person may have been sweating earlier); nausea, dizziness, confusion, extremely high body temperature (i.e., 104°F or greater as measured with an oral thermometer), rapid respiratory and pulse rate, seizures or convulsions, unconsciousness or coma.

Treatment – Immediately call for emergency medical assistance. Remove the victim from the source of heat and cool the victim quickly. If the body temperature is not brought down quickly, permanent brain damage or death may result. Remove all PPE and as much personal clothing as decency permits. Fan the person while sponging or spraying with cool or tepid water. Apply ice packs (if available) to the back of the neck, armpits, groin area, or behind the knees. Place the victim flat on their back or with head and shoulders slightly elevated. If conscious, and not nauseated or vomiting, the victim may be provided sips of cool water. Do not give the victim coffee, tea, or alcoholic beverages. Emergency medical personnel will take over treatment when they arrive.

Recognition and Risk Assessment

In the planning stages of a project, the potential for heat stress disorders must be considered as a physical hazard in the site-specific Health and Safety Plan (HASP). Risk assessment can be accomplished in the development stages of a project by listing in the HASP the most likely heat stress disorders that may occur. The Field Safety Officer (FSO) must make decisions on the proper safety procedures and recommend them to the site manager. Each worker must evaluate the risk associated with his or her work and be actively alert to these hazards. Any site worker may stop work if safety procedures are not

followed or the risk is too great. In addition, all site personnel must be aware of these symptoms in both themselves and their co-workers.

Prevention and Protection Programs

Heat stress is affected by several interacting factors including, but not limited to, age, obesity, physical condition, substance abuse, level of personal protective equipment (PPE) worn, and environmental conditions (temperature, shade, and humidity). Site workers must learn to recognize and treat the various forms of heat stress. The following recommendations should be followed to prevent heat stress:

- The most important measure to prevent heat-related illness is adequate fluid intake. Workers should drink 1/2 to 1 quarts of liquids per hour in high heat conditions. Most of this liquid should be water. Under heavy work and heat conditions, the body may lose up to 2 gallons of fluids per day. To prevent heat stress symptoms, the individual must ensure replacement of this fluid.
- Provide disposable cups that hold about 4 ounces, and water that is maintained at 50 to 60°F. Workers should drink 16 ounces of water before beginning work, and a cup or two at each break period.
- Provide a shaded area for rest breaks. Ensure that adequate shelter is available to protect personnel against heat and direct sunlight. When possible, shade the work area.
- Discourage the intake of caffeinated drinks during working hours.
- Monitor for signs of heat stress.
- Encourage workers to maintain a good diet during these periods. In most cases, a balanced diet and lightly salted foods should help maintain the body's electrolyte balance. Bananas are especially good for maintaining the body's potassium level.
- If utilizing commercial electrolyte mixes, double the amount of water called for in the package directions. Indications are that "full-strength" preparations taken under high heat stress conditions may actually decrease the body's electrolytes.
- Acclimate workers to site work conditions by slowly increasing workloads (i.e., do not begin work activities with extremely demanding tasks).
- Rotate shifts of workers who are required to wear impervious clothing in hot weather.
- Encourage workers to wear lightweight, light-colored, loose-fitting clothing.
- In extremely hot weather, conduct field activities in the early morning and evening.
- Provide cooling devices to aid natural body heat regulation. These devices, however, add weight and their use should be balanced against worker efficiency. An example of a cooling aid is long cotton underwear, which acts as a wick to absorb moisture and protect the skin from direct contact with heat-absorbing protective clothing.
- Good hygienic standards must be maintained by frequent showering and changes of clothing.
- Clothing should be permitted to dry during rest periods.
- Whenever working in the sun, provide employees with sunscreen with both UVA and UVB protection.
- Persons who notice skin problems should immediately consult medical personnel.

Heat Stress Monitoring and Work Cycle Management

When strenuous field activities are part of on-going site work conducted in hot weather, the following guidelines should be used to monitor the body's physiological response to heat, and to manage the work cycle, even if workers are not wearing impervious clothing. These procedures should be instituted when the temperature exceeds 70°F and the tasks/risk analysis indicates an increased risk of heat stress problems. Consult the HASP and a safety professional (e.g., Division EHS Manager, FSO) if questions arise as to the need for specific heat stress monitoring. In all cases, the site personnel must be aware of the signs and symptoms of heat stress and provide adequate rest breaks and proper aid as necessary.

Measure Heart Rate – Heart rate should be measured by the radial pulse for 30 seconds as early as possible in the rest period. The heart rate at the beginning of the rest period should not exceed 110 beats per minute. If the heart rate is higher, the next work period should be shortened by 33%, while the length of the rest period stays the same. If the pulse rate still exceeds 110 beats per minute at the beginning of the next rest period, the following work cycle should be further shortened by 33%. The procedure is continued until the rate is maintained below 110 beats per minute.

Measure Body Temperature – When ambient temperatures are over 90°F, body temperatures should be measured with a clinical thermometer as early as possible in the rest period. If the oral temperature exceeds 99.6°F (or 1 degree change from baseline) at the beginning of the rest period, the following work cycle should be shortened by 33%. The procedure is continued until the body temperature is maintained below 99.6°F (or 1 degree change from baseline). Under no circumstances should a worker be allowed to work if their oral temperature exceeds 100.6°F.

Measure Body Water Loss – Body water loss greater than 1.5% of total body weight is indicative of a heat stress condition. Body weight is measured before PPE is donned and after the PPE is removed following a work cycle. Body water loss can be measured with an ordinary bathroom scale; however, the scale must be sensitive to one-half pounds increments. A worker is required to drink additional fluids and rest if their body water loss is greater than 1.5%.

NOTE: For purposes of this operating practice, a break is defined as a 15-minute period and/or until an individual's vital signs are within prescribed guidelines.

A physiological monitoring schedule is determined by following the steps below:

- Measure the air temperature with a standard thermometer.
- Estimate the fraction of sunshine by judging what percent the sun is out (refer to Table 1).
- Calculate the adjusted temperature based on the following formula:
Adjusted Temperature = Actual Temperature + 13 X (where X = sunshine fraction from Table 1)
- Using Table 2, determine the physiological monitoring schedule for fit and acclimated workers for the calculated adjusted temperature.

The length of work period is governed by frequency of physiological monitoring (Table 2). The length of the rest period is governed by physiological parameters (heart rate and oral temperature).

**Table 1. Percent Sunshine Factors
Heat Stress Prevention and Monitoring**

| Percent Sunshine (%) | Cloud Cover | Sunshine fraction |
|----------------------|------------------|-------------------|
| 100 | No cloud cover | 1.0 |
| 50 | 50% cloud cover | 0.5 |
| 0 | Full cloud cover | 0.0 |

**Table 2. Physiological Monitoring Schedule
Heat Stress Prevention and Monitoring**

| Adjusted Temperature | Level D (Permeable clothing) | Level C, B, or A (Nonpermeable clothing) |
|---------------------------------|---------------------------------|---|
| 90°F (32.2°C) or above | After each 45 minutes of work | After each 15 minutes of work |
| 87.5°F (30.8° - 32.2°C) | After each 60 minutes of work | After each 30 minutes of work |
| 82.5° - 87.5°F (28.1° - 32.2°C) | After each 90 minutes of work | After each 60 minutes of work |
| 77.5° - 82.5°F (25.3° - 28.1°C) | After each 120 minutes of work | After each 90 minutes of work |
| 72.5° - 77.5°F (22.5° - 25.3°C) | After each 150 minutes of work | After each 120 minutes of work |

Example: Site personnel anticipate wearing level C (impermeable clothing) during site activities. The air temperature is 80°F and there are no clouds in the sky (100% sunshine). The adjusted temperature is calculated in the following manner:

$$\text{Adjusted Temperature (Adj T } ^\circ\text{F)} = \text{Actual Temperature (Amb T } ^\circ\text{F)} + (13 \times \text{sunshine fraction})$$

$$\text{Adj T } ^\circ\text{F} = 80^\circ\text{F} + (13 \times 1.0)$$

$$\text{Adj T } ^\circ\text{F} = 93^\circ\text{F}$$

Using Table 2, the pulse rate, oral temperature and body water loss monitoring would be conducted after each 15 minutes of work. The adjusted temperature may need to be redetermined if the percent sunshine and ambient temperature changes drastically during site work.

If an individual's heart rate exceeds 110 beats per minute at the beginning of the rest period, that individual will continue to rest until his or her heart rate drops to baseline; the next work period is then decreased by 33%.

FLD 09 POWERED INDUSTRIAL TRUCKS

REFERENCES

State Occupational Safety and Health Plans

ANSI/NFPA 505, "Fire Safety Standard for Powered Industrial Trucks-Type Designations, Areas of Use, Maintenance and Operation"

ANSI/NFPA 30, "Flammable and Combustible Liquid Code"

ANSI/NFPA 58, "Storage and Handling of Liquefied Petroleum Gases"

NFPA 70, "National Electrical Code"

UL 583, "Standard for Safety for Electric or Battery-Powered Industrial Trucks"

UL 558, "Standard for Safety for Internal Combustion or Engine-Powered Industrial Trucks"

RELATED FLDs AND PROGRAM

FLD 11 – Rough Terrain

FLD 20 – Traffic

FLD 57 – Motor Vehicle Safety

Personal Protective Equipment Program

GENERAL INFORMATION

Powered industrial trucks (PITs), industrial lift trucks, or forklifts (as they are commonly known), are used to lift, transport, and place goods and materials. They include counter-balanced or ride-on forklifts, pedestrian operated forklifts, rough terrain forklifts, and a number of specialized forklifts. Table 1 lists the categories of forklifts or lift trucks recognized by the Industrial Truck Association. For the purposes of this FLD, the term "PIT" will be used to refer to all categories.

Table 1. Lift Trucks, as Categorized by the Industrial Truck Association

| Class | Powered Industrial Truck Type |
|-------|---|
| I | Electric motor rider trucks |
| II | Electric motor narrow aisle trucks |
| III | Electric motor hand trucks or hand/rider trucks |
| IV | Internal combustion engine trucks (solid/cushion tires) |
| V | Internal combustion engine trucks (pneumatic tires) |
| VI | Electric and internal combustion engine tractors |
| VII | Rough terrain lift trucks |

Warnings

The following general warnings apply to most lift trucks:

- PIT operators can receive serious or fatal injuries from PIT accidents, particularly from roll-overs, if seat-belt or seat side restraints have not been fitted or are not used by the operator.
- Other workers are also in danger. A significant proportion of PIT-related injuries involved other workers in areas of PIT operations.

- Unapproved operation of an internal combustion engine vehicle indoors can cause asphyxiation or toxic exhaust gas exposure to personnel, leading to illness up to and including death.
- Unapproved environment or the use of inadequate controls for operations or maintenance activities can cause a fire or explosion, leading to material and facility damage or personnel injury up to and including death. In this case, a fire or explosion can result from the fuel source of the PIT or the PIT's engine or motor.

WORKPLACE PREPARATION FOR PIT USE

WESTON ensures a safe and productive workplace through the use of standard operating and safety procedures, training, supervision, and consultation between client, project and site managers, and health and safety officers.

Training operators to a high skill level and safe work practices will result in safe PIT operation in the workplace. The workplace/work site should have:

- Clearly defined traffic areas
- Separation of pedestrians from PIT operation and other vehicles
- Speed restrictions and signs inside and outside the workplace (congested areas require lower speed limits)
- Mirrors and visual aids at corners and obscured hazards
- Adequate lighting
- Traffic signs where appropriate
- Loading areas isolated from high traffic areas
- Right-of-way rules where applicable
- Flexible or transparent doors where practicable
- PIT maintenance and reporting procedures
- Parking area restricted to authorized employees.

RESPONSIBILITIES

Supervisors are responsible for the following:

1. Implementing this FLD in their area.
2. Ensuring that PIT operators have received the required training and evaluation (See the Training Section of this FLD).
3. Maintaining required documentation, including training records, operator certifications, and pre-operational checklists.
4. Ensuring that PIT operators follow all policies and procedures related to the safe operation of PITs.
5. Immediately taking corrective action if an employee violates the established safe operating procedures.

Operators are responsible for the following:

1. Take and pass a PIT operation training course.
2. Receive hands-on training and a performance evaluation from a qualified PIT proficiency instructor.
3. Safely operate PITs.
4. Conduct and document daily pre-operational inspections, using the Pre-operational Inspection Checklist in Appendix A.
5. Notify your work supervisor if you are unfamiliar with or believe a load is not safe to lift, or if you believe an environment is not safe to enter.
6. Inform the work supervisor of any safety-related problems involving PITs or operations.

OPERATOR GENERAL INSTRUCTIONS

PIT operators will follow all applicable vehicle and mobile equipment safety rules, including the following:

- Carefully observe surroundings while working or driving, and reduce speed as appropriate.
- Be aware of doorways, passages, or pathways where pedestrians or vehicles may suddenly appear.
- Be aware of weather conditions, outdoor hazards, terrain irregularities, and traffic if working outside.
- If the load obscures forward vision, drive the PIT in reverse (except up ramps).
- Keep warning lights flashing when using the PIT.
- Sound the warning device (horn) when going through doorways, around blind corners, or when starting to reverse.

PRE-OPERATING CHECK

Before using a PIT, operators should:

- Check the lifting capacity (located on nameplate).
- Determine if the load weight is within the capacity of the PIT. Note that for every one inch further away from the carriage that the load is placed, there is a loss of approximately 100 pounds carrying capacity.
- Inspect lift and tilt mechanisms.
- Inspect tires for inflation (where relevant) and wear.
- Inspect liquid levels (battery, hydraulic oil, engine oil, transmission oil, brake fluid, cooling water, and fuel).
- Ensure brakes, steering, controls, lights, and warning devices operate effectively.
- Check for faults, maintenance, and damage from accidents.
- Do not operate a PIT that has a maintenance problem, or is not safe to operate. Remove the key from the ignition switch and place an "Out of Service" tag on the PIT. Any faults or safety

problems must be reported to the supervisor immediately. Alterations or adjustments to the PIT should not be made unless authorized by the employer. Report all accidents, incidents or hazardous situations such as "near misses."

OPERATIONS

The following sections offer guidance for operating a PIT under different operations.

Loading

- Fasten the seatbelt before operating the PIT.
- Start the PIT with the forks down.
- Lift the forks to 3 inches.

Lifting a Palletized Load

- Drive to the pallet. This applies to either a pallet on a lower or upper shelf.
- Stop with the fork 3 inches from the load.
- Level the mast. The mast must be at right angles to the load.
- Raise the forks to 1 inch below the slot on the pallet.
- Drive forward into the pallet.
- Lift the forks 4 inches.
- Tilt the load back until it is secured for travel. If the load will obscure operator vision, drive the PIT in reverse taking care while turning as the extra swing may cause load instability.
- Look back. Honk. Drive back so that load clears the pallets below.
- Lower the load to 3 inches above the ground. Do not drag the forks on the ground.
- Load materials and equipment on the PIT in a manner that prevents any movement of the load that could create a hazard to workers or others.
- Restrain all loads that could be subject to shifting during transport if shifting would result in the PIT becoming unstable.

Picking Up Drums

- Use a turnable fork clamp, notched drum forks, or drum arms.
- Pick up drums in the upright position if ribs are large.
- Space forks accurately to obtain a safe grip.
- Tilt mast forward, slide fork tips along floor to position forks under object, raise forks slightly, and tilt back to cradle load for travel.

Traveling

- Do not drive with arms, head, or legs outside the confines of the PIT.
- Turn the PIT only when the forks are lowered to a safe traveling height.
- For regular PITs, drive only on smooth surfaces such as cement or asphalt.

- For all-terrain PITs, observe surfaces and hazards and drive appropriately for the conditions, such as ice, mud, sand, slick ground, holes, or other irregularities. Avoid uneven ground whenever possible.
- Observe the operating (road) surface. When icy, use tire chains if required.
- Avoid operating the PIT in high volumes of pedestrians. Wait for a quieter time to deliver to busy congested areas.
- When operating in an area of pedestrian traffic, minimize risk to others by cordoning off areas with signage and/or traffic cones to prevent walk-through traffic.
- Use the horn as a warning device for oncoming pedestrians.
- Drive to the point of deposit. Position the PIT in front of the deposit area.

Unloading Pallets

- Raise the load 5 to 10 inches above the unloading point (space permitting).
- Drive forward and stop 3 to 4 inches in front of the deposit point.
- Tilt the mast forward to a right angle position so the load is level.
- Drive forward until the load is aligned with corners of the stack.
- Stop. Lower the load to the resting place.
- Stack pallets loaded with cases, cartons straight and square. Stagger the top tier to "tie-in place".
- Look behind you. Back up so that forks clear other pallets.

Unloading Round Objects

- Stack round objects together tight and straight.
- Hold items securely in place with wedges.
- To nest round objects, place the bottom tier tightly together and secure with wedges. Place wedges against each roll in the bottom for a more secure stack.
- Look behind you. Back up so that forks clear other objects.

Parking

- Lower forks to 3 inches from the ground.
- Tilt the upright forward until the forks are level or flat on the floor.
- Apply the parking brake and place the transmission in neutral. Chock the wheels if you have any doubt about the PIT moving.

Operating on Grades and Ramps

- Never turn on an angled grade.
- Keep unloaded forks facing downgrade.
- Keep loaded forks facing upgrade.

PREVENTING POTENTIAL INCIDENTS

Tip forward

The PIT will tip forward if overloaded.

- Check the load capacity of the PIT and the way it is rated.
- The load should always be facing uphill.
- For downhill travel, the load should be back on the heel of the fork arms.
- Travel with the load as low as possible.
- Do not exceed the lifting capacity of the PIT.
- Do not add counter-weights to allow the PIT to lift heavier loads than the lifting capacity for which it was designed/rated.

Roll over

To prevent roll over accidents:

- Do not drive the PIT across an incline.
- Drive up and down gradients slowly.
- Start the PIT with the forks down.
- Keep the load facing upwards at all times.
- Be careful with unloaded PITs; they are often more unstable than loaded PITs.
- Keep the PIT level; avoid uneven driving surfaces, dips, and potholes.
- Keep the load as low as possible when moving.
- Do not make sharp turns, or turns at speeds above 5 km/hr.
- If the PIT becomes unstable and begins to roll over, **DO NOT ATTEMPT TO JUMP CLEAR. BRACE YOURSELF AND STAY WITH THE PIT.**

Moving Loads

To prevent accidents while moving loads:

- Do not suspend loads or move loads over a person.
- Keep clear of other people when moving and loading objects.
- Secure the load to prevent it sliding or rolling off the fork arms.
- Avoid sudden stops and starts.
- Never exceed the recommended load mass.

Body Part Injuries

To prevent injury to body parts:

- Do not place any part of the body outside the operator's compartment or outside the overhead protection.
- Remain seated at all times.
- Keep clear of the lifting mechanism at all times.

Injuries to Others

To prevent injury to others:

- Do not allow passengers on the PIT unless there is a separate seat fitted with a seat belt.
- Never lift a person on the fork arms or a pallet.

Attachment Related Incidents

To prevent injury from attachment-related incidents:

- Make sure that the attachment used is appropriate for the workplace and the job (e.g., fork arms, jib, clamp, or platform).
- Do not drag loads.
- Do not sling loads from the fork arms, unless using a proper lifting device secured to the PIT carriage to prevent displacement. When lifting freely suspended loads, the PIT capacity is reduced to 80 percent of its normal rated capacity. Any attachment forms part of the load.
- Do not use damaged pallets, bins, or containers that may collapse.
- Do not modify any attachments without the agreement of the designer or of a competent person¹.
- Never use a PIT for a job it is not designed to do.

Operator Selection

The first responsibility of the supervisor is to ensure that the employee is competent to operate a PIT. This is demonstrated by the successful completion of the training program and evaluation. If the employee fails either, he or she may not begin work as a PIT operator.

TRAINING

The training program and type of training required should be based on:

- The operator's prior knowledge and skill.
- The hazards present in the workplace.
- The types of PITs the operator will operate in the workplace.
- The operator's demonstrated ability to operate a PIT safely.
- The hazards present in the workplace.

Additionally, the training must consist of both classroom-type and practical instruction in proper operation of the vehicle, possible hazards, and other specific requirements contained in the rule. Topics include operating instructions, engine and motor operation, and vehicle stability.

Refresher training is required if:

- The operator is involved in an accident or a near-miss incident.
- There are changes in the workplace that could affect safe operation of the PIT.

¹Competent person: One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has the authority to take prompt corrective measures to eliminate the hazard(s).

- The operator has been observed operating a PIT in an unsafe manner.
- The operator is assigned to operate a different type of PIT.
- The operator has been determined during an evaluation to need additional training.

Evaluations of each operator's performance are required as part of the initial and refresher training, and at least once every three years.

Retraining after some specific period of time will not be required if an employee is deemed by an evaluation to be competent to perform their duties. However, an employer is required to evaluate each PIT operator's performance at least every three years to ensure that the employee is able to retain and use the knowledge and skills necessary to operate the PIT.

Classroom Training

Classroom training may consist of the following components:

- Lecture
- Discussion
- Interactive computer learning
- Videotapes
- Written materials

Practical Training

Practical training may include the following:

- Demonstrations performed by the trainer
- Exercises performed by the trainee

During practical training, the trainee may operate a PIT under the direct supervision of the trainer in an area where other employees will not be threatened. The training must conclude with evaluations of the trainees. OSHA allows an employee's training in a previous job to apply toward training requirements for a current employer. However, equipment varies from employer to employer. It is best to require all new employees to be trained on the equipment at your facility or job site.

Certification

OSHA requires that employers "certify" that the training and evaluations have been completed. The supervisor shall ensure that each operator has been trained and evaluated as required by paragraph (l) of 29 CFR 1910.178. The certification should include the name and employee number of the operator, the make and model number of the equipment, the date of training, the date of the evaluation, and the identity of the person(s) performing the training or evaluation. It is recommended that WESTON retain training materials and, if the training was conducted by an outside consultant, the name and address of the trainer. A copy of pertinent training records and certifications will be maintained by the Field Safety Officer. Operators will be re-certified every three years.

**APPENDIX A
PRE-OPERATIONAL INSPECTION CHECKLIST**

Fork lifts or powered industrial trucks shall be inspected daily before use. Do not operate until all deficiencies have been corrected. Submit this completed form for retention as a safety record.

Unit No.: _____ Inspected by: _____ Date: _____

Check the following as appropriate

| | Satisfactory | Needs Work |
|--|--------------------------|--------------------------|
| Overhead guard | <input type="checkbox"/> | <input type="checkbox"/> |
| Horn | <input type="checkbox"/> | <input type="checkbox"/> |
| Lights | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking brake | <input type="checkbox"/> | <input type="checkbox"/> |
| Service brakes | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluid levels ^a | <input type="checkbox"/> | <input type="checkbox"/> |
| Steering | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift and tilt mechanisms | <input type="checkbox"/> | <input type="checkbox"/> |
| Major fluid leaks | <input type="checkbox"/> | <input type="checkbox"/> |
| Mast and forks | <input type="checkbox"/> | <input type="checkbox"/> |
| Backup alarm | <input type="checkbox"/> | <input type="checkbox"/> |
| Tires (visual) | <input type="checkbox"/> | <input type="checkbox"/> |
| Seat belts | <input type="checkbox"/> | <input type="checkbox"/> |
| Fuel leaks (liquid or propane) | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>The following are applicable only to explosives-carrying vehicles</i> | | |
| Fire extinguishers (current and sealed) | <input type="checkbox"/> | <input type="checkbox"/> |
| Fuel lines secure | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical lines | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Information | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

^a Fluid levels include battery, hydraulic oil, engine oil, transmission oil, brake fluid, cooling water, and fuel.

FLD 11 ROUGH TERRAIN/ATV USE

RELATED FLDs

FLD 02 – Inclement Weather

FLD 05 – Heat Stress Prevention and Monitoring

FLD 06 – Cold Stress

FLD 22 – Heavy Equipment Operation

FLD 47 – Clearing, Grubbing, and Logging Operations

FLD 57 – Motor Vehicle Safety

HAZARD

Physical hazards associated with rough terrain include vehicle accidents, heavy equipment incidents, falling, slipping, and tripping.

Driving vehicles on uneven surfaces creates a possibility of the vehicle rolling, getting stuck in mud or ditches, or of an accident due to flat tires or striking obstacles and other vehicles.

When working on foot, steep inclines and heavy or downed vegetation can hide holes or breaks in the terrain, increasing the risk of slips, trips, and falls.

RECOGNITION AND RISK ASSESSMENT

Rough terrain complicates work activities and adds to or increases risk. In the planning stages of a project, rough terrain must be considered as a physical hazard and identified in the site-specific health and safety plan (HASP). Risk assessment is usually accomplished from site history information (i.e., site topography) and on site by the Field Safety Officer (FSO).

HAZARD PREVENTION AND PROTECTION PROGRAMS

Safety on Foot

Personnel working on rough terrain should maintain a high level of physical conditioning due to increased body stress and exertion.

The site crew should be alert and observe terrain while walking to minimize slips, trips, and falls.

Boots should be ankle high or higher to provide additional support and stability.

Work will be completed in adequate natural light or sufficient illumination will be maintained.

Site personnel will conduct an initial walkover and the “buddy system” will be implemented.

Emergency communications such as a cell phone or two-way radio should be carried at all times.

Personnel should be aware of potential hazards and ensure the availability of first-aid supplies and knowledge of the location of the nearest medical assistance.

VEHICLE SAFETY

Vehicle drivers and passengers will wear seatbelts at all times.

Hazards can be prevented by ensuring regular maintenance is performed on vehicles and all safety features are working. Have brakes and wheel bearings of vehicles used off road or in four wheel drive inspected at increased frequency (suggest inspections at twice the manufacturer's recommended frequency).

In order to minimize accidents, site surveillance on foot may be required to ensure clear driving paths.

Minimize side hill travel. Travel straight up and down hills whenever possible. Passengers will not be allowed when side hill travel is required.

Take into account loads or superstructure of vehicles which raise the center of gravity and increase risk of tipping.

Cross streams, small logs or other passable (there is adequate clearance of the undercarriage) obstructions at right angles.

Four wheel drive vehicles should be used if terrain conditions are wet, frozen, broken, or otherwise deemed unsafe for two wheel drive vehicles by the FSO. Use of vehicles off-road will be specifically addressed in the HASP and personnel operating vehicles will be checked for proficiency.

- Before moving a vehicle in the field, first walk the route of travel, inspecting for depressions, stumps, gullies, ruts, and similar obstacles.
- Always check the brakes of a vehicle before traveling, particularly on rough, uneven, or hilly ground.
- Check the complete drive train of a carrier at least weekly for loose or damaged bolts, nuts, studs, shafts, and mountings.
- Engage the all wheel drive when traveling off highway on hilly terrain.
- Increase tire pressures before traveling in hilly terrain (do not exceed rated tire pressure).
- Use the assistance of someone on the ground as a guide when lateral or overhead clearance is close.
- After the vehicle/equipment has been moved to a new site, set all brakes and/or locks. When grades are steep, block the wheels.

Definitions

Class I, All-terrain vehicle (ATV): A motorized off-highway vehicle, 50 in. (127 cm) or less in width, having dry weight of 800 lbs (362.9 kg) or less, and traveling on three or more low pressure tires (10 lbs [4.5 kg] psi or less), with a seat designed to be straddled by the operator.

Class I, Category G, ATV: An ATV intended for general recreational and utility use.

Class I, Category U, ATV: An ATV intended primarily for utility use.

Class II, ATV: A motorized off-highway vehicle with a width which exceeds 50 in. (127 cm) or having a dry weight that exceeds 800 lbs (362.9 kg), traveling on four or more low-profile, low-pressure tires (10 lbs [4.5 kg] psi or less) and having a bench seat.

NOTE: Utility Vehicles are designed to perform off-road utility tasks such as passenger and cargo transportation and are addressed separately below. Examples are Rangers, Rhino, M-Gators, Gators, and Mules.

Rollover Protective Structure (ROPS). A cab or frame that provides a safe environment for the tractor operator in the event of a rollover.

ALL TERRAIN VEHICLES (ATVS)

Qualifications

ATV operators will have completed a nationally recognized accredited ATV training course (such as provided by the Specialty Vehicles Institute of America or in-house resources that have been certified as trainers by an accredited organization) prior to operation of the vehicle.

The operator must pass an operating skills test prior to being allowed to operate an ATV. Proof of completion of this training will be maintained.

Equipment

All ATVs shall be equipped with:

- An operable audible warning device (horn);
- Headlights (if it will be used during hours of darkness);
- Taillights; and
- Brake lights.
- Mufflers and spark arresters.

All Class II ATVs will be equipped with ROPS and seatbelts

Operation

Only Class I and Class II ATVs with four or more wheels may be used. Class III ATV's may not be used.

The manufacturer's recommended payload will not be exceeded at any time.

Gloves and an approved motorcycle helmet with full-face shield or goggles will be worn at all times while operating a Class I ATV.

An ATV will not be driven on public roadways except to cross the roadway, and it will only be driven on a public roadway at designated crossing points or with a road guard (no paved road use unless allowed by the manufacturer).

A copy of the operator's manual will be kept on the vehicle and protected from the elements (if practicable).

Tires shall be inflated to the pressures recommended by the manufacturer.

Passengers are prohibited on Class I ATVs.

UTILITY VEHICLES

Utility vehicles are defined as specialty Class II ATVs designed to perform off-road utility tasks such as passenger and cargo transportation. Examples are Rangers, Rhino, M-Gators, Gators, and Mules.

Utility vehicle operators shall be trained and familiar with the use of all controls; understand proper moving, stopping, turning and other operating characteristics of the vehicle. Operators must review all training materials provided by the manufacturer for the specific vehicles, and training should be in accordance with appropriate manufacturer recommendations. A copy of the operator's manual shall be kept on the vehicle at all times and protected from the elements. At a minimum, training should address:

- Basic riding tips from the manufacturer's published literature for each vehicle.
- Reading terrain.
- Climbing hilly terrain.
- Descending a hill.
- Traversing a slope.
- Riding through water.
- Cargo carriers and accessories.
- Loading and unloading.
- Troubleshooting.
- Proper preventative maintenance, (i.e., oil levels, tire pressure requirements and scheduled maintenance requirements according to the manufacturer's guidelines.).

Utility vehicles shall be equipped with:

- Operable audible warning device (horn).
- Headlights.
- Taillights.
- Brake lights.
- Seatbelts.
- ROPS.

Occupancy in utility vehicles is limited to manufacturer designated seating that has built-in seatbelts. Passengers may not ride in the vehicle's back cargo area unless the vehicle is otherwise equipped. Note: When used for emergency response, medical litters may be placed in the back cargo area but must be secured as described below.

The manufacturer's recommended load carrying capacity, personnel capacity, or maximum safe vehicle speed shall not be exceeded at any time.

Cargo items will be secured as necessary to prevent movement/tipping. All loads over fifty pounds (to include medical litters) must be securely strapped to cargo tie-downs in the rear and to the cargo shelf in the front.

Seatbelts will be worn by operators and passengers of specialty vehicles where installed by the manufacturer. Operators and passengers shall wear goggles at all times when a utility vehicle, not equipped with a windshield, is in motion.

Utility vehicles will not normally be driven on public roadways except to cross the roadway, and will only be driven on a public roadway at designated crossing points or with a road guard. Utility vehicles that are allowed to operate outside a controlled work area and/or on public roads will meet the minimum vehicle safety standards in accordance with 49 CFR 571.5, to include ROPs, seatbelts and placement of “Slow Moving Vehicle” emblems where required.

Manufacturer-installed safety equipment will be maintained in working order and used in compliance with the requirement of this regulation and in accordance with manufacturer’s recommendations.

RULES

Observe the following practices to help prevent accidents:

- Do not misuse utility vehicles.
- Reduce speed and exercise extreme caution on slopes or on rough ground.
- Do not overload vehicle and avoid shifting loads. Reduce load when operating over rough or hilly terrain.
- Do not stop or start suddenly when going uphill or downhill. Be especially cautious when changing direction on slopes.
- Stay alert for holes, rocks, and other hidden hazards in the terrain.
- Keep away from drop-offs, ditches, embankments, as well as ponds and other bodies of water. The machine could suddenly turn over if a wheel is over the edge of a cliff or ditch, or if an edge caves in.
- Keep front wheels straight at crest of hill or going over bumps.
- When descending a hill, remove foot from accelerator and apply brakes to reduce speed and maintain control.

Transport Loads Safely

- Be sure load is evenly distributed.
- Do not load above the load guard.
- Securely anchor all loads in cargo box.
- Reduce cargo box capacity when operating on rough or hilly terrain.
- Use existing trails. Avoid terrain such as dangerous slopes and impassable swamps. Watch carefully for sharp bumps, holes, ruts, or obstacles.
- Look ahead at terrain. Know what is coming and be prepared to react. Be alert for hazards.
- Keep front wheels straight at the crest of a hill or going over bumps.
- Reduce speed according to trail, terrain, and visibility conditions.
- The passenger should always use the hand holds.

Climbing or Descending a Hill

- Always use the brakes when going down slopes, the utility vehicle can speed up (freewheel) going down a slope. Engine or clutch braking effect is minimal.
- Balance loads evenly and secure them. Braking could shift the load and affect vehicle stability.
- Sit on the center of the seat and keep both feet within the foot platform.
- Never drive past the limit of visibility. Slow down near the crest of a hill until getting a clear view of the other side.
- If the vehicle stops or loses power going up a hill, lock the park brake to hold the vehicle on slope. Maintain direction of travel and release the brake slowly. Back straight down hill slowly while maintaining control. Do not turn the vehicle sideways. The vehicle is more stable in a straight forward or rearward position.
- If the utility vehicle begins to tip, turn the front wheel downhill to gain control before proceeding.

Riding Through Water

- Avoid water whenever possible. If the drive belt becomes wet, slippage will occur and the vehicle will lose power.
- Never cross any body of water where the depth may be unknown to the operator. As an operational guideline, deep water is considered anything in excess of 152 mm (6 in.) in depth. Tires may float, making it difficult to maintain control.
- Choose a course within the waterway where both banks have a gradual incline. Cross at a point known to be safe.
- Proceed at a slow steady speed to avoid submerged obstacles and slippery rocks.
- Avoid water crossings where the operation of a utility vehicle may cause damage to waterway beds or erode waterway shoreline.

FLD 13 STRUCTURAL INTEGRITY

RELATED FLDs AND PROGRAM

FLD 02 – Inclement Weather

FLD 23 – Cranes, Rigging, and Slings

FLD 24 – Aerial Lifts/Manlifts

FLD 26 – Ladders

FLD 27 – Scaffolding

FLD 28 – Excavating/Trenching

FLD 33 – Demolition

Personal Protective Equipment Program

PROCEDURE

Structural integrity hazards include those hazards associated with deteriorated conditions of containers (such as drums or tanks) and buildings (including appliances such as both elevated work platforms and fixed and portable ladders), scaffolding, and excavations or trenches. Structural integrity hazards also are associated with floor and wall opening covers and guards as well as guardrails as engineering controls for work at elevation. In construction activities, structural integrity is critical to steel erection and concrete construction. The failure of structures can cause significant injury or death to personnel.

Recognition and Risk Assessment

In the planning stages of a project and safety plan, the potential for injury due to structural integrity must be considered as a physical hazard in the site-specific Health and Safety Plan (HASP). With regard to the construction issues raised above, and during demolition, the project work plans, construction specifications, and Quality Assurance Programs must be designed to ensure structural integrity during and following construction. Risk assessments must be accomplished in the development stages of a project by listing in the HASP the most likely hazards which may occur associated with structural integrity. The field safety officer (FSO) in coordination with engineering, designers, architects and quality managers must make decisions on the proper safety procedures and recommend them to the project and site management. Each worker must evaluate the risk associated with his or her work and be actively alert to these hazards. Any site worker may stop work if safety procedures are not followed or the risk is too great.

Prior to entering any building, an assessment of structural integrity must be made. Buildings on inactive sites or facilities, unused buildings, and buildings which are to be demolished require special attention. This assessment must ensure, through observation and experience, that entering and/or task activities will not expose personnel to unusual risk of falling debris, loose materials that could be dislodged by touching or walking nearby, or walking on surfaces that cannot bear the weight of personnel. For steel erection, concrete work, and demolition, qualification requirements include registered Professional Engineers (PEs) proficient in structural integrity assessment. The registered PE must also ensure that construction is performed to specifications.

FLD 19 WORKING OVER OR NEAR WATER

RELATED FLDs

FLD02 – Inclement Weather

FLD05 – Heat Stress Prevention and Monitoring

FLD06 – Cold Stress

FLD18 – Operation and Use of Boats

FLD22 – Heavy Equipment Operation

FLD23 – Cranes, Rigging, and Slings

FLD24 – Aerial Lifts/Manlifts

FLD25 – Working at Elevation/Fall Protection

RECOGNITION AND HAZARD ASSESSMENT

Hazards associated with working around water include drowning, frostbite, hypothermia, and/or injury from falling into the water. Heat stress hazards may also be present. Carelessness, horseplay, or other unsafe acts could cause injury to personnel working over or near water. There are also hazards associated with untrained personnel operating equipment. Lack of personal protective equipment (PPE) or misuse of PPE could result in injury or death.

Proper precautions should be taken at all times when personnel are working over or near water. Whenever there is a body of water in close proximity to a work location, the proper safety procedures should be implemented. Requirements for equipment or procedures will be based on an evaluation of work tasks, drowning, and injury potential.

New field team members should be thoroughly indoctrinated in safe work practices pertinent to the work to which they are assigned.

PREVENTION AND PROTECTION PROGRAM

When working over or near water where there is potential for drowning, engineering controls such as installation of guardrails, toeboards, and other PPE such as safety line systems, shall be used to prevent personnel from falling into the water. In addition, flotation devices must be worn and other lifesaving devices must be present. Personal flotation devices (PFDs) should be designed to float unconscious or helpless persons face up.

Safety Nets

Safety nets must be provided when workplaces are more than 25 feet above the ground or water surface, or other surfaces where the use of ladders, scaffolds, catch platforms, temporary floors, safety lines, or safety belts is impractical.

- Where safety net protection is required, operations shall not be undertaken until the net is in place and has been tested.
- Nets shall extend 8 feet beyond the edge of the work surface where employees are exposed and shall be installed as close under the work surface as practical, but in no case more than 25 feet below such work surface. Nets shall be hung with sufficient clearance to prevent user's contact with the surfaces or structures below. Such clearances shall be determined by impact load testing.
- It is intended that only one level of nets be required for bridge construction.

- The mesh size of nets shall not exceed 6 inches by 6 inches. All new nets shall meet accepted performance standards of 17,500 foot-pounds minimum impact resistance, as determined and certified by the manufacturer, and shall bear a label of proof test. Edge ropes shall provide a minimum breaking strength of 5,000 pounds.

General Safety Precautions

Work shall be halted when significant wave action exists.

All general safety precautions will be adhered to when working over or near water to prevent accidents caused from careless behavior or horseplay.

Only personnel who are trained in the operation of marine equipment (e.g., boats, barges) will be allowed to operate the equipment.

Ramps for vehicle or personnel access to or between barges shall be of adequate strength, provided with guard rails, well-maintained and properly secured. For personnel access, a safe walkway may be substituted for the ramp. All access routes and passageways shall be kept free of ice, snow, grease, mud, and other obstructions. Nonslip surfaces shall be provided on all working decks, stair treads, ship ladders, platforms, catwalks, and walkways, particularly on the weather side of all doorways opening on deck.

Guardrails, bulwarks, or taut cable guardlines shall be provided for deck openings, elevated surfaces, and similar locations where persons may fall or slip. They shall be at least 42 inches high and have an intermediate rail.

If a Jacob's ladder is used, it will be of the double-rung or flat-tread type. It will be well-maintained and properly secured. The ladder will either hang without slack from its lashings or be pulled up entirely. When the upper end of the access-way rests on or is flush with the top of the bulwark (side of the ship above the upper deck), steps, properly secured and equipped with at least one hand rail approximately 33 inches in height, shall be provided between the top of the bulwark and the deck.

Obstructions will not be laid on or across gangways. The access-way will be adequately illuminated for its full length. All attempts will be made to place the access-way in a position that the load will not pass over personnel.

Any obstruction in a passageway that restricts normal passage shall be posted with warning signs or distinctively marked. Employees shall not be permitted to pass fore and aft, over or around the deck loads unless there is a safe passage. Decks and other working surfaces will be maintained in a safe condition and adequate safe walkways will be maintained for passage around the deck. All deck fittings and other obstructions that present stumbling hazards shall be painted yellow or marked with yellow trim.

Personnel will not walk along the sides of covered barges with coamings (raised frame to keep out water) more than 5 feet high unless there is a 3-foot clear walkway, a grab rail, or a taut handline.

Unless railings or other suitable protection exists, all personnel will use suitable protection against falling and/or drowning.

First-aid supplies should be aboard all lifesaving craft (or readily accessible) and arrangements for ambulance service should be made as location changes.

Personnel should be discouraged from jumping to or from any craft which is not secured, and from jumping between craft when a gangplank should be used.

Fall protection should be provided when working over or near water where there is a potential for falling or slipping into the water.

In areas subject to tidal flow or rising water levels, the Field Safety Officer (FSO) will monitor the water level to ensure that employees will not be trapped between a work area and the water level.

Life Saving Equipment

Equipment and procedures will conform to U.S. Coast Guard (USCG) and/or Occupational Safety and Health Administration (OSHA) requirements and applicable local regulations.

Personnel working over or near water shall be provided with USCG-approved PFDs (life jackets or buoyant work vests), which shall be worn whenever there is potential drowning hazard. PFDs should be designed to float unconscious or helpless persons face up.

Prior to and after each use, PFDs and life preservers shall be inspected for defects which would alter their strength or buoyancy (e.g., rips, tears, holes). All defective units shall be removed from the site and replaced. At no times will defective units be used.

USCG-approved life rings (rope attachment not required) and ring buoys (rope attachment required) should have attached at least 90 feet of 3/8-inch solid braid polypropylene rope or equal. The life rings or ring buoys shall be readily available for emergency rescue operations. Distance between ring buoys shall not exceed 200 feet. One ring buoy or life ring shall be provided on each lifesaving skiff.

Lights conforming to 16 CFR 161.012 will be required whenever there is a potential need for life rings to be used after dark. Lights on life rings are required only in locations where adequate general lighting (e.g., floodlights) is not provided.

In locations where waters are rough or swift, or where manually-operated boats are not practical, a power boat suitable for the waters shall be provided and equipped for lifesaving.

The maximum number of passengers and weight that can safely be transported shall be posted on all launches, motorboats, and skiffs. This number shall not be exceeded and in no case shall the number of passengers (including crew) exceed the number of PFDs aboard. Outboard motors and skiffs shall meet the minimum flotation requirements of the USCG. A certification tag affixed to the hull is satisfactory evidence of compliance. An efficient whistle or signal device shall be provided on all powered vessels to give signals required by the navigation rules applicable to the waters on which the vessel is operated.

Any vessel, except those easily boarded from the water, shall provide at least one portable or permanent ladder of sufficient length to rescue a person overboard.

FLD 22 EARTH MOVING EQUIPMENT/MATERIAL HANDLING EQUIPMENT

REFERENCES

29 CFR Part 1926 Subparts 600-602

RELATED FLDs

FLD 23 – Cranes, Rigging, and Slings

FLD 24 – Aerial Lifts/Manlifts

FLD 34 – Utilities

FLD 35 – Electrical Safety

PROCEDURE

These rules apply to the following types of earthmoving equipment: scrapers, loaders, crawler or wheel tractors, bulldozers, off-highway trucks, graders, agricultural and industrial tractors, and similar equipment.

Machinery and Mechanized Equipment Safety

Before any machinery or mechanized equipment is placed in use, it will be inspected and tested by a competent mechanic and certified to be in safe operating condition.

WESTON will designate a competent person to be responsible for the inspection of all machinery and equipment daily and during use to make sure it is in safe operating condition. Tests will be made at the beginning of each shift during which the equipment is to be used to determine that the brakes and operating systems are in proper working condition.

Preventative maintenance procedures recommended by the manufacturer will be followed.

Any machinery or equipment found to be unsafe shall be removed from service and its use prohibited until unsafe conditions have been repaired or corrected.

Inspections or determinations of road conditions and structures will be made in advance to ensure that clearances and load capacities are safe for the passing or placement of any machinery or equipment.

Machinery and mechanized equipment will be operated only by designated personnel. Equipment deficiencies observed at any time that affect safe operation will be corrected before continuing operation.

Seat belts shall be provided on all equipment covered by this section and shall meet the requirements of the Society of Automotive Engineers (J386-1969) and Seat Belts for Construction Equipment. Seat belts for agricultural and light industrial tractors shall meet the seat belt requirements of Society of Automotive Engineers (J333a-1970), Operator Protection for Agricultural and Light Industrial Tractors.

Seat belts shall be worn when provided by the manufacturer. Passengers shall not be allowed to ride on equipment unless equipment is designed with additional seats with safety belts.

Audible alarms. All bi-directional machines, such as rollers, compacters, front-end loaders, bulldozers, and similar equipment, shall be equipped with a horn, distinguishable from the surrounding noise level, which shall be operated as needed when the machine is moving in either direction. The horn shall be maintained in an operative condition.

Getting off or on any equipment while it is in motion is prohibited.

Machinery or equipment requiring an operator will not be permitted to run unattended.

Machinery or equipment will not be operated in a manner that will endanger persons or property, nor will the safe operating speeds or loads be exceeded.

All machinery or equipment will be shut down and positive means taken to prevent its operation while repairs or manual lubrications are being done. The only exemption is equipment designed to be serviced or maintained while running.

All repairs on machinery or equipment will be made at a location that will provide protection from traffic or other hazards to maintenance personnel.

Machinery and equipment, or parts thereof, that are suspended or held apart by slings, hoists, or jacks also will be substantially blocked or cribbed before personnel are permitted to work underneath or between them.

Bulldozer and scraper blades, front end-loader buckets, dump bodies, and similar equipment will be either fully lowered or blocked when being repaired or when not in use. All controls will be in a neutral position, with the engines stopped and brakes set, unless work being performed on the machine requires otherwise.

Stationary machinery and equipment will be placed on a firm foundation and secured before being operated.

All points requiring lubrication during operation will have fittings so located or guarded to be accessible without hazardous exposure.

When necessary, all mobile equipment and the operating area will be adequately illuminated while work is in progress.

Mechanized equipment will be shut down prior to and during fueling operations. Closed systems, with automatic shutoff that will prevent spillage if connections are broken, may be used to fuel diesel powered equipment left running.

All towing devices used on any combinations of equipment will be securely mounted and structurally adequate for the weight drawn.

Persons will not be permitted to get between a piece of towing equipment and the item being towed until the towing equipment has come to a complete stop.

All equipment with windshields will be equipped with powered wipers. Vehicles that operate under conditions that cause fogging or frosting of windshields will be equipped with operable defogging or defrosting devices.

All equipment left unattended at night, adjacent to a highway in normal use, or adjacent to construction areas where work is in progress, will have lights or reflectors, or barricades equipped with lights or reflectors, to identify the location of the equipment.

Whenever the equipment is parked, the parking brake will be set. Equipment parked on inclines will have the wheels chocked or track mechanism blocked and the parking brake set. Equipment such as lift trucks and stackers will have the rated capacity posted on the vehicle so as to be clearly visible to the operator. When auxiliary removable counterweights are provided by the manufacturer, corresponding alternate rated capacities also will be clearly shown on the vehicle. The ratings will not be exceeded.

Steering or spinner knobs will not be attached to the steering wheel unless the steering mechanism prevents road reactions from causing the steering hand wheel to spin. When permitted, the steering knob will be mounted within the periphery of the wheel.

All industrial trucks in use will meet the requirements of design, construction, stability, inspection, testing, maintenance, and operation, defined in American National Standards Institute (ANSI) B56.1, Safety Standards for Powered Industrial Trucks.

The installation of live booms on material and personnel hoists is prohibited.

The controls of loaders, excavators, or similar equipment with folding booms or lift arms will not be operated from a ground position unless so designed.

Personnel will not work or pass under the buckets or booms of loaders in operation.

Cranes and any other equipment used for lifting must be inspected as required and records of inspection must be maintained.

Drill Rigs

See FLD 56, *Drilling Safety*

FLD 31 FIRE PREVENTION AND PROTECTION PLANNING

Fire prevention and protection are key elements to any activity conducted. This FLD focuses on the understanding of fire hazards, protection and equipment options available for use, minimal inspection requirements for equipment and worksites, guidance on limiting fire hazards, training, and site-specific planning. The objectives of this program are to ensure that personnel can understand the hazards associated with fires, how to prevent fires from occurring, and how to act safely and appropriately in the event of a fire emergency.

RELATED FLDs AND PLANS

*FLD 32 – Fire Extinguishers Required and Requirements
Emergency Response Plan
Health and Safety Plan*

RESPONSE ACTIONS

In case of fire, immediately take the following actions:

- Evacuate the building or area in accordance with the evacuation plan. Activate fire alarms if they have not already been activated.
 - Use nearest exit.
 - Do not use elevators.
 - Close all doors behind you.
- Dial 911 or the established Fire Emergency Number from a safe location.
 - Indicate what is happening, location of fire, if any injuries.
 - Comply with requests from the 911 operator for information.
 - Do not hang up with the operator until told to do so by the operator, or they hang up first.

Upon completion of emergency phase comply with incident notification procedures.

NOTE: If the fire is small and manageable with fire extinguishing equipment at hand, and provided you are trained in the use of this equipment, you may make the decision to use this equipment while waiting for advanced assistance. Never place yourself in danger, always have a plan for escape, and never attempt to fight a fire if there are any doubts about the type of fire or your ability to successfully fight the fire. Never allow the fire to get between you and your escape route.

LIFE SAFETY

- All workers are required to follow the Emergency Action Plan (EAP) and Health and Safety Plan (HASP) developed for the respective work location.
- Exit signs must be visible from all areas of a room.
- All exits maintained unobstructed, unblocked, and unlocked.
- Egress pathways maintained per National Fire Protection Association (NFPA) Standard 101. In no event less than 28 inches wide.

- Adequate and reliable illumination must be available.
- Provisions must be made within local EAPs to assist any potentially physically challenged personnel or visitors.

FIRE PROTECTION (EQUIPMENT AND PROCEDURES)

Classes of Fire

- Class A: Combustibles (e.g., wood, paper, cloth).
- Class B: Flammable and combustible liquids, gasses and greases.
- Class C: Denotes presence of electrical and energized electrical equipment.
- Class D: Combustible metals
- Class K: Combustible cooking media (e.g., oils and greases).

Type(s) of Fire Protection Equipment or Systems

The following types of systems are typically used in most occupancy. In the event a different system is installed or anticipated, contact Environmental Compliance, Health, and Safety (EHS) Staff for assistance.

- Fixed Systems
 - Sprinkler Systems: Keep heat sources and dust generating sources away from sprinkler heads. Allow a minimum of 18 inches clearance below the sprinkler head. Do not paint sprinkler heads. Maintain working clearance around sprinkler control valves. Ensure that system tests are conducted in accordance with local fire code requirements.
 - Fire Hydrants and Fire Lanes: Ensure that clearance for fire fighting equipment (trucks) and fire fighters is maintained in fire lanes and around hydrants. Do not use fire hydrants for any purpose other than fire fighting unless express approval is obtained from the local fire department.
- Portable Fire Extinguishers
 - Selecting: Ensure that portable fire extinguishers are appropriate for the class and size of potential fire. Selection will be based on the more restrictive requirements of Occupational Safety and Health Administration (OSHA), NFPA, or Local fire code. Contact EHS staff for assistance as necessary.
 - Training and Education: In accordance with 29 CFR 1910.157 and NFPA Standard 10, WESTON will provide portable fire extinguisher general use education, routine inspection guidelines, and incipient fire hazard recognition and prevention training to all new employees upon initial employment and at least annually thereafter. The portable fire extinguisher training education will be documented and a record of that training will be maintained on file for a period of at least one year. Only persons who have been trained may use portable fire extinguishers.
 - Maintenance and Inspection: Maintenance and inspection will be in accordance with 29 CFR 1910.157 and NFPA Standard 10. Each portable fire extinguisher inspection documentation/tags shall include the fire extinguisher type and/or identifier, the person inspecting, date of the routine inspection, date of last recharge, and the date of the annual maintenance check by a qualified person. Each portable fire extinguisher shall document at least a monthly visual inspection by a trained inspector and shall consist of the following:

- Annual maintenance check.
- Appropriate pressure charge.
- Clean and clear discharge port or hose used in lieu thereof.
- Pressure handle pin in place and secured.
- Extinguisher properly mounted.
- Extinguisher properly identified
- Each inspection period to include both annual and routine inspections for active and stored portable fire extinguishers will be documented and documentation will be maintained on file for a period of at least one year after the last entry or the life of the shell, whichever is less. The inspection and maintenance record will be available to the assistant secretary of OSHA, or any other responsible authority upon request.
- Alarm Systems
 - Fixed alarm systems are to be installed, maintained, and tested by approved vendors.
 - In the event of a fire emergency alarm, immediately evacuate.
- Fire Doors
 - All doors designated as fire doors are to remain closed.
 - In the event of a fire, close (but do not lock) all doors while evacuating.

Incident Notifications and Actions

Any discharge of a portable or fixed fire extinguishing system requires Notice of Incident (NOI) reporting. Discharged extinguishers are to be replaced immediately by acceptable units and the discharged units submitted for testing and recharge.

Responsibilities

EHS Staff

- Assists management in determining appropriate numbers and types of fire protection equipment and/or systems based upon site or building criteria.
- Verifies through inspection that fire extinguishers and systems are properly selected, used, and maintained.
- Provides technical assistance to management and reviews plans to ensure that fire hazards are limited.

Management (OU, Office, Project, and Site)

- Ensure that occupancies have appropriate numbers and types of fire protection equipment and/or systems.
- Ensure that required inspections of equipment and systems are conducted.
- Ensure that any deficiencies in equipment or systems are corrected in a timely manner without impact to overall fire protection of occupancy.

- Designates a person or persons to be responsible for the selection, purchase, repair or replacement of portable fire extinguishers and as necessary, other fire protection systems for site or building/occupancies.
- Ensures, as appropriate, that personnel are trained in the use of portable fire extinguishers.
- Ensure that all affected personnel are trained in the EAP and evacuation procedures.
- Notifies EHS staff and others, as appropriate, prior to building modifications, site activities, or other tasks that impact fire prevention and protection.
- Ensures that flammable and combustible materials are used and maintained in a safe manner.
- Ensures that housekeeping is routinely conducted.
- Ensures that heat producing materials and equipment are properly rated, used, and maintained.

All Personnel

- Take all appropriate measures to limit fire hazards.
- Report all fires.
- Evacuate as trained and directed in the event of an emergency.
- Do not prop open fire doors.
- Keep exits and exit ways clean, clear, and unblocked.
- Take all appropriate measures to limit fire hazards.
- Use and store flammable and combustible materials appropriately.

FIRE PREVENTION AND PROTECTION (LIMITING HAZARDS)

Flammable and Combustible Materials (liquids, gases)

- Flammable materials must be properly labeled, stored, handled, and used.
- No smoking or use of open flame-producing devices within 50 feet of flammable and combustible materials.
- Obtain Material Safety Data Sheets (MSDS) for all flammable materials in use and ensure all personnel are aware of hazards.
- All containers are to be properly labeled with contents, the word Flammable, and in accordance with hazard communication requirements.
- Store materials in well ventilated areas that are free of ignition sources and flame or sparks.
- Ensure that incompatible materials are stored in remote locations from each other (e.g., keep flammables from oxidizers).
- Limit quantities to minimum required.
- Store cylinders in upright and secure positions.
- Bond and ground containers as (and where) necessary.
- Use proper storage cabinets for flammable and combustible materials. Contact EHS Staff for assistance.

- Use only approved containers.
- Use and dispense only in well-ventilated areas.

Combustible Materials (solids)

- Solid combustible materials include; wood, paper, and cloth. Proper housekeeping reduces concerns for combustion of these materials. Use proper receptacles for disposal and dispose of routinely.

Oxidizers

- An oxidizer is a substance that increases the flammability of materials, allowing them to burn easier. Examples include; pure oxygen, chlorine, ammonium nitrate. Store oxidizers in a remote location from flammable and combustible materials.

Electric Appliances

- Do not use electric appliances near flammable or combustible materials. Never place an appliance on an unstable surface. Use on UL or FM approved appliances. Follow the manufactures recommendations or requirements for use and maintenance. Obtain approval from EHS staff prior to purchase and use of portable heater units in office settings. Do not leave portable heaters on and unattended.

Hot Work Permits

- A permit is required for any “hot” work such as; welding, brazing, and cutting or the use of an open flame device (other than that by an FM or UL approved device used in accordance with manufacture’s requirements).
- Hot work permits will be issued by local or site EHS staff, or as designated by project management. Permits are typically associated with one task and for one shift. At the discretion of local EHS personnel, permits may be authorized for longer periods.

Smoking

- Smoking is prohibited indoors. Smoking is only allowed in outdoor, designated areas. Smokers are to maintain smoking areas in a clean and safe condition. Ensure that receptacles for disposal of cigarettes and other smoking materials are appropriately constructed, free of combustible debris and when necessary, are cool before emptying into waste receptacles.

Housekeeping

- All personnel are responsible for keeping work areas free of combustible materials and debris.
- Weeds and grass must be properly maintained to limit potential fire hazard.

FIRE PREVENTION AND PROTECTION MINIMUM REQUIREMENTS

OSHA outlines minimum requirements for emergency evacuation planning and fire prevention plans (see www.osha.gov). Site-specific HASPs are developed to implement these requirements.

For evacuation planning, the minimum requirements are:

- Description of routes and procedures to follow.
- Procedures for accounting of personnel.
- Procedures for evacuation of physically impaired employees where necessary.
- Procedures for those employees who must remain temporarily behind to shut down critical equipment before they evacuate.
- Alerting systems must be identified.

Training must be conducted for all employees on what to do in the event of an evacuation emergency.

FLD 38 HAND AND POWER HAND TOOLS

REFERENCES

29 CFR 1926 Subpart I

29 CFR 1910 Subpart P

ANSI Standard A10.3-1970, Safety Requirements for Explosive-Actuated Fastening Tools

RELATED FLDs

FLD 06 – Cold Stress

FLD 10 – Manual Lifting and Handling of Heavy Objects

FLD 16 – Pressure Systems: Compressed Gas Systems

FLD 35 – Electrical Safety

INTRODUCTION

Injuries from hand tools are often caused by improper use, using the wrong tool for the job, or from using a defective tool. Workers often assume that they know how to use a common hand tool. Working with something other than the simplest non-powered hand tools shall be performed only by those persons competent or qualified through formal training or documented experience.

Like all tools, hand and power tools must be maintained properly for effective use and safety. This Field Operating Procedure describes general safety guidelines for the four major categories of hand tools: cutting tools, torsion tools, impact tools, and power tools.

The use of any machinery, tool, material, or equipment which is not in compliance with any applicable OSHA 1910/1926 requirement is prohibited. Any tools or equipment identified as unsafe or defective will be “tagged or locked-out.” Controls shall be applied rendering the unsafe or defective tool or equipment inoperable. Any damaged or defective equipment shall be removed from its place of operation. Weston shall be responsible for the safe condition of tools and equipment used by employees, including tools and equipment that may be furnished by employees.

Tags shall be used as a means to prevent accidental injury or illness to employees who are exposed to hazardous or potentially hazardous conditions, equipment or operations, which are out of the ordinary, unexpected, or not readily apparent. Tags shall be used until the identified hazard is eliminated or the hazardous operation is completed. Tags need not be used where signs, guarding, or other positive means of protection are being used.

GENERAL SAFETY RULES – APPLICABLE TO USE OF ALL TOOLS

- Tools will be inspected prior to each use. Tools found to be unsafe will be tagged by the inspector “Do Not Use” and either repaired or removed from the site.
- Keep the work area clear of clutter.
- Keep the work area properly illuminated.
- Maintain and keep tools sharpened, oiled, and stored in a safe, dry place.
- Wear ear and eye protection when cutting, sawing, drilling, or grinding.
- Supervisor should instruct everyone using equipment on safe procedures before they use them.
- Inspect tools, cords, and accessories regularly and document any repairs.

- Repair or replace problem equipment immediately.
- Electric power tools must have a 3-wire cord plugged into a grounded receptacle, be double-insulated or powered by a low-voltage isolation transformer, and fitted with guards and safety switches.
- Machine guards must be in-place and not removed during equipment operation.
- Do not alter factory-supplied safety features on tools.
- Install and repair equipment only if you are qualified.
- Use the right tool for the job; for instance, do not use a screwdriver as a chisel or a wrench as a hammer.
- Carry a sharp tool pointed downward or place in a tool belt or toolbox.
- Protect a sharp blade with a shield.
- Store tools in drawers or chests with cutting edge down.
- When using power tools, wear long hair in a protective manner, do not wear jewelry or loose clothing, use safety glasses, respiratory protection, hard hats, etc., as needed/specified by the manufacturer. Note that protective gloves should not be worn when operating powered woodworking tools because of the possibility of the work piece snagging the glove and pulling the hand to the cutting surface.
- All hand-held power-driven tools must be equipped with one of the following: a constant pressure switch that shuts off the power upon release (e.g., circular saws, hand-held power drills, chain saws) or an on-off switch (e.g., routers, planers scrolls saws, jigsaws).
- Never leave a running tool unattended.
- All workers using hand and power tools must be properly trained, and training must be documented.
- Tools of a non-sparking material must be used if fire/explosion hazards exist.
- All fuel-operated tools shall be stopped and allowed to cool prior to being refueled, serviced, or maintained, and proper ventilation provided when used in enclosed spaces.
- Bench grinders shall be properly grounded. Work rests must be kept at a distance not to exceed 1/8 inch from the grinding wheel surface.
- All persons using grinders or abrasive wheels shall use approved eye-protective devices.
- Hand held grinders shall have grinding wheel guards in place during operation.
- Train personnel to recognize that tasks involving lifting, repetitive motion, excess pressure, vibration, awkward positions, and remaining stationary for prolonged periods and work in cold conditions increase the risk of musculoskeletal injury. Procedures for avoiding or minimizing risk include: using mechanical devices for lifting, following procedures in FLD 10 when manual lifting is necessary, using shock absorbing gloves when using vibrating tools, choosing tools that reduce gripping force and align joints in a neutral position or holding tools in an ergonomically neutral position, taking breaks or alternating repetitive jobs, and following procedures in FLD 06.
- Hand tools such as chisels and punches, which develop mushroomed heads during use must be taken out of service and reconditioned by qualified persons or replaced, as necessary.
- Broken or fractured handles on hammers, axes and similar equipment must be replaced promptly.
- Worn or bent wrenches must be replaced.

- Handles designed for use on files and similar tools must be used.
- Jacks must be checked periodically to ensure they are in good operating condition

TORSION TOOLS

Torsion tools are used to grip, fasten, and turn. These include wrenches, pliers, screwdrivers, vises, and clamps. There is a variety of each type of these tools. Selection is very important. Here are a few safety precautions for common torsion tools:

- Wrenches should always be pulled and not pushed. Pushing a wrench can cause a loss of control if there is a sudden release of pressure. A short, steady pull should be used rather than quick, jerky motions. Where available, use a socket wrench instead of an adjustable or open-ended wrench. Socket wrenches are generally easier to control, are more convenient, and are less likely to damage a bolt or nut. When using an adjustable wrench, the pressure should be applied to the fixed jaw
- Pipe wrenches can easily slip on pipes or fittings, causing injury. To prevent slipping, make sure that the pipe or fitting is clean and the wrench jaws are sharp and kept clean of oil and debris.
- Pliers should never be substituted for a wrench. They do not have the same gripping power and can easily slip on a tight object. When using cutting pliers, the object being cut can fly off and cause injury. Wear safety glasses when cutting with pliers.
- Screwdrivers are often misused. They should not be used for prying, or as punches or wedges. These misuses can damage the head of the screwdriver. A dull tip can cause the screwdriver to slip. The tip must be flat at the tip and tapered for a snug fit on the screw.
- When using vises, make sure that the vise is bolted solidly to a base (e.g., work bench). When cutting material in a vise, try to cut as close to the vise as possible to minimize vibration.
- Oil vises regularly.

Screwdrivers

- Most screwdrivers are not designed to be used on electrical equipment. Use an insulated screwdriver.
- Do not hold an object in the palm of one hand and press a screwdriver into it; place the object on a bench or a table.
- Never hammer with a screwdriver.
- Check for broken handles, bent blade, etc.
- Select a screwdriver of the proper size to fit the screw.
- Screwdrivers with a split or splintered handle shall not be used.
- The point shall be kept in proper shape with a file or grinding wheel.
- Screwdrivers shall not be used as a substitute punch, chisel, nail-puller, etc.

Pliers

- Do not use pliers as a substitute for hammers or wrenches.
- Use insulated pliers when doing electrical work.

- Inspect pliers frequently to make certain that they are free of breaks or cracks.
- Pliers shall be kept free from grease and oil and- the teeth or cutting edges shall be kept clean and sharp.
- The fulcrum pin, rivet or bolt shall be snug but not tight.

Wrenches

- Select the correct size of wrench for the job.
- Never use a piece of pipe or another wrench as a wrench handle extension.
- Too much leverage can ruin a tool and cause injury.
- To avoid sudden slips, stand in a balanced position and always pull on the wrench instead of pushing against the fixed jaw.
- Only wrenches in good condition shall be used; a bent wrench, if straightened, has been weakened and shall not be used.
- Watch for sprung jaws on adjustable wrenches.
- Always pull toward yourself, never push, since it is easier to brace against a sudden lunge toward you should the tool slip or break.
- When using a wrench on a tight nut - first use some penetrating oil, use the largest wrench available that fits the nut, when possible pull on the wrench handle rather than pushing, and when possible apply force to the wrench with both hands while both feet are firmly placed. Always assume that you may lose your footing - check the place where you may fall for sharp objects.
- Keep all pipe wrenches clean and in good repair. The jaws of pipe wrenches should be wire brushed frequently to prevent an accumulation of dirt and grease that would otherwise build up and cause wrenches to slip.
- Never use pipe wrenches in place of a rod holding device.
- Replace hook and heel jaws when they become visibly worn.
- Position your hands so that your fingers will not be smashed between the wrench handle and the ground or other work surface; when breaking joints the wrench may slip or the joint may suddenly let go.

IMPACT TOOLS

Impact tools include various types of hammers such as riveting hammers, carpenter's claw hammers, and sledgehammers. The main hazard associated with all these tools is damage to the hands and arms. The following safety procedures should be employed when using hammers:

- The handle shall be securely fitted and suited for the type of job and type of hammerhead. The striking face of the hammer shall be kept well dressed according to the application.
- The handle shall be smooth and free of oil to prevent slippage.
- Safety goggles shall be worn at all times when hammering to protect from flying nails, wood chips, and metal or plastic fragments.

- To properly drive a nail, hold the hammer near the end of the handle and start off with a light blow. Increase power after the nail is set.
- To avoid chipping or spalling of the hammerhead, use the lightest swing possible, hammer straight and not on an angle. Inspect the head of the hammer for potential chipping and spalling.

Hammers

- Use the correct hammer for the type of work to be done.
- Have an unobstructed swing when using a hammer and watch for overhead interference.
- Check for defects before using.
- The head of a hammer shall be wedged securely and squarely on the handle and neither the head nor the handle shall be chipped or broken.

CUTTING TOOLS

The main hazard associated with cutting tools is tool slippage. A dull tool or poor tool technique can cause a slip, which can redirect the cutting part of the tool toward the body. In addition, a sudden release or change in the force applied to a tool can throw the user off balance, possibly falling into another object, which may cause injury. To prevent slippage, tools shall be kept sharp and handled in such a way that, if a slip occurs, the direction of force will be away from the body. In addition, cutting along the grain of a material can help prevent changes in the pressure applied to the tool, thereby preventing slippage.

Chisels

- Always wear safety goggles or a face shield when using a chisel.
- Drive wood chisel outward and away from your body.
- Do not use chisels to pry.
- Keep edges sharp for most effective work and protect when not in use.

Knives

- Always cut away from the body.
- Keep hands and body clear of the knife stroke.
- Use a locking blade knife when possible.
- Keep blades sharp.
 - Knives and other sharp or edged tools must be maintained in proper condition. A sharp edged tool, used properly, is safer than a dull or improperly maintained tool.
 - When not in immediate use edged tools must be properly secured via, sheathing, closing, capping or covering.
 - Any task involving the use of an edged tool must be properly evaluated, alternatives to edged tools reviewed and training in the proper use, maintenance and handling verified by management and/or the site safety officer.
 - Knives, box cutters or like tools will not be authorized for cutting plastic wire ties or tubing. Use appropriately shaped and sized wire cutters or snips.
 - Remove knives from carry on luggage and place in checked baggage.

POWERED TOOLS

- Portable power tools shall be carefully inspected before use and shall be kept repaired.
- Switches and plugs must operate properly, and the cords must be clean and free from defects.
- Portable powered tools capable of receiving guards and/or designed to accommodate guards shall be equipped with guards to prevent the operator from having any part of his body in the danger zone during the operating cycle.
- Electric powered portable tools with exposed conducting parts shall be grounded. Portable tools protected by an approved system of double insulation, or its equivalent, need not be grounded. Where such an approved system is employed, the equipment shall be distinctively marked.
- Hand-held powered tools of a hazardous nature such as circular saws having a blade diameter greater than two inches, chain saws, percussion tools, drills, tappers, fasteners, drivers, grinders with wheels greater than two inches in diameter, disc sanders, belt sanders, reciprocating saws, saber scroll saws and jig saws with blade shanks greater than one-fourth inch, and other similarly operating powered tools shall be equipped with a constant pressure switch or control ("dead-man switch") that will shut the power off when the pressure is released.
- Portable circular saws having a blade diameter over two inches shall be equipped with guards or hoods which will automatically adjust themselves to the work when the saw is in use, so that none of the teeth are exposed to contact above the work. When withdrawn from the work, the guard shall completely cover the saw to at least the depth of the teeth. The saw shall not be used without a shoe or guide.
- Pneumatic powered portable tools shall be equipped with automatic air shut-off valves that stop the tool when the operators hand is no longer in contact with the tool. Safety clips, retainers, or other effective means shall be installed on pneumatic tools to prevent the tools from accidentally misfiring.
- Abrasive wheels with a diameter of more than two inches shall be used only on machines provided with safety guards. The guards shall cover the spindle end, nut, and flange projections. Guards on operations where the work provides a suitable measure of protection to the operator may be so constructed that the spindle end, nut, and other flanges are exposed.
- Explosive-actuated fastening tools' muzzle ends shall have a protective shield or guard designed to confine any flying fragments or particles. The tool shall be so designed that it cannot be fired unless it is equipped with a protective shield or guard. Weston Solutions, Inc. employees are not permitted to use a power-actuated tool until properly trained as prescribed by the manufacturer.

Extension Cords

See FLD 35, Electric Safety, for requirements and procedures for using extension cords.

SPECIALTY TOOLS

Pneumatic Powered Tools

Tools powered by air must be inspected and maintained as described above. Hose or tubing used to deliver air to pneumatic tools must be used as required and according to procedures in FLD 16, Pressure Systems: Compressed Gas Systems.

Powder-Actuated Tools

- Only employees who have been trained in the operation of the particular tool in use shall be allowed to operate a powder-actuated tool.
- Powder-actuated tools shall be tested each day before loading to see that safety devices are in proper working condition. The method of testing shall be in accordance with the manufacturer's recommended procedure.
- Any tool found not in proper working order, or that develops a defect during use, shall be immediately removed from service and not used until properly repaired.
- Personal protective equipment shall be selected in accordance with manufacturer's recommendations and in consideration of the potential hazards of the task.
- Tools shall not be loaded until just prior to the intended firing time. Neither loaded nor empty tools are to be pointed at any employees. Hands shall be kept clear of the open barrel end.
- Loaded tools shall not be left unattended.
- Fasteners shall not be driven into very hard or brittle materials including, but not limited to, cast iron, glazed tile, surface-hardened steel, glass block, live rock, face brick, or hollow tile.
- Driving into materials easily penetrated shall be avoided unless such materials are backed by a substance that will prevent the pin or fastener from passing completely through and creating a flying missile hazard on the other side.
- No fastener shall be driven into a spalled area caused by an unsatisfactory fastening.
- Tools shall not be used in an explosive or flammable atmosphere.
- All tools shall be used with the correct shield, guard, or attachment recommended by the manufacturer.
- Powder-actuated tools used by employees shall meet all other applicable requirements of American National Standards Institute, A10.3-1970, Safety Requirements for Explosive-Actuated Fastening Tools.

FLD 39 ILLUMINATION

RELATED FLDs

FLD 08 – Confined Space Entry Program

FLD 10 – Manual Lifting and Handling of Heavy Objects

FLD 12 – Housekeeping

FLD 13 – Structural Integrity

FLD 18 – Operation and Use of Boats

FLD 22 – Heavy Equipment Operation

FLD 23 – Cranes, Rigging, and Slings

FLD 33 – Demolition

FLD 38 – Hand and Power Hand Tools

PROCEDURE

While work is in progress, offices, facilities, access-ways, working areas, construction roads, etc., will be lighted by at least the minimum light intensities specified in Table 1.

Office lighting will be in accordance with American National Standards Institute (ANSI)/ Illuminating Engineering Society of North America (IESNA) RP-1.

Roadway lighting will be in accordance with ANSI/IESNA RP-8.

Marine lighting will be in accordance with ANSI/IESNA RP-12.

Means of Egress

- Means of egress will be illuminated, with emergency and non-emergency lighting, to provide a minimum of 1 footcandle (fc) (lumens per square foot [lm/ft^2]) (11 lux [lx], measured at the floor. (Reference NFPA 101)
- The illumination will be arranged so that the failure of any single lighting unit, including the burning out of an electric bulb, will not leave any area in total darkness.

Lamps and fixtures will be guarded and secured to preclude injury to personnel. Open fluorescent fixtures will be provided with wire guards, lenses, tube guards and locks, or safety sockets that require force in the horizontal axis to remove the lamp.

Lamps for general illumination shall be protected from accidental contact or breakage. Protection shall be provided by elevation of at least 7 ft (2.1 m) from normal working surface or suitable fixture or lamp holder with a guard.

TABLE 1 - MINIMUM LIGHTING REQUIREMENTS

| Facility or Function | Illuminance – lx (lm/ft ²) |
|---|--|
| Accessways | |
| – general indoor | 55 (5) |
| – general outdoor | 33 (3) |
| – exitways, walkways, ladders, stairs | 110 (10) |
| Administrative areas (offices, drafting/meeting rooms, etc.) | 540 (50) |
| Chemical laboratories | 540 (50) |
| Construction Areas | |
| – general indoor | 55 (5) |
| – general outdoor | 33 (3) |
| – tunnels and general underground work areas, (minimum 110 lx required at tunnel and shaft heading during drilling, mucking, and scaling) | 55 (5) |
| Conveyor routes | 110 (10) |
| Docks and loading platforms | 33 (3) |
| Elevators (freight and passenger) | 215 (20) |
| First-aid stations and infirmaries | 325 (30) |
| Maintenance/Operating Areas/Shops | |
| – vehicle maintenance shop | 325 (30) |
| – carpentry shop | 110 (10) |
| – outdoors field maintenance area | 55 (5) |
| – refueling area, outdoors | 55 (5) |
| – shops, fine detail work | 540 (50) |
| – shops, medium detail work | 325 (30) |
| – welding shop | 325 (30) |
| Mechanical/electrical equipment rooms | 110 (10) |
| Parking areas | 33 (3) |
| Toilets, wash, and dressing rooms | 110 (10) |
| Visitor areas | 215 (20) |
| Warehouses and Storage Rooms/Areas | |
| – indoor stockroom, active/bulk storage | 110 (10) |
| – indoor stockroom, inactive | 55 (5) |
| – indoor rack storage | 270 (25) |
| – outdoor storage | 33 (3) |
| Work areas – general (not listed above) | 325 (30) |

RST 3 FLD 43A ANIMALS

Animals represent hazards because of their poisons or venoms, size and aggressiveness, diseases transmitted, or the insects they may carry.

Feral Animals

Landfills and abandoned buildings often attract stray or abandoned dogs. These animals often become pack-oriented, very aggressive, and represent serious risk of harm to unprotected workers.

Workers entering abandoned buildings should be alert for such animals and avoid approaching them since this may provoke aggressive behavior. Avoidance and protection protocols include watching for animal dens, using good housekeeping, and using repellents.

Dangerous Wild Animals

Work in remote areas inhabited by wild animals that have been known to cause injury and kill human beings, requires that companies working in these areas carefully plan for wildlife encounters. This FLD outlines actions that, when properly implemented, should provide a high degree of protection for WESTON employees and wildlife.

See Wildlife Hazard Recognition and Protection Procedure (Attached).

Venomous Snakes and Lizards

Venomous Snakes

Venomous snakes are common around the world. The major variables are the likelihood of encounter and the snake that is likely to be encountered. Encounters with snakes may be caused by moving containers, reaching into holes, or just walking through high grass, swampy areas, or rocks. **Do not attempt to catch any snakes.**

Symptom of venomous snake bites:

- Bloody wound discharge, blurred vision, burning, convulsions, diarrhea, dizziness, excessive sweating, fainting, fang marks in the skin, fever, increased thirst, local tissue death, loss of muscle coordination, nausea and vomiting, numbness and tingling, rapid pulse, severe pain, skin discoloration, swelling at the site of the bite, weakness.

Venom from venomous snakes and lizards can be divided into three types of toxins, however, there are some indications that snake venom may have more than one toxin and characteristics may change as a snake ages. The three types of toxins and their effects are:

Hemotoxins destroy blood cells and affect the circulatory system. The site of the bite rapidly becomes swollen, discolored, and painful. This is usually accompanied by swelling, discoloration, and pain progressing toward the heart.

Neurotoxins affect the nervous system and symptoms vary from foggy vision, dizziness, and other comparatively mild symptoms to rigid or flaccid paralysis, shortness of breath, weakness or paralysis of the lower limbs, double vision, inability to speak or swallow, drooping eyelids, and involuntary tremors of the facial muscles. Death can occur in as little as ten minutes, usually due to abrupt cessation of respiration.

Myotoxins destroy cells and cause muscle necrosis.

In the US, with the exception of the coral snakes which tend to have neuron-toxic venom, most venomous snakes have been categorized as having hemotoxic venom (in some areas Mojave rattlesnakes are found to have neuron-toxic venom). There is some indication that some species of rattlesnakes have both hemotoxic and neuron-toxic venom. It is also reported that venom of younger snakes may be more neuron-toxic

There are many highly venomous snakes worldwide, some are deadly and most can be deadly without proper care.

Geographical Listing of Venomous Snakes

Following is a list of poisonous snakes by geographic area. This list is extensive but may not be all inclusive. In planning for work around the world, also contact local agencies to determine whether there may be additional venomous snakes or lizards.

North America

Copperheads (Broad-banded, Northern, Osage, Southern, Trans-Pecos)

Rattlesnakes Diamondback (eastern and western), Massasauga (eastern and western)

Cottonmouth or water moccasin (Eastern)

Prevention of Bites

Key factors to working safely in areas where snakes or lizards may be encountered include:

- Be alert
- Use care when reaching into or moving containers
- Use sticks or long-handled tools when reaching where you cannot see
- Be familiar with the habits and habitats of snakes in the vicinity of an incident or site
- In areas or activities where encounters with snakes are likely, wear sturdy leather or rubber work boots and snake chaps
- Do not attempt to catch snakes unless required and qualified

A snake bite warrants medical attention after administration of proper first-aid procedures. It is important to contact local medical facilities to determine where anti-venoms are located.

First-Aid

1. Keep the person calm. Restrict movement, and keep the affected area below heart level to reduce the flow of venom.
2. Remove any rings or constricting items because the affected area may swell. Create a loose splint to help restrict movement of the area.
3. If the area of the bite begins to swell and change color, the snake was probably venomous.
4. Monitor the person's vital signs -- temperature, pulse, rate of breathing, and blood pressure if possible. If there are signs of shock (such as paleness), lay the person flat, raise the feet about a foot, and cover the person with a blanket.
5. Get medical help immediately.
6. Try to photograph or identify the snake. Do not waste time hunting for the snake, and do not risk another bite. Be careful of the head of a dead snake. A snake can actually bite for up to an hour after it is dead (from a reflex).
 - DO NOT allow the person to become over-exerted. If necessary, carry the person to safety.
 - DO NOT apply a tourniquet.
 - DO NOT apply cold compresses to a snake bite.
 - DO NOT cut into a snake bite with a knife or razor.
 - DO NOT try to suction the venom by mouth.
 - DO NOT give stimulants or pain medications unless instructed to do so by a doctor.
 - DO NOT give the person anything by mouth.
 - DO NOT raise the site of the bite above the level of the person's heart
 - Transport the victim to medical attention immediately

Animal Borne Diseases

Rabies

Animal borne diseases include rabies (generally found in dogs, skunks, raccoons, bats, and foxes). Rabies varies from area to area as do the animals most likely to be rabid.

Questions and Answers about Rabies

Q. What is Rabies and how is it transmitted?

A. Rabies is a viral infection most often transmitted by bites of animals infected with the virus.

Q. What animals are most likely to be infected?

A. Skunks, raccoons, foxes, and bats are wild animals most frequently found to be infected with rabies; however, any warm blooded animal can be infected. Squirrels, groundhogs, horses, cattle, and rabbits have been tested positive for rabies. Dogs and cats are frequently rabies-infected if not immunized.

Q. How can you tell if an animal is rabies-infected?

A. Rabies infection is not always apparent. Signs to look for in wild animals are over-aggressiveness or passivity. Spotting animals which are normally nocturnal (active at night) during the day and being able to approach them would be an example of unusual behavior. Finding a bat alive and on the ground is abnormal. The best precaution, however, is to observe wild animals from a safe distance, even if they are injured. Avoid dogs and cats that you do not know.

Q. What should you do if bitten by an animal you suspect is infected with rabies?

A. As quickly as possible, wash the bite area with soap and water, then disinfect with 70% alcohol and seek medical attention for follow-up. Try to capture the animal. Avoid being bitten again or contacting the mouth or any saliva of the animal. Keep the animal under surveillance and call the police for assistance to capture it. Have the animal tested.

A dead animal believed to be infected should be preserved and tested for rabies. Health departments are often sources where information can be found regarding testing.

Q. Is there a cure for rabies?

A. Rabies is preventable, even after being bitten, if treatment is begun soon enough. Getting prompt medical attention and confirming the rabies infection of an animal are very important. **Rabies is not curable once symptoms or signs of rabies appear.**

There are vaccines available that should be considered if a work assignment involves trapping animals likely to carry rabies. Medical consultants must be involved in decisions to immunize workers against rabies.

Hantavirus

WESTON employees or contractors/subcontractors conducting field work in areas where there is evidence of a rodent population should be aware of an increased level of concern regarding the transmission of “Hantavirus”-associated diseases. Hantavirus is associated with rodents, especially the deer mouse (*Peromyscus manicularis*) as a primary reservoir host. Hantavirus has resulted in several deaths in the U.S.

The Hantavirus can be transmitted by infected rodents through their saliva, urine, and feces. Human infection may occur when infected wastes are inhaled as a result of aerosols produced directly from the animals. They also may come from dried materials introduced into broken skin or onto mucous membranes. Infections in humans occur most in adults and are associated with

activities that provide contact with infected rodents in rural/semi-rural areas. Hantavirus begins with one or more flu-like symptoms (i.e., fever, muscle aches, headache, and/or cough) and progresses rapidly to severe lung disease. Early diagnosis and treatment are vital.

Prevention

Personnel involved in work areas where rodents and the presence of the Hantavirus are known or suspected will need to take personal protective measures and to develop an expanded site safety plan.

Field personnel involved in trapping or contacting rodents or their waste products will need to wear respirators with high-efficiency particulate air (HEPA) filters, eye protection, Tyvek coveralls, chemical-resistant gloves, and disposable boot covers. Strict decontamination requirements are needed. Double-bag, label, and specific handling, packaging, shipping, storage, and analytical procedures are required to minimize the risks of exposure from collected mice. More detailed procedures can be obtained from WESTON Corporate Health and Safety.

For employees and facilities in rural/semi-rural areas, the following risk-reduction strategies are appropriate:

- Eliminate rodents and reduce availability of food sources and nesting sites used by rodents.
- Store trash/garbage in rodent-proof metal or thick plastic containers with tight lids.
- Cut all grass/underbrush in proximity to buildings.
- Prevent rodents from entering buildings (e.g., use steel wool, screen, etc., to eliminate openings).

Plague

Described under Insects (Fleas)

Anthrax

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax most commonly occurs in wild and domestic lower vertebrates (cattle, sheep, goats, and other herbivores), but it can also occur in humans when they are exposed to infected animals or tissue from infected animals.

Anthrax is most common in agricultural regions where it occurs in animals. When anthrax affects humans, it is usually due to an occupational exposure to infected animals or their products. Workers who are exposed to dead animals and animal products from other countries where anthrax is more common may become infected with *B. anthracis* (industrial anthrax). Anthrax in wild livestock has occurred in the U.S.

Anthrax infection can occur in three forms: cutaneous (skin), inhalation, and gastrointestinal. *B. anthracis* spores can live in the soil for many years, and humans can become infected with anthrax by handling products from infected animals or by inhaling anthrax spores from contaminated animal products. Anthrax can also be spread by eating undercooked meat from infected animals. It is rare to find infected animals in the U.S.

Cutaneous: Most (about 95%) anthrax infections occur when the bacterium enters a cut or abrasion on the skin, such as when handling contaminated wool, hides, leather, or hair products (especially goat hair) of infected animals. Skin infection begins as a raised itchy bump that resembles an insect bite but within 1-2 days develops into a vesicle and then a painless ulcer, usually 1-3 cm in diameter, with a characteristic black necrotic (dying) area in the center. Lymph glands in the adjacent area may swell. About 20% of untreated cases of cutaneous anthrax will result in death. Deaths are rare with appropriate antimicrobial therapy.

Inhalation: Initial symptoms may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is usually fatal.

Intestinal: The intestinal disease form of anthrax may follow the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax results in death in 25% to 60% of cases.

Anthrax is not known to spread from one person to another person. Communicability is not a concern in managing or visiting patients with inhalation anthrax.

Prevention

In countries where anthrax is common and vaccination levels of animal herds are low, humans should avoid contact with livestock and animal products and avoid eating meat that has not been properly slaughtered and cooked. Also, an anthrax vaccine has been licensed for use in humans. The vaccine is reported to be 93% effective in protecting against anthrax.

Doctors can prescribe effective antibiotics. To be effective, treatment should be initiated early. If left untreated, the disease can be fatal.

Direct person-to-person spread of anthrax is extremely unlikely; however, a patient's clothing and body may be contaminated with anthrax spores. Effective decontamination of people can be accomplished by a thorough wash down with anti-microbe effective soap and water. Waste water should be treated with bleach or other anti-microbial agent. Effective decontamination of articles can be accomplished by boiling contaminated articles in water for 30 minutes or longer and using common disinfectants. Chlorine is effective in destroying spores and vegetative cells on surfaces. Burning the clothing is also effective. After decontamination, there is no need to immunize, treat, or isolate contacts of people ill with anthrax unless they also were also exposed to the same source of infection. Early antibiotic treatment of anthrax is essential—delay seriously lessens chances for survival. Treatment for anthrax infection and other bacterial infections

includes large doses of intravenous and oral antibiotics, such as fluoroquinolones, like ciprofloxacin (cipro), doxycycline, erythromycin, vancomycin, or penicillin. In possible cases of inhalation anthrax exposure to unvaccinated personnel, early antibiotic prophylaxis treatment is crucial to prevent possible death.

No skin, especially if it has any wounds or scratches, should be exposed. Disposable personal protective equipment is preferable, but if not available, decontamination can be achieved by washing any exposed equipment in hot water, bleach and detergent. Disposable personal protective equipment and filters should be burned and buried. The size of *Bacillus anthracis* bacilli ranges from 0.5 μm to 5.0 μm . Anyone working with anthrax in a suspected or confirmed victim should wear respiratory equipment capable of filtering this size of particle or smaller. The U.S. National Institute for Occupational Safety and Health (NIOSH) and Mine Safety and Health Administration (MSHA) approved high efficiency-respirator, such as a half-face disposable respirator with a HEPA filter, is recommended. All possibly contaminated bedding or clothing should be isolated in double plastic bags and treated as possible bio-hazard waste. Dead victims that are opened and not burned provide an ideal source of anthrax spores; the victim should be sealed in an airtight body bag. Cremating victims is the preferred way of handling body disposal. No embalming or autopsy should be attempted without a fully equipped biohazard lab and trained and knowledgeable personnel.

Delays of only a few days may make the disease untreatable and treatment should be started even without symptoms if possible contamination or exposure is suspected. Animals with anthrax often just die without any apparent symptoms. Initial symptoms may resemble a common cold – sore throat, mild fever, muscle aches and malaise. After a few days, the symptoms may progress to severe breathing problems and shock and ultimately death. Death can occur from about two days to a month after exposure with deaths apparently peaking at about 8 days after exposure. [8] Antibiotic-resistant strains of anthrax are known.

Aerial spores can be trapped by a simple HEPA or P100 filter. Inhalation of anthrax spores can be prevented with a full-face mask using appropriate filtration. Unbroken skin can be decontaminated by washing with simple soap and water. All of these procedures do not kill the spores which are very hard to kill and require extensive treatment to eradicate them. Filters, clothes, etc. exposed to possible anthrax contaminated environments should be treated with chemicals or destroyed by fire to minimize the possibility of spreading the contamination.

In recent years there have been many attempts to develop new drugs against anthrax; but the existing supply still works fine if treatment is started soon enough.

Prevention can also be accomplished through early detection. In response to the U.S. Postal Service (USPS) anthrax attacks of October 2001, the USPS has installed BioDetection Systems (BDS) in their large-scale mail cancellation facilities. BDS response plans have been formulated by the USPS in conjunction with local responders including fire, police, hospitals, and public health. Employees of these facilities have been educated about anthrax, response actions and prophylactic medication. Because of the time delay inherent in getting final verification that anthrax has been used, prophylactic antibiotics for possibly exposed personnel should commence as soon as possible.

The ultimate in prevention is vaccination against infection but this has to be done well in advance of exposure.

Anthrax spores can survive for long periods of time in the environment after release. Methods for cleaning anthrax contaminated sites commonly use oxidizing agents such as peroxides, ethylene Oxide, Sandia Foam, chlorine dioxide (used in the Hart Senate office building), and liquid bleach products containing sodium hypochlorite. These agents slowly destroy bacterial spores. A bleach solution for treating hard surfaces has been approved by the EPA and can be prepared by mixing one part bleach (5.25%-6.00%) to one part white vinegar to eight parts water. Bleach and vinegar must not be combined together directly, rather some water must first be added to the bleach (e.g., two cups water to one cup of bleach), then vinegar (e.g., one cup), and then the rest of the water (e.g., six cups). The pH of the solution should be tested with a paper test strip; and treated surfaces must remain in contact with the bleach solution for 60 minutes (repeated applications will be necessary to keep the surfaces wet).

Chlorine dioxide has emerged as the preferred biocide against anthrax-contaminated sites, having been employed in the treatment of numerous government buildings over the past decade. Its chief drawback is the need for in situ processes to have the reactant on demand.

To speed the process, trace amounts of a non-toxic catalyst composed of iron and tetra-amido macrocyclic ligands are combined with sodium carbonate and bicarbonate and converted into a spray. The spray formula is applied to an infested area and is followed by another spray containing tertiary-butyl hydroperoxide

Using the catalyst method, a complete destruction of all anthrax spores takes 30 minutes. A standard catalyst-free spray destroys fewer than half the spores in the same amount of time. They can be heated, exposed to the harshest chemicals, and they do not easily die.

Brucellosis

Brucellosis, also called undulant fever or Malta fever, is a zoonosis (infectious disease transmitted from animals to humans) caused by bacteria of the genus *Brucella*. It is primarily a disease of domestic animals (goats, pigs, cattle, dogs, etc.) and humans and has a worldwide distribution.

Although brucellosis can be found worldwide, it is more common in countries that do not have good standardized and effective public health and domestic animal health programs. Areas currently listed as high risk include the Caribbean.

The disease is transmitted either through contaminated or untreated milk (and its derivatives) or through direct contact with infected animals, which may include dogs, pigs, camels, and ruminants, primarily sheep, goats, cattle, and bison. This also includes contact with their carcasses.

Leftovers from parturition are also extremely rich in highly virulent brucellae. Brucellae, along with leptospira have the unique property of being able to penetrate through intact human skin, so infection by mere hand contact with infectious material is likely to occur.

The disease is now usually associated with the consumption of un-pasteurized milk and soft cheeses made from the milk of infected animals and with occupational exposure of veterinarians and slaughterhouse workers. Some vaccines used in livestock, most notably *B. abortus* strain 19 also cause disease in humans if accidentally injected. Problems with vaccine induced cases in the United States declined after the release of the RB-51 strain developed in the 1990s and the relaxation of laws requiring vaccination of cattle in many states.

The incubation period of brucellosis is, usually, of one to three weeks, but some rare instances may take several months to surface.

Brucellosis induces inconstant fevers, sweating, weakness, anemia, headaches, depression and muscular and bodily pain.

The symptoms are like those associated with many other febrile diseases, but with emphasis on muscular pain and sweating. The duration of the disease can vary from a few weeks to many months or even years. In first stage of the disease, septicaemia occurs and leads to the classic triad of undulant fevers, sweating (often with characteristic smell, likened to wet hay) and migratory arthralgia and myalgia.

Prevention

The main way of preventing brucellosis is by using fastidious hygiene in producing raw milk products, or by pasteurization of all milk that is to be ingested by human beings, either in its pure form or as a derivate, such as cheese.

Provide protection from skin contact when handling potentially infected animals.

Q fever

Q fever is caused by infection with *Coxiella burnetii*. This organism is uncommon but may be found in cattle, sheep, goats and other domestic mammals, including cats and dogs. The infection results from inhalation of contaminated particles in the air, and from contact with the vaginal mucus, milk, feces, urine or semen of infected animals. The incubation period is 9-40 days. It is considered possibly the most infectious disease in the world, as a human being can be infected by a single bacterium.

The most common manifestation is flu-like symptoms with abrupt onset of fever, malaise, profuse perspiration, severe headache, myalgia (muscle pain), joint pain, loss of appetite, upper respiratory problems, dry cough, pleuritic pain, chills, confusion and gastro-intestinal symptoms such as nausea, vomiting and diarrhea. The fever lasts approximately 7-14 days.

During the course, the disease can progress to an atypical pneumonia, which can result in a life threatening acute respiratory distress syndrome (ARDS), whereby such symptoms usually occur during the first 4-5 days of infection.

Less often the Q fever causes (granulomatous) hepatitis which becomes symptomatic with malaise, fever, liver enlargement (hepatomegaly), pain in the right upper quadrant of the abdomen and jaundice (icterus).

The chronic form of the Q fever is virtually identical with the inflammation of the inner lining of the heart (endocarditis), which can occur after months or decades following the infection. It is usually deadly if untreated. However, with appropriate treatment this lethality is around 10%.

The common way of infection is inhalation of contaminated dust, contact with contaminated milk, meat, wool and particularly birthing products. Ticks can transfer the pathogenic agent to other animals. Transfer between humans seems extremely rare and has so far been described in very few cases.

Prevention

Q fever is effectively prevented by intradermal vaccination with a vaccine composed of killed *Coxiella burnetii* organisms. Skin and blood tests should be done before vaccination to identify preexisting immunity; the reason is that vaccinating subjects who already have immunity can result in a severe local reaction. After a single dose of vaccine, protective immunity lasts for many years. Revaccination is not generally required. Annual screening is typically recommended.

Wear appropriate PPE when handling potentially infected animals or materials.

Leptospirosis

Leptospirosis is a bacterial disease that affects humans and animals. It is caused by bacteria of the genus *Leptospira*.

The time between a person's exposure to a contaminated source and becoming sick is 2 days to 4 weeks. Illness usually begins abruptly with fever and other symptoms. Leptospirosis may occur in two phases; after the first phase, with fever, chills, headache, muscle aches, vomiting, or diarrhea, the patient may recover for a time but become ill again. If a second phase occurs, it is more severe; the person may have kidney or liver failure or meningitis. This phase is also called Weil's disease.

The illness lasts from a few days to 3 weeks or longer. Without treatment, recovery may take several months. In rare cases death occurs.

Many of these symptoms can be mistaken for other diseases. Leptospirosis is confirmed by laboratory testing of a blood or urine sample.

Leptospira organisms have been found in cattle, pigs, horses, dogs, rodents, and wild animals. Humans become infected through contact with water, food, or soil containing waste from these infected animals. This may happen by consuming contaminated food or water or through skin contact, especially with mucosal surfaces, such as the eyes or nose, or with broken skin. The disease is not known to be spread from person to person.

Leptospirosis occurs worldwide but is most common in temperate or tropical climates. It is an occupational hazard for many people who work outdoors or with animals, for example, farmers, sewer workers, veterinarians, fish workers, dairy farmers, or military personnel. It is a recreational hazard for campers or those who participate in outdoor sports in contaminated areas and has been associated with swimming, wading, and whitewater rafting in contaminated lakes and rivers. The incidence is also increasing among urban children.

The risk of acquiring leptospirosis can be greatly reduced by not swimming or wading in water that might be contaminated with animal urine.

Protective clothing or footwear should be worn by those exposed to contaminated water or soil because of their job or recreational activities.

Prevention

Avoid risky foods and drinks.

Buy it bottled or bring it to a rolling boil for 1 minute before drink it. Bottled carbonated water is safer than non-carbonated water.

Ask for drinks without ice unless the ice is made from bottled or boiled water. Avoid popsicles and flavored ices that may have been made with contaminated water.

Eat foods that have been thoroughly cooked and that are still hot and steaming

Avoid raw vegetables and fruits that cannot be peeled. Vegetables like lettuce are easily contaminated and are very hard to wash well. When eating raw fruit or vegetables that can be peeled, peel them yourself. (Wash your hands with soap first.) Do not eat the peelings.

Avoid foods and beverages from street vendors. It is difficult for food to be kept clean on the street, and many travelers get sick from food bought from street vendors.

Leptospirosis is treated with antibiotics, such as doxycycline or penicillin, which should be given early in the course of the disease. Intravenous antibiotics may be required for persons with more severe symptoms. Persons with symptoms suggestive of leptospirosis should contact a health care provider.

Ebola

Ebola is both the common term used to describe a group of viruses belonging to genus Ebolavirus, family Filoviridae, and the common name for the disease which they cause, Ebola hemorrhagic fever. Ebola viruses are morphologically similar to the Marburg virus, also in the family Filoviridae, and share similar disease symptoms. Ebola has caused a number of serious and highly publicized outbreaks since its discovery.

Despite considerable effort by the World Health Organization, no animal reservoir capable of sustaining the virus between outbreaks has been identified. However, it has been hypothesized that the most likely candidate is the fruit bat.

Ebola hemorrhagic fever is potentially lethal and encompasses a range of symptoms including fever, vomiting, diarrhea, generalized pain or malaise, and sometimes internal and external bleeding. Mortality rates are extremely high, with the human case-fatality rate ranging from 50% - 89%, according to viral subtype.^[2] The cause of death is usually due to hypovolemic shock or organ failure.

Because Ebola is potentially lethal and since no approved vaccine or treatment is available, Ebola is classified as a biosafety level 4 agent, as well as a Category A bioterrorism agent by the Centers for Disease Control and Prevention.

Symptoms are varied and often appear suddenly. Initial symptoms include high fever (at least 38.8°C), severe headache, muscle joint, or abdominal pain, severe weakness and exhaustion, sore throat, nausea, and dizziness. Before an outbreak is suspected, these early symptoms are easily mistaken for malaria, typhoid fever, dysentery, influenza, or various bacterial infections, which are all far more common and less reliably fatal.

Ebola may progress to cause more serious symptoms, such as diarrhea, dark or bloody feces, vomiting blood, red eyes due to distention and hemorrhage of sclerotic arterioles, petechia, maculopapular rash, and purpura. Other secondary symptoms include hypotension (less than 90 mm Hg systolic /60 mm Hg diastolic), hypovolemia, tachycardia, organ damage (especially the kidneys, spleen, and liver) as a result of disseminated systemic necrosis, and proteinuria. The interior bleeding is caused by a chemical reaction between the virus and the platelets which creates a chemical that will cut cell sized holes into the capillary walls.

Among humans, the virus is transmitted by direct contact with infected body fluids, or to a lesser extent, skin or mucus membrane contact. The incubation period can be anywhere from 2 to 21 days, but is generally between 5 and 10 days.

Although airborne transmission between monkeys has been demonstrated by an accidental outbreak in a laboratory located in Virginia, USA, there is very limited evidence for human-to-human airborne transmission in any reported epidemics.

The infection of human cases with Ebola virus has been documented through the handling of infected chimpanzees, and gorillas--both dead and alive.

So far, all epidemics of Ebola have occurred in sub-optimal hospital conditions, where practices of basic hygiene and sanitation are often either luxuries or unknown to caretakers and where disposable needles and autoclaves are unavailable or too expensive. In modern hospitals with disposable needles and knowledge of basic hygiene and barrier nursing techniques, Ebola rarely spreads on such a large scale.

Prevention

Prevention methods include good hygiene in medical settings and awareness of the virus in travel areas. There is no known effective vaccine for humans.

Prevention efforts should concentrate on avoiding contact with host or vector species. Travelers should not visit locations where an outbreak is occurring. Contact with rodents should be avoided. Minimize exposure to arthropod bites by using permethrin-impregnated bed nets and insect repellents.

Strict compliance with infection control precautions (i.e., use of disposable gloves, face shields, and disposable gowns to prevent direct contact with body fluids and splashes to mucous membranes when caring for patients or handling clinical specimens; appropriate use and disposal of sharp instruments; hand washing and use of disinfectants) is recommended to avoid health care-associated infections.

Contact with dead primates should be avoided.

Bird and Bat Borne or Enhanced Diseases

See also under Molds and Fungus

Histoplasmosis

Histoplasmosis is a fungal infection which enters the body through the lungs. The infection enters the body through the lungs. The fungus grows as a mold in the soil, and infection results from breathing in airborne particles. Soil contaminated with bird or bat droppings are known to have a higher concentration of histoplasmosis.

There may be a short period of active infection, or it can become chronic and spread throughout the body. Most people who do develop symptoms will have a flu-like syndrome (acute-fever, chills cough, and chest pain; chronic-chest pain, cough with blood, fever, shortness of breath, sweating) and lung complaints related to pneumonia or other lung involvement. Approximately 10% of the population will develop inflammation in response to the initial infection. This can affect the skin, bones or joints, or the lining of the heart (pericardium). These symptoms are not due to fungal infection of those body parts, but due to inflammation.

In a small number of patients, histoplasmosis may become widespread (disseminated) in involve the blood, brain, adrenal glands, or other organs. Very young or old are at a higher risk for

disseminated histoplasmosis. Symptoms include fevers, headache, neck stiffness, mouth sores, skin lesions.

Histoplasmosis may be prevented by reducing dust exposure in areas containing bird or bat droppings. Wear PPE and respirator when working within this environment. Institute work practices and dust control measures, i.e. moist/wet area, that eliminate or reduce dust generation which will reduce risks of infection and subsequent development of disease.

Treatment

The main treatment for histoplasmosis is antifungal drugs. Amphotericin B, itraconazole, and ketoconazole are the usual treatments. Long-term treatment with antifungal drugs may be needed.

Psittacosis

Psittacosis is a disease caused by a bacteria that is found in bird droppings and other secretions (often carried by pet birds). The bacteria is found worldwide.

Symptoms of psittacosis infection may include a low-grade fever that often becomes worse as the disease progresses, including anorexia, sore throat, light sensitivity, and a severe headache.

Ammonia and sodium hypochlorite based disinfectants are effective disinfectants for Psittacosis.

Where it is necessary to remove bat droppings from buildings prior to renovation or demolition it is prudent to assume infection and use the following precautions:

- Avoid areas that may harbor the bacteria, e.g., accumulations of bird or bat droppings.
- Areas known or suspected of being contaminated by *the organisms causing* Psittacosis such as bird roosts, attics, or even entire buildings that contain accumulations of bat or bird manure, should be posted with signs warning of the health risk. The building or area should be secured
- Before an activity is started that may disturb any material that might be contaminated by Psittacosis, workers should be informed in writing of the personal risk factors that increase an individual's chances of developing these diseases. Such a written communication should include a warning that individuals with weakened immune systems are at the greatest risk of developing severe forms of these diseases become infected. These people should seek advice from their health care provider about whether they should avoid exposure to materials that might be contaminated with these organisms.

The best way to prevent exposure is to avoid situations where material that might be contaminated can become aerosolized and subsequently inhaled. A brief inhalation exposure

highly contaminated dust may be all that is needed to cause infection and subsequent development of psittacosis. Therefore, work practices and dust control measures that eliminate or reduce dust generation during the removal of bat manure from a building will also reduce risks of infection and subsequent development of disease. For example, instead of shoveling or sweeping dry, dusty material, carefully wetting it with a water spray can reduce the amount of dust aerosolized during an activity. Adding a surfactant or wetting agent to the water might reduce further the amount of aerosolized dust.

Once the material is wetted, it can be collected in double, heavy-duty plastic bags, a 55-gallon drum, or some other secure container for immediate disposal. An alternative method is use of an industrial vacuum cleaner with a high-efficiency filter to *bag* contaminated material. Truck-mounted or trailer-mounted vacuum systems are recommended for buildings with large accumulations of bat or bird manure. These high-volume systems can remove tons of contaminated material in a short period. Using long, large-diameter hoses, such a system can also remove contaminated material located several stories above its waste hopper. This advantage eliminates the risk of dust exposure that can happen when bags tear accidentally or containers break during their transfer to the ground.

The removal of all material that might be contaminated from a building and immediate waste disposal will eliminate any further risk that someone might be exposed to aerosolized spores. Air sampling, surface sampling, or the use of any other method intended to confirm that no infectious agents remain following removal of bat manure is unnecessary in most cases. However, before a removal activity is considered finished, the cleaned area should be inspected visually to ensure that no residual dust or debris remains.

Spraying 1:10 bleach to water mixture on droppings and allowing it to dry is also a recommended practice for the psittacosis organisms.

Because work practices and dust control measures to reduce worker exposures to these organisms have not been fully evaluated, using personal protective equipment is still necessary during some activities. During removal of an accumulation of bat or bird manure from an enclosed area such as an attic, dust control measures should be used, but wearing a NIOSH-approved respirator and other items of personal protective equipment is also recommended to reduce further the risk of exposure to the organisms that cause Psittacosis.

Treatment

Psittacosis is often hard to diagnose and while a concern, it does not occur with great frequency. Knowledge of the symptoms and of potential exposure is important when seeking medical follow-up for potential exposure.

There are various medical treatments for psittacosis based on extent of infection. The sooner the disease is diagnosed and treatment is begun the more effective the treatment will be.

APPENDIX A

Dangerous Animals - Wildlife Hazard Recognition and Protection

GENERAL

Work in remote areas inhabited by wild animals that have been known to cause injury and kill human beings, requires that companies working in these areas carefully plan for wildlife encounters. This procedure outlines actions that when properly implemented should provide a high degree of protection for employees and wildlife.

These procedures apply to employees who prepare Health and Safety Plans or perform fieldwork in environments in which wild animals may be encountered. However, due to the unpredictable nature of wild animals this single document cannot possibly cover all potential risks or protective measures. Therefore, prior to entering remote areas inhabited by dangerous wildlife, contact local wildlife agencies to gather additional information concerning local risks and protective measures.

ATTACHMENTS

Attachments 1 and 2 outline behavioral characteristics of and outline controls that will minimize human injury, loss of property, and unnecessary destruction of wildlife, while ensuring a safe work environment.

WILDLIFE AVOIDANCE AND BASIC PROTECTIVE MEASURES

The best protective measure is simply avoidance. Large numbers of humans present deterrence to wild animals; therefore, whenever possible teams in the field should work together in groups of four or more. Whenever practical, fieldwork should be scheduled around the seasonal cycles of wildlife in the area. When wild animal avoidance cannot be achieved through scheduling, personnel involved in field activities in which encounters with wild animals may result, will take the following steps and will be equipped and trained, as set forth below.

CLEAR THE AREA

Evaluate and control the area before entry by

- Determine areas of recent sightings through local Fish and Game, state troopers, etc.;
- Conduct a site observation from an off-site elevated point, if possible;
- Conduct a controlled walk through in the area by a trained observer;
- Arrange a briefing by a local specialist, e. g., Fish and Game, etc.; and
- Utilizing appropriate noisemakers.

BASIC EQUIPMENT

Employees entering an environment where encounters with wild animals are possible should be provided, as a minimum:

- Noisemakers, such as air horns, bells, etc.; and
- Bear spray of not less than 16-ounce capacity (with holster), equivalent to capsicum pepper (red pepper extract), which is capable of spraying at least 15 feet. (Notes: Normally cannot be transported in side aircraft passenger compartments and may be

considered a hazardous material, check with airlines and hazardous material shippers for current information).

TRAINING

Prior to entering and / or working in areas inhabited by dangerous wildlife each employee should receive training as outlined in this procedure. At a minimum, training must include information related to:

- Wildlife present, habitat, behavior patterns, including when wild animals are most active, etc.
- Warning signs, such as tracks, bedding areas, scat, claw marks, offspring, paths, etc.,
- Avoidance measures
- Other hazards, precautions, and protective measures as outlined in the Attachments,
- (At the jobsite) spray demonstration and safety instructions which include location of and persons designated as “bear watch”

An outline of the training content should be reviewed and approved by the Divisional EHS manager and should be documented. A record of the training will be maintained at the job site, filed with the SSHSP and in the employee’s training records.

VEHICLE SAFETY

Use extreme caution, particularly in darkness, when operating vehicles in areas where wild animals may be present. Collisions with large animals have been known to cause significant property damage and personal injuries to vehicle passengers, including fatalities.

ATTACHMENT 1

BEAR SAFETY – HAZARD RECOGNITION AND PRECAUTIONS

On occasion fieldwork may be conducted in a location where bears may be encountered. The following technical information, precautions, and guidelines for operations in which bears could be encountered are based on experience and conditions for field work. Bears are intelligent, wild animals and are potentially dangerous, and would rather be left alone. The more bears are understood the less they will be feared. This attachment is intended to provide information that will enable Weston to plan for bear encounters and to properly address face-to-face encounters.

Bear Life History

Although bears are creatures of habit, they are also intelligent, and each has its own personality. The way a bear reacts is often dictated by what it has learned from its mother, the experience it has had on its own, and the instincts nature has provided. Like other intelligent animals, we can make general statements about bears, but few people can accurately predict their behavior.

Bears have an incredible sense of smell, and seem to trust it more than any other sense. Hearing and sight are also important, but to a lesser degree. A bear's hearing is probably better than ours, but not as keen as a dog's hearing. Their sight is probably comparable to that of a human. Black bears tend to favor forested habitats.

Bears are opportunists, relying on their intelligence and their senses to find food. They use different habitats throughout the year, depending on the availability of food and other necessities. The area a bear covers in a given year is partially dependent on how far it has to go to satisfy these basic needs. In some areas, individual bears have home ranges of less than a square mile; in other areas ranges can encompass hundreds of square miles. Males usually range over larger areas than females.

In spring, bears begin coming out of hibernation. Males are usually the first bears to emerge, usually in April, and females with new cubs are usually the last, sometimes as late as late June. When bears emerge from their dens, they are lethargic for the first few days, frequently sleeping near their dens and not eating. When they do start eating, they seek carrion (deer, etc.), roots, and emerging vegetation. In coastal areas, beaches become travel corridors as bears seek these foods.

In early summer, bears eat new grasses and forage as they develop in higher elevations. In coastal areas, salmon are the most important food from June through September. This period is one of the few times that bears are found in large groups, and it is the time that most people see bears. Bears often travel, eat, and sleep along streams for weeks at a time.

Other summer foods for bears include grasses and ground squirrels. When bears kill or scavenge large prey, they commonly cover the portions they cannot eat with sticks and duff. A bear may remain near a food cache for days and it will defend it from intruders.

During the late summer and early fall, bears move inland and consume large amounts of blueberries, and other succulent fruits. As the seasons progress towards winter, a bear's diet becomes more varied. This is the time that bears are adding final deposits of fat before their long winter naps.

In October and November, bears move into their denning areas and begin preparing a suitable den. Black bears usually den in holes under large trees or rock outcrops, or in small natural cavities. Dens are just large enough for the bears to squeeze into. Bears rarely eat, drink, urinate, or defecate while they are denning. They sleep deeply, but do not truly hibernate, and they can be awakened by loud noises or disturbances.

Cubs are born in the den, usually in January. Black bear cubs usually stay with their mothers for a year and a half. Black bears are sexually mature at age 2. Mating season is in the spring (May or June) and both species are polygamous (multiple mates). Black bears can live for 25 – 30 years, although most live less than 20 years.

BEAR AND HUMAN INTERACTIONS

Bears generally prefer to be left alone, but they share their homes with other creatures, including humans, who intrude on virtually every aspect of the bear's life. Bears are normally tolerant of these activities and generally find a secure way to avoid them. Humans can help bears make a graceful retreat and avoid many close encounters by letting them know we are coming. Walking in groups, talking, and wearing noise making devices, such as bear bells, all serve to warn a bear of your approach. When possible, avoid hiking and camping in areas where bears are common, such as bear trails through heavy brush or along salmon streams. Always keep an eye out for bears and bear signs. If you happen upon a dead animal, especially one that is covered with sticks and duff (a bear cache), immediately retreat the way you came, but do not run, and make a detour around the area. If you see a cub up a tree or a small bear walking alone, immediately retreat and detour around the area. Like all young animals, cubs wander away from their mothers, but females are furiously protective when they believe their cubs are threatened. Even if we do everything possible to avoid meeting a bear, sometimes bears come to us.

Bears are both intelligent and opportunistic, and they express these qualities through their curiosity. This curiosity frequently brings them into "human habitat." When this happens, we often feel vulnerable, and the bear is sometimes viewed as a threat or nuisance. In most cases, a curious bear will investigate a "human sign," perhaps test it out (chew on a raft, bite into some cans, etc.), and leave, never to return. If the bear was rewarded during his investigation by finding something to eat, it is hard to stop them from returning once they have had a food-reward. That is why we emphasize the importance of keeping human food and garbage away from bears. When in bear country, always think about the way you store, cook, and dispose of your food. **Never feed bears!** This is both illegal and foolish. Food should be stored in airtight containers, preferably away from living and sleeping areas. Garbage should be thoroughly incinerated as soon as possible. Fish and game should be cleaned well away from camp, and clothing that smells of fish and game should be stored away from sleeping areas. Menstruating women should take extra precautions to keep themselves as clean as possible, and soiled tampons and pads should

be treated as another form of organic garbage. Once a bear has obtained food from people, it may continue to frequent areas occupied by people. If a bear does not find food or garbage after the next few tries, it may give up and move back into a more natural feeding pattern. Occasionally, though, the bear will continue to seek human foods and can become a “problem bear.” Some bears become bold enough to raid campsites and break into cabins to search for human food. Shooting bears in the rump with cracker shells, flares, rubber bullets, and birdshot are common methods of “aversive conditioning.” These are also very dangerous techniques, because they may seriously injure a bear if not done properly and/or they may cause a bear to attack the shooter.

BLACK BEARS

Black Bear Identification: Black bears are the smallest and most abundant of the bear species. They are five to six feet long and stand about two to three feet high at the shoulders. They weigh from 200 to 500 pounds. While they are most commonly black, other color phases include brown (cinnamon), and, rarely, gray (blue), and white. Muzzles are usually brown. Black bears can be distinguished from brown bears by:

- Their head shape (a black bear’s nose is straight in profile, a brown bear’s is dished);
- Their claws (black bear’s claws are curved and smaller, brown bears are relatively straight and longer);
- Their body shape (when standing, a black bear’s rump seems to be higher than its shoulders; a brown bear’s shoulders are usually higher than its rump); and

Typical Habitat: Black bears occupy a wide range of habitats, but seem to be most common in forested areas.

AVOIDING BEAR ENCOUNTERS WHEN

- The Bear sees you but you do not know the bear is around: The bear will likely avoid detection people and will simply move away when they sense a human.
- You see a bear and it does not know you are there: Move away slowly. Avoid intercepting the bear if it is walking. If possible, detour around the bear. If the bear is close to you, stand where you are or back away slowly. Do not act threateningly toward the bear, it may know you are there but it has chosen to ignore you as long as you are not a threat.
- You see the bear and the bear sees you: Do not act threateningly, but let the bear know you are human. Wave your arms slowly, talk in a calm voice, and walk away slowly in a lateral direction, keeping an eye on the bear. Unless you are very close to a car or a building, never run from bears. In a bear’s world, when something runs it is an open invitation to chase it. Bears will chase a running object even if they have no previous intention of catching it. Bears can run as fast as a racehorse, so humans have little or no chance of outrunning a bear.
- You see a bear; the bear sees you and stands on its hind legs: This means that the bear is seeking more information. Bears stand on their hind legs to get a better look, or smell, at something they are uncertain of. It is your cue to help it figure

out what you are. Help the bear by waving your arms slowly and talking to it. Standing is not a precursor to an attack. Bears do not attack on their hind legs. It is also important to remember that when a bear goes back down on all fours from a standing position, it may come towards you a few steps. This is normal, and probably not an aggressive act.

- The bear sees you, recognizes you as a human, but continues to come towards you slowly: This may mean several things, depending on the bear and the situation. It may mean that the bear does not see you as a threat, and just wants to get by you (especially if the bear is used to humans, as in a National Park); the bear wants to get food from you (if it has gotten food from people before); the bear wants to test your dominance (it views you as another bear); or may be stalking you as food (more common with black bear, but a rare occurrence). In all cases, your reaction should be to back off the trail very slowly, stand abreast if you are in a group, talk loudly, and/or use a noise-making device. If the bear continues to advance, you should stop. At this point, it is important to give the bear the message that if he continues to advance it will cost him. Continue to make loud noises and present a large visual image to the bear (standing abreast, open your coat). In bear language, bears assert themselves by showing their size. If an adult brown bear continues to come at you, climbing 20 feet or higher up a tree may also be an option if one is next to you (remember, never run from bears). Keep in mind, though, black bears can climb trees.
- The bear recognizes you as a human and acts nervous or aggressive: When bears are nervous or stressed they can be extremely dangerous. This is when it is important to try to understand what is going on in the bears mind. Nervous bears growl, woof, make popping sounds with their teeth, rock back and forth on their front legs, and often stand sideways to their opponent. A universal sign of a nervous bear is excessive salivation (sometimes it looks like they have white lips). When a bear shows any of these signs, stand where you are and talk in a calm voice. Do not try to imitate bear sounds, this may only serve to confuse and further agitate the bear. If you are in a group, stand abreast.
- The bear charges: If all other signals fail, a bear will charge. Surprisingly, most bear charges are just another form of their language. The majority of these are “bluff charges,” that is; the bear stops before making contact with their opponent. There are many different types of bluff charges ranging from a loping uncertain gait to a full-blown charge. If a bear charges, stand still.
- The bear attacks: When all else fails, a bear may attack. Attacks may be preceded by all of the behaviors previously described or they may be sudden. Seemingly unprovoked attacks are often the result of a bear being surprised (and feeling threatened), a bear defending its food cache, or a female defending her cubs. When a bear attacks, it typically runs with its body low to the ground, legs are stiff, ears are flattened, hair on the nape of the neck is up, and the bear moves in a fast, determined way. Front paws are often used to knock the opponent down and jaws are used to subdue it.

AFTER A BEAR ENCOUNTER

Black bears have been known to view humans as prey, and if you struggle with the attacking black bear, it will probably go elsewhere for its meal.

- Bear Sprays: Are easy to carry and use, little risk of permanent damage to bears and humans, effective in many situations. However, using a spray may change a false charge into a real charge, they are ineffective at ranges greater than 20 feet, ineffective in windy conditions, dangerous if accidentally discharged in a closed area such as an aircraft cockpit.

The most effective tool you have against an attacking bear is your brain. Although bears are intelligent animals, we are smarter and can often think our way out of a bad situation if we try.

ATTACHMENT 2

HAZARDS AND PRECAUTIONS – DEER

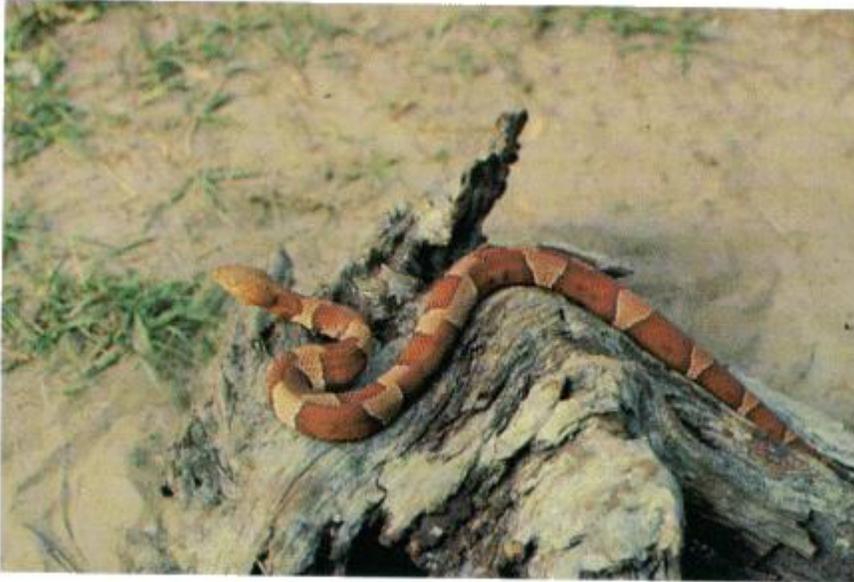
The following technical information, precautions, and guidelines for operations in which Deer may be encountered. The more the species are understood, the easier it will be to avoid contact with them thus preventing injury to ourselves and to the animals. All big game species are unpredictable and can be dangerous under certain conditions. This attachment is intended to provide information that will enable Weston to plan for encounters and to properly address face-to-face encounters.

WHITE-TAILED DEER

The White-tailed deer found throughout the eastern and western part of the United States have been known to attack people on many occasions. It is unknown whether Black-tailed deer have made any such attacks, but it is possible for someone to be injured by an irate buck in the breeding season (late fall). Deer are well equipped to injure humans. They are very fast. Bucks have sharp antlers and can clear amazingly high obstacles with graceful, arching leaps. They can run with remarkable speed, even in dense cover, and have excellent camouflage. When working in areas populated with deer, it is just common sense not to approach any large wild animal too closely. It is unlikely that an attack from a deer would be fatal but it is possible and serious injury is likely.

APPENDIX B - PICTURES OF POISONOUS SNAKES AND LIZARDS

Americas



American copperhead



Cotton Mouth – East and Southeast US



Timber Rattlesnake – Eastern US

FLD 43 B INSECTS

Sting and Biting Insects

Contact with stinging insects may result in site personnel experiencing adverse health affects that range from being mildly uncomfortable to being life threatening. Therefore, stinging insects present a serious hazard to site personnel and extreme caution must be exercised whenever site and weather conditions increase the risk of encountering stinging insects. These include the following:

- Bees ("Killer" bees, honeybees, bumble bees, wasps, and hornets and wingless wasps)
- Scorpions
- Fire ants
- Spiders

Bees, Wasps, Hornets and Yellow Jackets

The severity of an insect sting reaction varies from person to person. A normal reaction will result in pain, swelling and redness confined to the sting site. Simply disinfect the area (washing with soap and water will do) and apply ice to reduce the swelling.

A large local reaction will result in swelling that extends beyond the sting site. For example, a sting on the forearm could result in the entire arm swelling twice its normal size.

Although alarming in appearance, this condition is often treated the same as a normal reaction. An unusually painful or very large local reaction may need medical attention. Because this condition may persist for two to three days, antihistamines and corticosteroids are sometimes prescribed to lessen the discomfort.

Yellow jackets, hornets and wasps can sting repeatedly. Honeybees have barbed stingers that are left behind in their victim's skin. These stingers are best removed by a scraping action, rather than a pulling motion, which may actually squeeze more venom into the skin.

Personnel should be very cautious of "killer" bees. They have the appearance of the typical honeybee, however, they are very aggressive. These Africanized honeybees (AHB) defend their colonies much more vigorously than typical bees. The colonies are easily disturbed (sometimes just by being nearby). When they do sting, many more bees may participate, so there is a danger of receiving more stings. This can make them life threatening, especially to people allergic to stings, or with limited capacity to escape (the young, old, and handicapped).

Scorpions

Scorpion stings are a major public health problem in many underdeveloped tropical countries. For every person killed by a poisonous snake, 10 are killed by a poisonous scorpion. In Mexico, 1000 deaths from scorpion stings occur per year. In the United States, only 4 deaths in 11 years have occurred as a result of scorpion stings. Furthermore, scorpions can be found outside their

normal range of distribution, ie, when they accidentally crawl into luggage, boxes, containers, or shoes and are unwittingly transported home via human travelers.

Out of 1500 scorpion species, 50 are dangerous to humans. Scorpion stings cause a wide range of conditions, from severe local skin reactions to neurologic, respiratory, and cardiovascular collapse.

Almost all of these lethal scorpions, except the *Hemiscorpius* species, belong to the scorpion family called the Buthidae. The Buthidae family is characterized by a triangular-shaped sternum, as opposed to the pentagonal-shaped sternum found in the other 5 scorpion families. In addition to the triangular-shaped sternum, poisonous scorpions also tend to have weak-looking pincers, thin bodies, and thick tails, as opposed to the strong heavy pincers, thick bodies, and thin tails seen in nonlethal scorpions. The lethal members of the Buthidae family include the genera of *Buthus*, *Parabuthus*, *Mesobuthus*, *Tityus*, *Leiurus*, *Androctonus*, and *Centruroides*. These lethal scorpions are found generally in the given distribution:

| | |
|--|--|
| <i>Centruroides</i> - Southwest USA, Mexico, Central America | <i>Tityus</i> - Central and South America, Caribbean |
| <i>Buthus</i> - Mediterranean area | <i>Androctonus</i> - Northern Africa to Southeast Asia |
| <i>Leiurus</i> - Northern Africa and Middle East | <i>Mesobuthus</i> - Asia |
| <i>Parabuthus</i> - Western and Southern Africa | |

A scorpion has a flattened elongated body and can easily hide in cracks. It has 4 pairs of legs, a pair of claws, and a segmented tail that has a poisonous spike at the end. Scorpions vary in size from 1-20 cm in length.

However, scorpions may be found outside their habitat range of distribution when inadvertently transported with luggage and cargo.



Centruroides (Southwest USA, Mexico)



Hemiscorpious (Middle East) cytotoxic



Fat Tail Scorpion (Middle East) neurotoxic



Death Stalker *Leiurus quinquestriatus* (Africa Southwest and North) neurotoxic



Black Scorpion (Middle East) deadly neurotoxin

Prevention

Preventive measures include awareness of scorpions, shaking out clothing and boots before putting them on looking before reaching into likely hiding places and wearing gloves, long sleeved shirts and pants.

Symptoms

In mild cases, the only symptom may be a mild tingling or burning at site of sting.

In severe cases, symptoms may include:

- Eyes and ears - Double vision
- Lungs - Difficulty breathing, No breathing, Rapid breathing,
- Nose, mouth, and throat – Drooling, Spasm of the voice box, Thick-feeling tongue
- Heart and blood - High blood pressure, Increased or decreased heart rate, Irregular heartbeat
- Kidneys and bladder Urinary incontinence, Urine output, decreased
- Muscles and joints - Muscle spasms
- Nervous system – Paralysis, Random movements of head, eye, or neck, Restlessness, Seizures, Stiffness
- Stomach and intestinal tract - Abdominal cramps, Fecal incontinence
- Other -Convulsions

Treatment

1. Recognize scorpion sting symptoms:
2. Wash the area with soap and water.
3. Apply a cool compress on the area of the scorpion sting. Ice (wrapped in a washcloth or other suitable covering) may be applied to the sting location for 10 minutes. Remove compress for 10 minutes and repeat as necessary.
4. Call the Poison Control Center. If you develop symptoms of a poisonous scorpion sting, go to the nearest emergency care facility.
5. Keep your tetanus shots and boosters current.

Fire Ants

Fire ants are aggressive, reddish-brown to black ants that are 1/8 inch to 1/4 inch long. They construct nests, which are often visible as dome-shaped mounds of soil, sometimes as large as 3 feet across and 1 1/2 feet in height. In sandy soils, mounds are flatter and less visible. Fire ants usually build mounds in sunny, open areas such as lawns, pastures, cultivated fields and meadows, but they are not restricted to these areas. Mounds or nests may be located in rotting logs, around trees and stumps, under pavement and buildings, and occasionally indoors.

Fire ants use their stingers to immobilize or kill prey and to defend ant mounds from disturbance by larger animals, such as humans. Any disturbance sends hundreds of workers out to attack anything that moves. The ant grabs its victim with its mandibles (mouthparts) and then inserts its stinger. The process of stinging releases a chemical, which alerts other ants, inducing them to sting. In addition, one ant can sting several times without letting go with its mandibles.

Once stung, humans experience a sharp pain that lasts a couple of minutes, then after a while the sting starts itching and a welt appears. Fire ant venom contains alkaloids and a relatively small amount of protein. The alkaloids kill skin cells; this attracts white blood cells, which form a pustule within a few hours of being stung. The fluid in the pustule is sterile, but if the pustule is broken, the wound may become infected. The protein in the venom can cause allergic reactions that may require medical attention.

Some of the factors related to stinging insects that increase the risk associated with accidental contact are:

- The nests for these insects are frequently found in remote wooded or grassy areas and hidden in cavities
- The nests can be situated in trees, rocks, bushes or in the ground, and are usually difficult to see
- Accidental contact with these insects is highly probable, especially during warm weather conditions when the insects are most active
- If a site worker accidentally disturbs a nest, the worker may be inflicted with multiple stings, causing extreme pain and swelling which can leave the worker incapacitated and in need of medical attention
- Some people are hypersensitive to the toxins injected by a sting, and when stung, experience a violent and immediate allergic reaction resulting in a life-threatening condition known as anaphylactic shock
- Anaphylactic shock manifests itself very rapidly and is characterized by extreme swelling of the body, eyes, face, mouth and respiratory passages
- The hypersensitivity needed to cause anaphylactic shock, can in some people, accumulate over time and exposure, therefore, even if someone has been stung previously, and not experienced an allergic reaction, there is no guarantee that they will not have an allergic reaction if they are stung again

With these things in mind, and with the high probability of contact with stinging insects, use the following safe work practices:

- If a worker knows that he is hypersensitive to bee, wasp or hornet stings, inform the site Safety officer of this condition prior to participation in site activities
- All site personnel will be watchful for the presence of stinging insects and their nests, and will advise the Site Safety officer if a stinging insect nest is located or suspected in the area
- Any nests located on site will be flagged off and site personnel will be notified of its presence
- If attacked, site personnel will immediately seek shelter and stay there. Do not jump in water (bees will still be in the area when you come up). Once safe, remove stings from your skin, it does not matter how you do it, but do it as quickly as possible to reduce the amount of venom they inject. Obtain first aid treatment and contact the safety officer who will observe for signs of allergic reaction

Treatment for fire ant stings is aimed at preventing secondary bacterial infection, which may occur if the pustule is scratched or broken. Clean the blisters with soap and water to prevent secondary infection. Do not break the blister. Topical corticosteroid ointments and oral antihistamines may relieve the itching associated with these reactions.

Site personnel with a known hypersensitivity to stinging insects will keep required emergency medication on or near their person at all times

Spiders

A large variety of spiders may be encountered during site activities. Extreme caution must be used when lifting logs and debris, since spiders are typically found in these areas.

While most spider bites merely cause localized pain, swelling, reddening, and in some cases, tissue damage, there are a few spiders that, due to the severity of the physiological affects caused by their venom, are dangerous. The UXOSO will brief site personnel as to the identification and avoidance of these dangerous spiders. These species include the black widow and the brown or violin spiders.

The black widow is a coal-black bulbous spider 3/4 to 1 1/2 inches in length, with a bright red hourglass on the under side of the abdomen. The black widow is usually found in dark moist locations, especially under rocks, rotting logs and may even be found in outdoor toilets where they inhabit the underside of the seat. Victims of a black widow bite may exhibit the following signs or symptoms:

- Sensation of pinprick or minor burning at the time of the bite
- Appearance of small punctures (but sometimes none are visible)
- After 15 to 60 minutes, intense pain is felt at the site of the bite which spreads quickly, and is followed by profuse sweating, rigid abdominal muscles, muscle spasms, breathing difficulty, slurred speech, poor coordination, dilated pupils and generalized swelling of face and extremities

The brown or violin spider is brownish to tan in color, rather flat, and 1/2 to 5/8 inches long. However, unlike the typical species, this spider has been encountered without a violin or “fiddle” shaped mark on the top of the head. Of the brown spider, there are three varieties found in the United States that present a problem to site personnel. These are the brown recluse, the desert violin and the Arizona violin. These

spiders may be found in a variety of locations including trees, rocks or in dark locations. Victims of a brown or violin spider bite may exhibit the following signs or symptoms:

- Blistering at the site of the bite, followed by a local burning at the site 30 to 60 minutes after the bite
- Formation of a large, red, swollen, postulating lesion with a bull's-eye appearance
- Systemic affects may include a generalized rash, joint pain, chills, fever, nausea and vomiting
- Pain may become severe after 8 hours, with the onset of tissue necrosis

There is no effective first aid treatment for either of these bites. Except for very young, very old or weak victims, spider bites are not considered to be life threatening. However, medical treatment must be sought to reduce the extent of damage caused by the injected toxins.

Brown Recluse Spider



Black Widow Spider



First aid should include:

- If possible, catch the spider to confirm its identity. Even if the body is crushed, save it for identification
- Clean the bitten area with soap and water or rubbing alcohol
- To relieve pain, place an ice pack over the bite
- Keep the victim quiet and monitor breathing

Seek immediate medical attention

Sensitivity Reaction to Insect Stings or Bites

A sensitivity reaction is one of the more dangerous and acute effects of insect bites or stings. It is the most common cause of fatalities from bites, particularly from bees, wasps, and spiders. Anaphylactic shock due to stings can lead to severe reactions in the circulatory, respiratory, and central nervous system. This can also result in death.

Site personnel must be questioned regarding their allergic reaction to insect bites. Anyone knowingly allergic should be required to carry and know how to use a response kit. First aid providers must be instructed on how to use the kit also. The kit must be inspected to ensure it is updated.

Administer first aid and observe persons reporting stings for signs of allergic reaction, such as unusual swelling, nausea, dizziness, and shock. At the first sign of these symptoms, take the individual to a medical facility for attention.

Insect Borne Diseases

Diseases that are spread by insects include the following: Rocky Mountain Spotted Fever or Lyme Disease (tick); Bubonic and other forms of Plague (fleas); Malaria, West Nile Virus and Equine Encephalitis (mosquito) and Leshmaniasis (Sand Flies)

Tick Borne Diseases

Lyme disease is the second most rapidly spreading disease in the U.S.

Lyme Disease

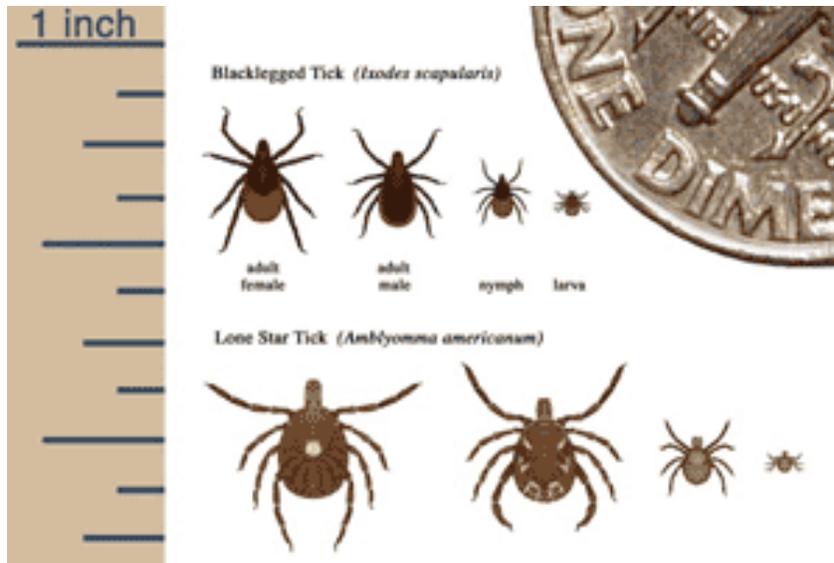
1. Facts

Definition:

- Bacterial infection transmitted by the bite of an infected black-legged tick more popularly known as the deer tick.
- Prevalence (nationwide and other countries).
- Three stages/sizes of deer ticks:
 - Larvae
 - Nymph
 - Adult

Tick season is May through October.

Not all ticks transmit Lyme disease (Black legged or deer tick [upper] compared to the Lone Star tick [lower])



- Ticks must be attached for several hours before Lyme disease can be transmitted.
- Being bitten by a tick does not mean you will get Lyme disease.

2. Prevention and Protection:

- Wear light-colored, tight-knit clothing.
- Wear long pants and long-sleeved shirts.
- Tuck pant legs into shoes or boots.
- Wear a hat.
- Use insect repellent containing DEET (follow manufacturer's instructions for use on exposed skin).
- Use Permethrin-based repellent applied to clothing (follow manufacturer's instructions for use). This product kills and repels ticks. **DO NOT APPLY TO EXPOSED SKIN.**
- Check yourself daily for ticks after being in grassy, wooded areas.
- Request information from the Health and Safety Medical Section regarding Lyme disease.

3. If Bitten:

- Remove the tick immediately with fine-tipped tweezers. Grasp the tick as close to the skin as possible. Pull gently but firmly without twisting or crushing the tick.
- Wash your hands and dab the bite with an antiseptic.

- Save the tick in a jar in some alcohol. Label the jar with the date of the bite, the area where you picked up the tick and the spot on your body where you were bitten.
- Monitor the bite for any signs of infection or rash.

4. Symptoms:

Early Signs (may vary from person to person)

- Expanding skin rash.
- Flu-like symptoms during summer or early fall that include the following:
 - Chills, fever, headache, swollen lymph nodes.
 - Stiff neck, aching joints, and muscles.
 - Fatigue.
- Later signs
 - Nervous system problems.
 - Heart problems.
 - Arthritis, especially in knees.

5. Upon Onset of Symptoms:

- Notify your Safety Officer (SO) and your supervisor.

Rocky Mountain Spotted Fever

The Center for Disease Control (CDC) has noted the increase of Rocky Mountain Spotted Fever (RMSF) which is caused by bites from infected ticks that live in and near wooded areas, tall grass and brush.

RMSF has occurred in 36 states, with the heaviest concentrations in Oklahoma, North Carolina, South Carolina, and Virginia. Rocky Mountain spotted fever is the most severe and most frequently reported rickettsial illness in the United States. It also occurs in Mexico and in Central and South America. It is caused by Rocky Mountain Wood Ticks and Dog Ticks that have become infected with rickettsia. Both are black in color.

The disease is caused by *Rickettsia rickettsii*, a species of bacteria that is spread to humans by ixodid (hard) ticks.

Initial signs and symptoms of the disease include sudden onset of fever, headache, and muscle pain, followed by development of rash. The disease can be difficult to diagnose in the early stages, and without prompt and appropriate treatment it can be fatal.

Prevention procedures are the same as for Lyme disease.

Ehrlichiosis

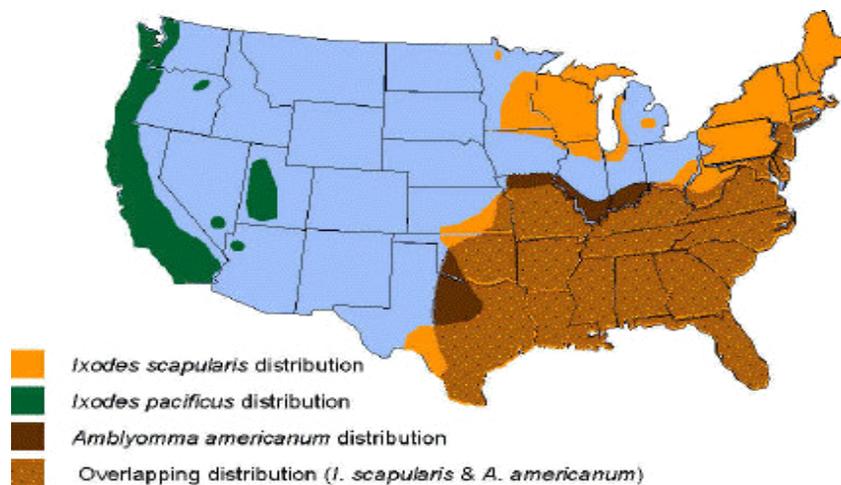
Ehrlichiosis is the general name used to describe several bacterial diseases that affect animals and humans. These diseases are caused by the organisms in the genus *Ehrlichia*. Worldwide, there are currently four ehrlichial species that are known to cause disease in humans.

In the United States, ehrlichiae are transmitted by the bite of an infected tick. The lone star tick (*Amblyomma americanum*), the blacklegged tick (*Ixodes scapularis*), and the western blacklegged tick (*Ixodes pacificus*) are known vectors of ehrlichiosis in the United States. *Ixodes ricinus* is the primary vector in Europe.

The symptoms of ehrlichiosis may resemble symptoms of various other infectious and non-infectious diseases. These clinical features generally include fever, headache, fatigue, and muscle aches. Other signs and symptoms may include nausea, vomiting, diarrhea, cough, joint pains, confusion, and occasionally rash. Symptoms typically appear after an incubation period of 5-10 days following the tick bite. It is possible that many individuals who become infected with ehrlichiae do not become ill or they develop only very mild symptoms.

Most cases of ehrlichiosis are reported within the geographic distribution of the vector ticks (see map below). Occasionally, cases are reported from areas outside the distribution of the tick vector. In most instances, these cases have involved persons who traveled to areas where the diseases are endemic, and who had been bitten by an infected tick and developed symptoms after returning home. Therefore, if you traveled to an ehrlichiosis-endemic area 2 weeks prior to becoming ill, you should tell your doctor where you traveled.

Figure 20. Areas where human ehrlichiosis may occur based on approximate distribution of vector tick species



A diagnosis of ehrlichiosis is based on a combination of clinical signs and symptoms and confirmatory laboratory tests. Blood samples can be sent to a reference laboratory for testing. However, the availability of the different types of laboratory tests varies considerably. Other laboratory findings indicative of ehrlichiosis include low white blood cell count, low platelet count, and elevated liver enzymes.

Ehrlichiosis is treated with a tetracycline antibiotic, usually doxycycline.

Very little is known about immunity to ehrlichial infections. Although it has been proposed that infection with ehrlichiae confers long-term protection against reinfection, there have been occasional reports of laboratory-confirmed reinfection. Short-term protection has been described in animals infected with some *Ehrlichia* species and this protection wanes after about 1 year. Clearly, more studies are needed to determine the extent and duration of protection against reinfection in humans.

Limiting exposure to ticks reduces the likelihood of infection in persons exposed to tick-infested habitats. Prompt careful inspection of your body and removal of crawling or attached ticks is an important method of preventing disease. It may take 24–48 hours of attachment before microorganisms are transmitted from the tick to you.

Preventive measures - Follow protection protocols for Lyme disease

Babesiosis

Babesiosis is an intraerythrocytic parasitic infection caused by protozoa of the genus *Babesia* and transmitted through the bite of the *Ixodes* tick, the same vector responsible for transmission of Lyme disease. While most cases are tick-borne, transfusion and transplacental transmission have been reported. In the United States, babesiosis is usually an asymptomatic infection in healthy individuals. Several groups of patients become symptomatic, and, within these subpopulations, significant morbidity and mortality occur. The disease most severely affects patients who are elderly, immunocompromised, or asplenic. Among those symptomatically infected, the mortality rate is 10% in the United States and 50% in Europe.

The primary vectors of the parasite are ticks of the genus *Ixodes*. In the United States, the black-legged tick, *Ixodes scapularis* (also known as *Ixodes dammini*) is the primary vector for the parasite; in Europe, *Ixodes ricinus* appears to be the primary tick vector. In each location, the *Ixodes* tick vector for *Babesia* is the same vector that locally transmits *Borrelia burgdorferi*, the agent implicated in Lyme disease. The primary US animal reservoir is the white-footed mouse, *Peromyscus leucopus*. Additionally, white-tailed deer serve as transport hosts for the adult tick vector, *I. scapularis*. In Europe, the primary animal reservoir is cattle.

The Ixodid ticks ingest *Babesia* during feeding from the host, multiply the protozoa in their gut wall, and concentrate it in their salivary glands. The tick inoculates a new host when feeding again. The parasite then infects red blood cells (RBCs) and differentiated and undifferentiated trophozoites are produced. The former produce 2-4 merozoites that disrupt the RBC and go on to invade other RBCs. This leads to hemolytic anemia, thrombocytopenia, and atypical lymphocyte formation. Alterations in RBC membranes cause decreased conformability and increased red cell adherence, which can lead to development of acute respiratory distress syndrome (ARDS) among those severely affected.

The first US case of babesiosis was reported on Nantucket Island in 1966. An increasing trend over the past 30 years may be the result of restocking of the deer population, curtailment of hunting, and an increase in outdoor recreational activities. Between 1968 and 1993, more than 450 cases of *Babesia* infections were confirmed in the United States. However, the actual prevalence of this disease is unknown because most infected patients are asymptomatic.

The first case of human babesiosis was reported in 1957 from the former Yugoslavia in an asplenic farmer. Approximately 40 cases have been reported since then, mostly in Ireland, the United Kingdom, and France. Sporadic case reports of babesiosis in Japan, Korea, China, Mexico, South Africa, and Egypt have also been documented.

The signs and symptoms mimic malaria and range in severity from asymptomatic to septic shock.

Symptoms include: Generalized weakness, fatigue, depression, fever, anorexia and weight loss, CNS - Headache, photophobia, neck stiffness, altered sensorium, pulmonary - Cough, shortness of breath, GI - Nausea, vomiting, abdominal pain, Musculoskeletal - Arthralgia and myalgia and Renal - Dark urine

Prevention

Prevention measures are the same as for Lyme and other insect borne diseases

Tularemia

Tularemia (also known as "rabbit fever") is a serious infectious disease caused by the bacterium *Francisella tularensis*. The disease is endemic in North America, and parts of Europe and Asia. The primary vectors are ticks and deer flies, but the disease can also be spread through other arthropods. Animals such as rabbits, prairie dogs, hares and muskrats serve as reservoir hosts. The disease is named after Tulare County, California.

Depending on the site of infection, tularemia has six characteristic clinical syndromes: ulceroglandular, glandular, oropharyngeal, pneumonic, oculoglandular, and typhoidal.

The disease has a very rapid onset, with headache, fatigue, dizziness, muscle pains, loss of appetite and nausea. Face and eyes redden and become inflamed. Inflammation spreads to the lymph nodes, which enlarge and may suppurate (mimicking bubonic plague). Lymph node involvement is accompanied by a high fever. Death may result.

Francisella tularensis is one of the most infective bacteria known; fewer than ten organisms can cause disease leading to severe illness. The bacteria penetrate into the body through damaged skin and mucous membranes, or through inhalation. Humans are most often infected by tick bite or through handling an infected animal. Ingesting infected water, soil, or food can also cause infection. Tularemia can also be acquired by inhalation; hunters are at a higher risk for this

disease because of the potential of inhaling the bacteria during the skinning process. Tularemia is not spread directly from person to person.

No vaccine is available to the general public The best way to prevent tularemia infection is to wear rubber gloves when handling or skinning rodents or lagomorphs (as rabbits), avoid ingesting uncooked wild game and untreated water sources, and wearing long-sleeved clothes and using an insect repellent to prevent tick bites.

Prevention

No vaccine is available to the general public The best way to prevent tularemia infection is to wear rubber gloves when handling or skinning rodents or lagomorphs (as rabbits), avoid ingesting uncooked wild game and untreated water sources, and wearing long-sleeved clothes and using an insect repellent to prevent tick bites.

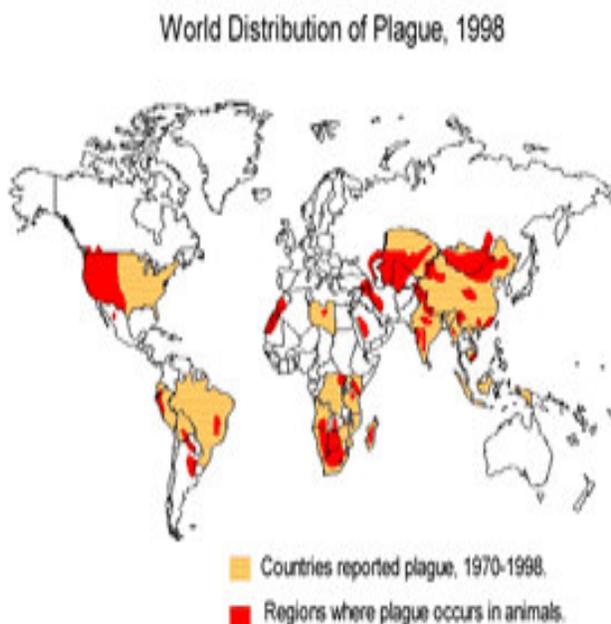
Flea Borne Diseases

Plague

- **Bubonic plague:** enlarged, tender lymph nodes, fever, chills and prostration
- **Septicemic plague:** fever, chills, prostration, abdominal pain, shock and bleeding into skin and other organs
- **Pneumonic plague:** fever, chills, cough and difficulty breathing; rapid shock and death if not treated early

Introduction: Plague is an infectious disease of animals and humans caused by a bacterium named *Yersinia pestis*.

People usually get plague from being bitten by a rodent flea that is carrying the plague bacterium or by handling an infected animal. Millions of people in Europe died from plague in the Middle Ages, when human homes and places of work were inhabited by flea-infested rats. Today, modern antibiotics are effective against plague, but if an infected person is not treated promptly, the disease is likely to cause illness or death.



Risk: Wild rodents in certain areas around the world are infected with plague. Outbreaks in people still occur in rural communities or in cities. They are usually associated with infected rats and rat fleas that live in the home. In the United States, the last urban plague epidemic occurred in Los Angeles in 1924-25. Since then, human plague in the United States has occurred as mostly scattered cases in rural areas (an average of 10 to 15 persons each year). Globally, the

World Health Organization reports 1,000 to 3,000 cases of plague every year. In North America, plague is found in certain animals and their fleas from the Pacific Coast to the Great Plains, and from southwestern Canada to Mexico. Most human cases in the United States occur in two regions: 1) northern New Mexico, northern Arizona, and southern Colorado; and 2) California, southern Oregon, and far western Nevada. Plague also exists in Africa, Asia, and South America (see map).

Diagnosis: The typical sign of the most common form of human plague is a swollen and very tender lymph gland, accompanied by pain. The swollen gland is called a "bubo." Bubonic plague should be suspected when a person develops a swollen gland, fever, chills, headache, and extreme exhaustion, and has a history of possible exposure to infected rodents, rabbits, or fleas.

A person usually becomes ill with bubonic plague 2 to 6 days after being infected. When bubonic plague is left untreated, plague bacteria invade the bloodstream. As the plague bacteria multiply in the bloodstream, they spread rapidly throughout the body and cause a severe and often fatal condition. Infection of the lungs with the plague bacterium causes the pneumonic form of plague, a severe respiratory illness. The infected person may experience high fever, chills, cough, and breathing difficulty and may expel bloody sputum. If plague patients are not given specific antibiotic therapy, the disease can progress rapidly to death. About 14% (1 in 7) of all plague cases in the United States are fatal.

Prevention and Control

Risk reduction: Attempts to eliminate fleas and wild rodents from the natural environment in plague-infected areas are impractical. However, controlling rodents and their fleas around places where people live, work, and play is very important in preventing human disease. Therefore, preventive measures are directed to home, work, and recreational settings where the risk of acquiring plague is high. A combined approach using the following methods is recommended: environmental sanitation educating the public on ways to prevent plague exposures preventive antibiotic therapy

Environmental Sanitation: Effective environmental sanitation reduces the risk of persons being bitten by infectious fleas of rodents and other animals in places where people live, work, and recreate. It is important to remove food sources used by rodents and make homes, buildings, warehouses, or feed sheds rodent-proof. Applying chemicals that kill fleas and rodents is effective but should usually be done by trained professionals. Rats that inhabit ships and docks should also be controlled by trained professionals who can inspect and, if necessary, fumigate cargoes.

Public Health Education: In the western United States, where plague is widespread in wild rodents, people living, working, or playing where the infection is active face the greatest threat. Educating the general public and the medical community about how to avoid exposure to disease-bearing animals and their fleas is very important and should include the following preventive recommendations:

- Watch for plague activity in rodent populations where plague is known to occur. Report any observations of sick or dead animals to the local health department or law enforcement officials.
- Eliminate sources of food and nesting places for rodents around homes, work places, and recreation areas; remove brush, rock piles, junk, cluttered firewood, and potential-food supplies, such as pet and wild animal food. Make your home rodent-proof.
- If you anticipate being exposed to rodent fleas, apply insect repellents to clothing and skin, according to label instructions, to prevent flea bites. Wear gloves and tyvek coveralls when handling potentially infected animals.
- If you live in areas where rodent plague occurs, treat pet dogs and cats for flea control regularly and not allow these animals to roam freely.
- Health authorities may use appropriate chemicals to kill fleas at selected sites during animal plague outbreaks.

Prophylactic (preventive) antibiotics: Health authorities advise that antibiotics be given for a brief period to people who have been exposed to the bites of potentially infected rodent fleas (for example, during a plague outbreak) or who have handled an animal known to be infected with the plague bacterium. Such experts also recommend that antibiotics be given if a person has had close exposure to a person or an animal (for example, a house cat) with suspected plague pneumonia.

Persons who must be present in an area where a plague outbreak is occurring can protect themselves for 2 to 3 weeks by taking antibiotics. The preferred antibiotics for prophylaxis against plague are the tetracyclines or the sulfonamides.

Other diseases primarily transmitted by Arthropods (Ticks, mites, lice etc.)

Rickettsial Infections

Description

Many species of *Rickettsia* can cause illnesses in humans (Table below). The term “rickettsiae” conventionally embraces a polyphyletic group of microorganisms in the class Proteobacteria, comprising species belonging to the genera *Rickettsia*, *Orientia*, *Ehrlichia*, *Anaplasma*, *Neorickettsia*, *Coxiella*, and *Bartonella*. These agents are usually not transmissible directly from person to person except by blood transfusion or organ transplantation, although sexual and placental transmission has been proposed for *Coxiella*. Transmission generally occurs via an infected arthropod vector or through exposure to an infected animal reservoir host.

Some of the diseases transmitted in this manner (Typhus, Rocky Mountain Spotted Fever, Q Fever, Ehrlichiosis:) are discussed in detail in this and other Biological Hazard FLDs. A summary of these diseases is included in Attachment 1.

Typhus (Not to be confused with Typhoid Fever [discussed in these FLDs])

For the unrelated disease caused by Salmonella typhi, see Typhoid fever. For the unrelated disease caused by Salmonella paratyphi, please refer to Paratyphoid fever. For the monster of Greek mythology, see Typhus (monster).

Typhus is any one of several similar diseases caused by louse-borne bacteria. The name comes from the Greek *typhos*, meaning smoky or lazy, describing the state of mind of those affected with typhus. *Rickettsia* is endemic in rodent hosts, including mice and rats, and spreads to humans through mites, fleas and body lice. The arthropod vector flourishes under conditions of poor hygiene, such as those found in prisons or refugee camps, amongst the homeless, or until the middle of the 20th century, in armies in the field. In tropical countries, typhus is often mistaken for dengue fever

Epidemic typhus

Epidemic typhus (also called "Jail Fever", "Hospital Fever", "Ship fever", "Famine fever", "Petechial Fever", and "louse-borne typhus") is so named because the disease often causes epidemics following wars and natural disasters. The causative organism is *Rickettsia prowazekii*, transmitted by the human body louse (*Pediculus humanus corporis*). Feeding on a human who carries the bacillus infects the louse. *R. prowazekii* grows in the louse's gut and is excreted in its feces. The disease is then transmitted to an uninfected human who scratches the louse bite (which itches) and rubs the feces into the wound. The incubation period is one to two weeks. *R. prowazekii* can remain viable and virulent in the dried louse feces for many days. Typhus will eventually kill the louse, though the disease will remain viable for many weeks in the dead louse.

The symptoms set in quickly, and are among the most severe of the typhus family. They include severe headache, a sustained high fever, cough, rash, severe muscle pain, chills, falling blood pressure, stupor, sensitivity to light, and delirium. A rash begins on the chest about five days after the fever appears, and spreads to the trunk and extremities but does not reach the palms and soles. A symptom common to all forms of typhus is a fever which may reach 39°C (102°F).

The infection is treated with antibiotics. Intravenous fluids and oxygen may be needed to stabilize the patient. The mortality rate is 10% to 60%, but is vastly lower if antibiotics such as tetracycline are used early. Infection can also be prevented via vaccination. Brill-Zinsser disease is a mild form of epidemic typhus which recurs in someone after a long period of latency (similar to the relationship between chickenpox and shingles). This type of recurrence can also occur in immunosuppressed patients.

Endemic typhu

Endemic typhus (also called "flea-borne typhus" and "murine typhus" or "rat flea typhus") is caused by the bacteria *Rickettsia typhi*, and is transmitted by the fleas that infest rats. Less often, endemic typhus is caused by *Rickettsia felis* and transmitted by fleas carried by cats or possums.

Symptoms of endemic typhus include headache, fever, chills, myalgia, nausea, vomiting, and cough.

Endemic typhus is highly treatable with antibiotics. Most people recover fully, but death may occur in the elderly, severely disabled or patients with a depressed immune system.

Scrub typhus

Scrub typhus (also called "chigger-borne typhus") is caused by *Orientia tsutsugamushi* and transmitted by chiggers, which are found in areas of heavy scrub vegetation. Symptoms include fever, headache, muscle pain, cough, and gastrointestinal symptoms. More virulent strains of *O. tsutsugamushi* can cause hemorrhaging and intravascular coagulation.

Prevention

Limiting exposures to vectors or animal reservoirs remains the best means for reducing the risk for disease. Travelers and persons working in areas where organisms may be present should implement prevention based on avoidance of vector-infested habitats, use of repellents and protective clothing, prompt detection and removal of arthropods from clothing and skin, and attention to hygiene.

Typhus fever was categorized by the Center for Disease Control (CDC) as a Category B biological weapons agent. *Rickettsia prowazekii* is highly infectious and could be fatal but cannot be passed from person to person.

Encephalitis Arboviral Encephalitides

Perspectives

Arthropod-borne viruses, i.e., arboviruses, are viruses that are maintained in nature through biological transmission between susceptible vertebrate hosts by blood feeding arthropods (mosquitoes, psychodids, ceratopogonids, and ticks). Vertebrate infection occurs when the infected arthropod takes a blood meal. The term 'arbovirus' has no taxonomic significance. Arboviruses that cause human encephalitis are members of three virus families: the *Togaviridae* (genus *Alphavirus*, *Flaviviridae*, and *Bunyaviridae*).

All arboviral encephalitides are zoonotic, being maintained in complex life cycles involving a nonhuman primary vertebrate host and a primary arthropod vector. These cycles usually remain undetected until humans encroach on a natural focus, or the virus escapes this focus via a secondary vector or vertebrate host as the result of some ecologic change. Humans and domestic animals can develop clinical illness but usually are "dead-end" hosts because they do not produce significant viremia, and do not contribute to the transmission cycle. Many arboviruses that cause encephalitis have a variety of different vertebrate hosts and some are transmitted by more than one vector. Maintenance of the viruses in nature may be facilitated by vertical transmission (e.g., the virus is transmitted from the female through the eggs to the offspring).

Arboviral encephalitides have a global distribution, but there are four main virus agents of encephalitis in the United States: eastern equine encephalitis (EEE), western equine encephalitis (WEE), St. Louis encephalitis (SLE) and La Crosse (LAC) encephalitis, all of which are transmitted by mosquitoes. Another virus, Powassan, is a minor cause of encephalitis in the northern United States, and is transmitted by ticks. A new Powassan-like virus has recently been isolated from deer ticks. Its relatedness to Powassan virus and its ability to cause disease has not been well documented. Most cases of arboviral encephalitis occur from June through September, when arthropods are most active. In milder (i.e., warmer) parts of the country, where arthropods are active late into the year, cases can occur into the winter months.

There is expanded discussion of several of these diseases (West Nile and Eastern Equine Encephalitis elsewhere in this document. A more general discussion is found in Attachment 2.

Mosquito Borne Diseases

Malaria

Malaria is a mosquito-borne disease caused by a parasite. Four kinds of malaria parasites can infect humans: *Plasmodium falciparum*, *P. vivax*, *P. ovale*, and *P. malariae*.



People with malaria often experience fever, chills, and flu-like illness. Left untreated, they may develop severe complications and die. Each year 350-500 million cases of malaria occur worldwide, and over one million people die, most of them young children in sub-Saharan Africa. Infection with any of the malaria species can make a person feel very ill; infection with *P. falciparum*, if not promptly treated, may be fatal. Although malaria can be a fatal disease, illness and death from malaria are largely preventable.

This sometimes fatal disease can be prevented and cured. Bed nets, insecticides, and anti-malarial drugs are effective tools to fight malaria in areas where it is transmitted. Travelers to a malaria-risk area should avoid mosquito bites and take a preventive anti-malarial drug. Malaria was eradicated from the United States in the early 1950s. However, malaria is common in many developing countries and travelers who visit these areas risk getting malaria.

Returning travelers and arriving immigrants could also reintroduce the disease in the United States if they are infected with malaria when they return. The mosquito that transmits malaria, *Anopheles*, is found throughout much of the United States. If local mosquitoes bite an infected person, those mosquitoes can, in turn, infect local residents (*introduced malaria*).

Because the malaria parasite is found in red blood cells, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her fetus before or during delivery ("congenital" malaria).

Malaria is not transmitted from person to person like a cold or the flu. You cannot get malaria from casual contact with malaria-infected people.

Prevention and control

You can prevent malaria by:

- keeping mosquitoes from biting you, especially at night
- taking anti-malarial drugs to kill the parasites
- eliminating places where mosquitoes breed
- spraying insecticides on walls to kill adult mosquitoes that come inside
- sleeping under bed nets - especially effective if they have been treated with insecticide,
- wearing insect repellent and long-sleeved clothing if out of doors at night

The surest way for you and your health-care provider to know whether you have malaria is to have a diagnostic test where a drop of your blood is examined under the microscope for the presence of malaria parasites. If you are sick and there is any suspicion of malaria (for example, if you have recently traveled in a malaria-risk area) the test should be performed without delay.

The disease should be treated early in its course, before it becomes severe and poses a risk to the patient's life. Several good anti-malarial drugs are available, and should be administered early on. The most important step is to think about malaria, so that the disease is diagnosed and treated in time.

West Nile Virus

West Nile virus (WNV) is a potentially serious illness. Experts believe WNV is established as a seasonal epidemic in North America that flares up in the summer and continues into the fall. This fact sheet contains important information that can help you recognize and prevent WNV.

The easiest and best way to avoid WNV is to prevent mosquito bites.

- When you are outdoors, use insect repellent containing an EPA-registered active ingredient. Follow the directions on the package.
- Many mosquitoes are most active at dusk and dawn. Be sure to use insect repellent and wear long sleeves and pants at these times or consider staying indoors during these hours.
- Make sure you have good screens on your windows and doors to keep mosquitoes out.
- Get rid of mosquito breeding sites by emptying standing water from buckets, barrels and drainage ditches.

About one in 150 people infected with WNV will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks, and neurological effects may be permanent.

Up to 20 percent of the people who become infected have symptoms such as fever, headache, and body aches, nausea, vomiting, and sometimes swollen lymph glands or a skin rash on the

chest, stomach and back. Symptoms can last for as short as a few days, though even healthy people have become sick for several weeks.

Approximately 80 percent of people (about 4 out of 5) who are infected with WNV will not show any symptoms at all.

Most often, WNV is spread by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes can then spread WNV to humans and other animals when they bite.

In a very small number of cases, WNV also has been spread through blood transfusions, organ transplants, breastfeeding and even during pregnancy from mother to baby.

WNV is not spread through casual contact such as touching or kissing a person with the virus.

Symptoms typically develop between 3 - 14 days after being bitten by an infected mosquito.

There is no specific treatment for WNV infection. In cases with milder symptoms, people experience symptoms such as fever and aches that pass on their own, although even healthy people have become sick for several weeks. In more severe cases, people usually need to go to the hospital where they can receive supportive treatment including intravenous fluids, help with breathing and nursing care.

Milder WNV illness improves on its own, and people do not necessarily need to seek medical attention for this infection though they may choose to do so. If you develop symptoms of severe WNV illness, such as unusually severe headaches or confusion, seek medical attention immediately. Severe WNV illness usually requires hospitalization. Pregnant women and nursing mothers are encouraged to talk to their doctor if they develop symptoms that could be WNV. People over the age of 50 are more likely to develop serious symptoms of WNV if they do get sick and should take special care to avoid mosquito bites.

The more time you're outdoors, the more time you could be bitten by an infected mosquito. Pay attention to avoiding mosquito bites if you spend a lot of time outside, either working or playing.

All donated blood is checked for WNV before being used. The risk of getting WNV through blood transfusions and organ transplants is very small, and should not prevent people who need surgery from having it. If you have concerns, talk to your doctor.

Equine Encephalitis

Eastern equine encephalitis (EEE) is a mosquito-borne viral disease. EEE virus (EEEV) occurs in the eastern half of the United States where it causes disease in humans, horses, and some bird species. Because of the high mortality rate, EEE is regarded as one of the most serious mosquito-borne diseases in the United States.

EEEV is transmitted to humans through the bite of an infected mosquito. It generally takes from

3 to 10 days to develop symptoms of EEE after being bitten by an infected mosquito. The main EEEV transmission cycle is between birds and mosquitoes.

Many species of mosquitoes can become infected with EEEV. The most important mosquito species in maintaining the bird-mosquito transmission cycle is *Culiseta melanura*, which reproduces in freshwater hardwood swamps. *Culiseta melanura*, however, is not considered to be an important vector of EEEV to horses or humans because it feeds almost exclusively on birds.

Transmission to horses or humans requires mosquito species capable of creating a “bridge” between infected birds and uninfected mammals such as some *Aedes*, *Coquillettidia*, and *Culex* species.

Horses are susceptible to EEE and some cases are fatal. EEEV infections in horses, however, are not a significant risk factor for human infection because horses are considered to be “dead-end” hosts for the virus (i.e., the amount of EEEV in their bloodstreams is usually insufficient to infect mosquitoes).

Eastern equine encephalitis virus is a member of the family *Togaviridae*, genus *Alphavirus* closely related to Western equine encephalitis virus and Venezuelan equine encephalitis virus

Many persons infected with EEEV have no apparent illness. In those persons who do develop illness, symptoms range from mild flu-like illness to inflammation of the brain, coma and death.

The mortality rate from EEE is approximately one-third, making it one of the most deadly mosquito-borne diseases in the United States.

There is no specific treatment for EEE; optimal medical care includes hospitalization and supportive care (for example, expert nursing care, respiratory support, prevention of secondary bacterial infections, and physical therapy, depending on the situation).

Approximately half of those persons who survive EEE will have mild to severe permanent neurologic damage.

Incidence rate includes:

- Approximately 220 confirmed cases in the US 1964-2004, Average of 5 cases/year, with a range from 0-15 cases
- States with largest number of cases are Florida, Georgia, Massachusetts, and New Jersey.
- EEEV transmission is most common in and around freshwater hardwood swamps in the Atlantic and Gulf Coast states and the Great Lakes region.
- Human cases occur relatively infrequently, largely because the primary transmission cycle takes place in and around swampy areas where human populations tend to be limited.

Risk Groups:

- Residents of and visitors to endemic areas (areas with an established presence of the virus)
- People who engage in outdoor work and recreational activities in endemic areas.
- Persons over age 50 and younger than age 15 seem to be at greatest risk for developing severe EEE when infected with the virus.

Prevention

- A vaccine is available to protect equines.
- People should avoid mosquito bites by employing personal and workplace protection measures, such as using an EPA-registered repellent according to manufacturers' instructions, wearing protective clothing, avoiding outdoor activity when mosquitoes are active (some bridge vectors of EEEV are aggressive day-biters), and removing standing water that can provide mosquito breeding sites.
- There are laboratory tests to diagnosis EEEV infection including serology, especially IgM testing of serum and cerebrospinal fluid (CSF), and neutralizing antibody testing of acute- and convalescent-phase serum.

Yellow Fever

Yellow fever is an acute viral disease. It is an important cause of hemorrhagic illness in many African and South American countries despite existence of an effective vaccine. The *yellow* refers to the jaundice symptoms that affect some patients.

Yellow fever is caused by an arbovirus of the family Flaviviridae, a positive single-stranded RNA virus. Human infection begins after deposition of viral particles through the skin in infected arthropod saliva. The mosquitoes involved are *Aedes simpsoni*, *A. africanus*, and *A. aegypti* in Africa, the *Haemagogus* genus in South America.

The virus remains silent in the body during an incubation period of three to six days. There are then two disease phases. While some infections have no symptoms the first, *acute* phase is normally characterized by fever, muscle pain (with prominent backache), headache, shivers, loss of appetite, and nausea or vomiting. The high fever is often paradoxically associated with a slow pulse (known as Faget's sign). After three or four days most patients improve and their symptoms disappear.

Fifteen percent of patients, however, enter a *toxic phase* within 24 hours. Fever reappears and several body systems are affected. The patient rapidly develops jaundice and complains of abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes, and stomach. Once this happens, blood appears in the vomit and feces. Kidney function deteriorates; this can range from abnormal protein levels in the urine (proteinuria) to complete kidney failure with no

urine production (anuria). Half of the patients in the "toxic phase" die within fourteen days. The remainder recover without significant organ damage.

Yellow fever is difficult to recognize, especially during the early stages. It can easily be confused with malaria, typhoid, rickettsial diseases, haemorrhagic viral fevers (e.g. Lassa), arboviral infections (e.g. dengue), leptospirosis, viral hepatitis and poisoning (e.g. carbon tetrachloride). A laboratory analysis is required to confirm a suspect case.

Prevention

There is a vaccine for yellow fever that gives a ten-year or more immunity from the disease and effectively protects people traveling to affected areas. The vaccination may be required for entry to some countries, however, the vaccine may be contra-indicated for person over 60 years of age.

Use precautions as for other mosquito borne diseases. Avoid mosquito bites by employing personal and workplace protection measures, such as using an EPA-registered repellent according to manufacturers' instructions, wearing protective clothing, avoiding outdoor activity when mosquitoes are active and removing standing water that can provide mosquito breeding sites.

Meningitis

Meningitis is a viral disease that can affect the central nervous system.

Meningitis is encountered in agricultural regions of Asia.

Meningitis is transmitted through the bite from an infected mosquito.

Symptoms can be nonexistent or severe and flu-like, with fever, chills, tiredness, headache, nausea and vomiting. If not treated promptly the disease can be fatal.

Prevention

- A vaccine is available. It's 80% effective after a single dose and 97.5% effective after a second dose.

Use precautions as for other mosquito borne diseases. Avoid mosquito bites by employing personal and workplace protection measures, such as using an EPA-registered repellent according to manufacturers' instructions, wearing protective clothing, avoiding outdoor activity when mosquitoes are active and removing standing water that can provide mosquito breeding sites.

Sand Flies

Leishmaniasis



Sand Fly and Mosquito



Sand Fly

Leishmaniasis (LEASH-ma-NIGH-a-sis) is a parasitic disease spread by the bite of infected sand flies. There are several different forms of leishmaniasis. The most common forms are **cutaneous leishmaniasis**, which causes skin sores, and **visceral leishmaniasis**, which affects some of the internal organs of the body (for example, spleen, liver, bone marrow).

People who have cutaneous leishmaniasis have one or more sores on their skin. The sores can change in size and appearance over time. They often end up looking somewhat like a volcano, with a raised edge and central crater. Some sores are covered by a scab. The sores can be painless or painful. Some people have swollen glands near the sores (for example, under the arm if the sores are on the arm or hand).

People who have visceral leishmaniasis usually have fever, weight loss, and an enlarged spleen and liver (usually the spleen is bigger than the liver). Some patients have swollen glands. Certain blood tests are abnormal. For example, patients usually have low blood counts, including a low red blood cell count (anemia), low white blood cell count, and low platelet count.

The number of new cases of cutaneous leishmaniasis each year in the world is thought to be about 1.5 million. The number of new cases of visceral leishmaniasis is thought to be about 500,000.

Leishmaniasis is found in parts of about 88 countries. Approximately 350 million people live in these areas. Most of the affected countries are in the tropics and subtropics. The settings in which leishmaniasis is found range from rain forests in Central and South America to deserts in West Asia. More than 90 percent of the world's cases of visceral leishmaniasis are in India, Bangladesh, Nepal, Sudan, and Brazil.

Leishmaniasis is found in some parts of the following areas:

- in Mexico, Central America, and South America -- from northern Argentina to Texas (not in Uruguay, Chile, or Canada)
- southern Europe (leishmaniasis is not common in travelers to southern Europe)
- Asia (not Southeast Asia)
- the Middle East
- Africa (particularly East and North Africa, with some cases elsewhere)

Leishmaniasis is not found in Australia or Oceania (that is, islands in the Pacific, including Melanesia, Micronesia, and Polynesia).

It is possible but very unlikely that you would get leishmaniasis in the United States. Very rarely, people living in Texas have developed skin sores from cutaneous leishmaniasis.

No cases of visceral leishmaniasis are known to have been acquired in the United States.

Leishmaniasis is spread by the bite of some types of phlebotomine sand flies. Sand flies become infected by biting an infected animal (for example, a rodent or dog) or person. Since sand flies do not make noise when they fly, people may not realize they are present. Sand flies are very small and may be hard to see; they are only about one-third the size of typical mosquitoes. Sand flies usually are most active in twilight, evening, and night-time hours (from dusk to dawn). Sand flies are less active during the hottest time of the day. However, they will bite if they are disturbed, such as when a person brushes up against the trunk of a tree where sand flies are resting. Rarely, leishmaniasis is spread from a pregnant woman to her baby. Leishmaniasis also can be spread by blood transfusions or contaminated needles.

People of all ages are at risk for leishmaniasis if they live or travel where leishmaniasis is found. Leishmaniasis usually is more common in rural than urban areas; but it is found in the outskirts of some cities. The risk for leishmaniasis is highest from dusk to dawn because this is when sand flies are the most active. All it takes to get infected is to be bitten by one infected sand fly. This is more likely to happen the more people are bitten, that is, the more time they spend outside in rural areas from dusk to dawn.

People with cutaneous leishmaniasis usually develop skin sores within a few weeks (sometimes as long as months) of when they were bitten.

People with visceral leishmaniasis usually become sick within several months (rarely as long as years) of when they were bitten.

The skin sores of cutaneous leishmaniasis will heal on their own, but this can take months or even years. The sores can leave ugly scars. If not treated, infection that started in the skin rarely spreads to the nose or mouth and causes sores there (**mucosal leishmaniasis**). This can happen with some of the types of the parasite found in Central and South America. Mucosal leishmaniasis might not be noticed until years after the original skin sores healed. The best way to prevent mucosal leishmaniasis is to treat the cutaneous infection before it spreads.

If not treated, visceral leishmaniasis can cause death. It is very rare for travelers to get visceral leishmaniasis.

If you think you might have leishmaniasis, report to your Safety Officer to ensure appropriate follow-up. The first step is to find out if you have traveled to a part of the world where leishmaniasis is found. The health care provider will ask you about any signs or symptoms of leishmaniasis you may have, such as skin sores that have not healed. If you have skin sores, the health care provider will likely want to take some samples directly from the sores. These samples can be examined for the parasite under a microscope, in cultures, and through other means. A blood test for detecting antibody (immune response) to the parasite can be helpful, particularly for cases of visceral leishmaniasis. However, tests to look for the parasite itself should also be done. Diagnosing leishmaniasis can be difficult. Sometimes the laboratory tests are negative even if a person has leishmaniasis.

The health care provider can talk with CDC staff about whether a case of leishmaniasis should be treated, and, if so, how. Most people who have cutaneous leishmaniasis do not need to be hospitalized during their treatment.

Prevention

The best way prevent leishmaniasis is by protecting against sand fly bites. Vaccines and drugs for preventing infection are not yet available. To decrease risk of being bitten:

- Stay in well-screened or air-conditioned areas as much as possible. Avoid outdoor activities, especially from dusk to dawn, when sand flies are the most active.
- When outside, wear long-sleeved shirts, long pants, and socks. Tuck your shirt into your pants.
- Apply insect repellent on uncovered skin and under the ends of sleeves and pant legs. Follow the instructions on the label of the repellent. The most effective repellents are those that contain the chemical DEET (N,N-diethylmetatoluamide). The concentration of DEET varies among repellents. Repellents with DEET concentrations of 30-35% are quite effective, and the effect should last about 4 hours. Lower concentrations should be used for children (no more than 10% DEET). Repellents with DEET should be used sparingly on children from 2 to 6 years old and not at all on children less than 2 years old.
- Spray clothing with permethrin-containing insecticides. The insecticide should be reapplied after every five washings.
- Spray living and sleeping areas with an insecticide to kill insects.
- If you are not sleeping in an area that is well screened or air-conditioned, use a bed net and tuck it under your mattress. If possible, use a bed net that has been soaked in or sprayed with permethrin. The permethrin will be effective for several months if the bed net is not washed. Keep in mind that sand flies are much smaller than mosquitoes and therefore can get through

smaller holes. Fine-mesh netting (at least 18 holes to the inch; some sources say even finer) is needed for an effective barrier against sand flies. This is particularly important if the bed net has not been treated with permethrin. However, it may be uncomfortable to sleep under such a closely woven bed net when it is hot.

NOTE: Bed nets, repellents containing DEET, and permethrin may need to be purchased before traveling and can be found in hardware, camping, and military surplus stores.

Deer Flies (See Tularemia above)

ATTACHMENT 1

RICKETTSIAL INFECTIONS

Rickettsial Infections

Description

Many species of *Rickettsia* can cause illnesses in humans (Table below). The term “rickettsiae” conventionally embraces a polyphyletic group of microorganisms in the class Proteobacteria, comprising species belonging to the genera *Rickettsia*, *Orientia*, *Ehrlichia*, *Anaplasma*, *Neorickettsia*, *Coxiella*, and *Bartonella*. These agents are usually not transmissible directly from person to person except by blood transfusion or organ transplantation, although sexual and placental transmission has been proposed for *Coxiella*. Transmission generally occurs via an infected arthropod vector or through exposure to an infected animal reservoir host. However, sennetsu fever is acquired following consumption of raw fish products. The clinical severity and duration of illnesses associated with different rickettsial infections vary considerably, even within a given antigenic group. Rickettsioses range in severity from diseases that are usually relatively mild (rickettsialpox, cat scratch disease, and African tick-bite fever) to those that can be life-threatening (epidemic and murine typhus, Rocky Mountain spotted fever, scrub typhus and Oroya fever), and they vary in duration from those that can be self-limiting to chronic (Q fever and bartonellosis) or recrudescent (Brill-Zinsser disease). Most patients with rickettsial infections recover with timely use of appropriate antibiotic therapy.

Travelers may be at risk for exposure to agents of rickettsial diseases if they engage in occupational or recreational activities which bring them into contact with habitats that support the vectors or animal reservoir species associated with these pathogens.

The geographic distribution and the risks for exposure to rickettsial agents are described below and in the Table below.

Epidemic Typhus and Trench Fever

Epidemic typhus and trench fever, which are caused by *Rickettsia prowazkeii* and *Bartonella quintana*, respectively, are transmitted from one person to another by the human body louse. Contemporary outbreaks of both diseases are rare in most developed countries and generally occur only in communities and populations in which body louse infestations are frequent, especially during the colder months when louse-infested clothing is not laundered. Foci of trench fever have also been recognized among homeless populations in urban centers of industrialized countries. Travelers who are not at risk of exposure to body lice or to persons with lice are unlikely to acquire these illnesses. However, health-care workers who care for these patients may be at risk for acquiring louse-borne illnesses through inhalation or inoculation of infectious louse feces into the skin or conjunctiva. In the eastern United States, campers, inhabitants of wooded areas, and wildlife workers can acquire sylvatic epidemic typhus if they come in close contact with flying squirrels, their ectoparasites, or their nests, which can be made in houses, cabins, and tree-holes.

Murine Typhus and Cat-Flea Rickettsiosis

Murine typhus, which is caused by infection with *Rickettsia typhi*, is transmitted to humans by rat fleas, particularly during exposure in rat-infested buildings (3). Flea-infested rats can be found throughout the year in humid tropical environments, especially in harbor or riverine environments. In temperate regions, they are most common during the warm summer months. Similarly, cat-flea rickettsiosis, which is caused by infection with *Rickettsia felis*, occurs worldwide from exposure to flea-infested domestic cats and dogs, as well as peridomestic animals, and is responsible for a murine typhus-like febrile disease in humans.

Scrub Typhus

Mites (“chiggers”) transmit *Orientia tsutsugamushi*, the agent of scrub typhus, to humans. These mites occur year-round in a large area from South Asia to Australia and in much of East Asia, including Japan, China, Korea, Maritime Provinces and Sakhalin Island of Russia, and Tajikistan. Their prevalence, however, fluctuates with temperature and rainfall. Infection may occur on coral atolls in both the Indian and Pacific Oceans, in rice paddies and along canals and fields, on oil palm plantations, in tropical to desert climates and in elevated river valleys. Humans typically encounter the arthropod vector of scrub typhus in recently disturbed habitat (e.g., forest clearings) or other persisting mite foci infested with rats and other rodents.

Tick-Borne Rickettsioses

Tick-borne rickettsial diseases are most common in temperate and subtropical regions. These diseases include numerous well-known classical spotted fever rickettsioses and an expanding group of newly recognized diseases (Table below). In general, peak transmission of tick-borne rickettsial pathogens occurs during spring and summer months. Travelers who participate in outdoor activities in grassy or wooded areas (e.g., trekking, camping, or going on safari) may be at risk for acquiring tick-borne illnesses, including those caused by *Rickettsia*, *Anaplasma*, and *Ehrlichia* species (see below).

TABLE Epidemiologic features and symptoms of rickettsial diseases

| ANTIGENIC GROUP | DISEASE | AGENT | PREDOMINANT SYMPTOMS* | VECTOR OR ACQUISITION MECHANISM | ANIMAL RESERVOIR | GEOGRAPHIC DISTRIBUTION OUTSIDE THE US |
|-----------------|-------------------------------------|------------------------------|--|---|-------------------------------|---|
| Typhus fevers | Epidemic typhus, Sylvatic typhus | <i>Rickettsia prowazekii</i> | Headache, chills, fever, prostration, confusion, photophobia, vomiting, rash (generally starting on trunk) | Human body louse, squirrel flea and louse | Humans, flying squirrels (US) | Cool mountainous regions of Africa, Asia, and Central and South America |
| | Murine typhus | <i>R. typhi</i> | As above, generally less severe | Rat flea | Rats, mice | Worldwide |
| Spotted fevers | African tickbite fever | <i>R. africae</i> | Fever, eschar(s), regional adenopathy, | Tick | Rodents | Sub-Saharan Africa |

| ANTIGENIC GROUP | DISEASE | AGENT | PREDOMINANT SYMPTOMS* | VECTOR OR ACQUISITION MECHANISM | ANIMAL RESERVOIR | GEOGRAPHIC DISTRIBUTION OUTSIDE THE US |
|-----------------|---|---|---|---------------------------------|-------------------------|---|
| | | | maculopapular or vesicular rash subtle or absent | | | |
| | Aneruptive fever | <i>R. helvetica</i> | Fever, headache, myalgia | Tick | Rodents | Old World |
| | Australian spotted fever | <i>R. marmionii</i> | Fever, eschar, maculopapular or vesicular rash, adenopathy | Tick | Rodents, reptiles | Australia |
| | Cat flea rickettsiosis | <i>R. felis</i> | As murine typhus, generally less severe | Cat and dog fleas | Domestic cats, opossums | Europe, South America |
| | Far Eastern spotted fever | <i>R. heilongjiangensis</i> | Fever, eschar, macular or maculopapular rash, lymphadenopathy, enlarged lymph nodes | Tick | Rodents | Far East of Russia, Northern China |
| | Flinders Island spotted fever, Thai tick typhus | <i>R. honei</i> | Mild spotted fever, eschar and adenopathy are rare | Tick | Not defined | Australia, Thailand |
| | Lymphangitis associated rickettsiosis | <i>R. sibirica</i> subsp. <i>mongolotimonae</i> | Fever, multiple eschars, regional adenopathy and lymphangitis, maculopapular rash | Tick | Rodents | Southern France, Portugal, Asia, Africa |
| | | | | | | |
| | Maculatum infection | <i>R. parkeri</i> | Fever, eschar, rash maculopapular to vesicular | Tick | Rodents | Brazil, Uruguay |
| | Mediterranean spotted fevers‡ | <i>R. conorii</i> | Fever, eschar, regional adenopathy, maculopapular rash on extremities | Tick | Dogs, rodents | Africa, India, Europe, Middle East, Mediterranean |
| | North Asian tick typhus | <i>R. sibirica</i> | Fever, eschar(s), regional adenopathy, maculopapular rash | Tick | Rodents | Russia, China, Mongolia |
| | | | | | | |
| | Oriental spotted fever | <i>R. japonica</i> | As above | Tick | Rodents | Japan |
| | Queensland tick | <i>R. australis</i> | Fever, eschar, | Tick | Not defined | Australia, |

| ANTIGENIC GROUP | DISEASE | AGENT | PREDOMINANT SYMPTOMS* | VECTOR OR ACQUISITION MECHANISM | ANIMAL RESERVOIR | GEOGRAPHIC DISTRIBUTION OUTSIDE THE US |
|-----------------|--|-------------------------------|---|---|--|---|
| | typhus | | regional adenopathy, rash on extremities | | | Tasmania |
| | Rickettsialpox | <i>R. akari</i> | Fever, eschar, adenopathy, disseminated vesicular rash | Mite | House mice | Russia, South Africa, Korea, Turkey, Balkan countries |
| | Rocky Mountain spotted fever, Sao Paulo exanthematic typhus, Minas Gerais exanthematic typhus, Brazilian spotted fever | <i>R. rickettsii</i> | Headache, fever, abdominal pain, macular rash progressing into papular or petechial (generally starting on extremities) | Tick | Rodents | Mexico, Central, and South America |
| | Tick-borne lymphadenopathy (TIBOLA), Dermacentor-borne necrosis and lymphadenopathy (DEBONEL) | <i>R. slovaca</i> | Necrosis erythema, cervical lymphadenopathy and enlarged lymph nodes, rare maculopapular rash | Tick | Lagomorphs, rodents | Europe, Asia |
| | Unnamed rickettsiosis | <i>R. aeschlimannii</i> | Fever, eschar, maculopapular rash | Tick | Domestic and wild animals | Africa |
| Orientia | Scrub typhus | <i>Orientia tsutsugamushi</i> | Fever, headache, sweating, conjunctival injection, adenopathy, eschar, rash (starting on trunk), respiratory distress | Mite | Rodents | South, Central, Eastern, and Southeast Asia and Australia |
| Coxiella | Q fever | <i>Coxiella burnetii</i> | Fever, headache, chills, sweating, pneumonia, hepatitis, endocarditis | Most human infections are acquired by inhalation of infectious aerosols; tick | Goats, sheep, cattle, domestic cats, other | Worldwide |

| ANTIGENIC GROUP | DISEASE | AGENT | PREDOMINANT SYMPTOMS* | VECTOR OR ACQUISITION MECHANISM | ANIMAL RESERVOIR | GEOGRAPHIC DISTRIBUTION OUTSIDE THE US |
|-----------------|---------------------|---|--|---------------------------------|---|--|
| Bartonella | Cat-scratch disease | <i>Bartonella henselae</i> | Fever, adenopathy, neuroretinitis, encephalitis | Cat flea | Domestic cats | Worldwide |
| | Trench fever | <i>B. quintana</i> | Fever, headache, pain in shins, splenomegaly, disseminated rash | Human body louse | Humans | Worldwide |
| | Oroya fever | <i>B. bacilliformis</i> | Fever, headache, anemia, shifting joint and muscle pain, nodular dermal eruption | Sand fly | Unknown | Peru, Ecuador, Colombia |
| Ehrlichia | Ehrlichiosis | <i>Ehrlichia chaffeensis</i> [#] | Fever, headache, nausea, occasionally rash | Tick | Various large and small mammals, including deer and rodents | Worldwide |
| Anaplasma | Anaplasmosis | <i>Anaplasma phagocytophilum</i> [#] | Fever, headache, nausea, occasionally rash | Tick | Small mammals, and rodents | Europe, Asia, Africa |
| Neorickettsia | Sennetsu fever | <i>Neorickettsia sennetsu</i> | Fever, chills, headache, sore throat, insomnia | Fish, fluke | Fish | Japan, Malaysia |

This represents only a partial list of symptoms. Patients may have different symptoms or only a few of those listed.

‡ Includes 4 different subspecies that can be distinguished serologically and by PCR assay, and respectively are the etiologic agents of Boutonneuse fever and Mediterranean tick fever in Southern Europe and Africa (*R. conorii* subsp. *conorii*), Indian tick typhus in South Asia (*R. conorii* subsp. *indica*), Israeli tick typhus in Southern Europe and Middle East (*R. conorii* subsp. *israelensis*), and Astrakhan spotted fever in the North Caspian region of Russia (*R. conorii* subsp. *caspiæ*).

Organisms antigenically related to these species are associated with ehrlichial diseases outside the continental United States.

Rickettsialpox

Rickettsialpox is generally an urban, mite-vector disease associated with *R. akari*-infected house mice, although feral rodent-mite reservoirs also have been described (3). Outbreaks of this illness have occurred shortly after rodent extermination programs or natural viral infections that depleted rodent populations and caused the mites to seek new hosts. *R. akari*-infected rodents have been found in urban centers in the former Soviet Union, South Africa, Korea, Croatia, and the United States. Travelers may be at risk for exposure to rodent mites when staying in old urban hostels and cabins.

Anaplasmosis and Ehrlichiosis

Human ehrlichiosis and anaplasmosis are acute tick-borne diseases, associated with the lone star tick, *Amblyomma americanum*, and *Ixodes* ticks, respectively. Because one tick may be infected with more than one tick-borne pathogen (e.g. *Borrelia burgdorferi*, the causative agent of Lyme disease, or various *Babesia* species, agent of human babesiosis), patients may present with atypical clinical symptoms that complicate treatment. Ehrlichiosis and anaplasmosis are characterized by infection of different types of leukocytes, where the causative agent multiplies in cytoplasmic membrane-bound vacuole called morulae. Morulae can sometimes be detected in Giemsa-stained blood smears.

Q FEVER

Q fever occurs worldwide, most often in persons who have contact with infected goat, sheep, cat and cattle, particularly parturient animals (especially farmers, veterinarians, butchers, meat packers, and seasonal workers). Travelers who visit farms or rural communities can be exposed to *Coxiella burnetii*, the agent of Q fever, through airborne transmission (via animal-contaminated soil and dust) or less commonly through consumption of unpasteurized milk products or by exposure to infected ticks. These infections may initially result in only mild and self-limiting influenza-like illnesses, but if untreated, infections may become chronic, particularly in persons with preexisting heart valve abnormalities or with prosthetic valves. Such persons can develop chronic and potentially fatal endocarditis.

Cat-Scratch Disease and Oroya Fever

Cat-scratch disease is contracted through scratches and bites from domestic cats, particularly kittens, infected with *Bartonella henselae*, and possibly from their fleas (3,4). Exposure can therefore occur wherever cats are found. Oroya fever is transmitted by sandflies infected with *B. bacilliformis*, which is endemic in the Andean highlands.

Symptoms

Clinical presentations of rickettsial illnesses vary (Table above), but common early symptoms, including fever, headache, and malaise, are generally nonspecific. Illnesses resulting from infection with rickettsial agents may go unrecognized or are attributed to other causes. Atypical presentations are common and may be expected with poorly characterized non-indigenous agents, so appropriate samples for examination by specialized reference laboratories should be obtained. A diagnosis of rickettsial diseases is based on two or more of the following: 1) clinical symptoms and an epidemiologic history compatible with a rickettsial disease, 2) the development of specific convalescent-phase antibodies reactive with a given pathogen or antigenic group, 3) a positive polymerase chain reaction test result, 4) specific immunohistologic detection of rickettsial agent, or 5) isolation of a rickettsial agent. Ascertaining the likely place and the nature of potential exposures is particularly helpful for accurate diagnostic testing.

Prevention

With the exception of the louse-borne diseases described above, for which contact with infectious arthropod feces is the primary mode of transmission (through autoinoculation into a wound, conjunctiva, or inhalation), travelers and health-care providers are generally not at risk for becoming infected via exposure to an ill person. Limiting exposures to vectors or animal reservoirs remains the best means for reducing the risk for disease. Travelers and persons working in areas where organisms may be present should implement prevention based on avoidance of vector-infested habitats, use of repellents and protective clothing, prompt detection and removal of arthropods from clothing and skin, and attention to hygiene.

Q fever and *Bartonella* group diseases may pose a special risk for persons with abnormal or prosthetic heart valves, and *Rickettsia*, *Ehrlichia*, and *Bartonella* for persons who are immunocompromised.

ATTACHMENT 2

ENCEPHALITIS ARBOVIRAL ENCEPHALITIDES

Encephalitis Arboviral Encephalitides

Perspectives

Arthropod-borne viruses, i.e., arboviruses, are viruses that are maintained in nature through biological transmission between susceptible vertebrate hosts by blood feeding arthropods (mosquitoes, psychodids, ceratopogonids, and ticks). Vertebrate infection occurs when the infected arthropod takes a blood meal. The term 'arbovirus' has no taxonomic significance. Arboviruses that cause human encephalitis are members of three virus families: the *Togaviridae* (genus *Alphavirus*, *Flaviviridae*, and *Bunyaviridae*).

All arboviral encephalitides are zoonotic, being maintained in complex life cycles involving a nonhuman primary vertebrate host and a primary arthropod vector. These cycles usually remain undetected until humans encroach on a natural focus, or the virus escapes this focus via a secondary vector or vertebrate host as the result of some ecologic change. Humans and domestic animals can develop clinical illness but usually are "dead-end" hosts because they do not produce significant viremia, and do not contribute to the transmission cycle. Many arboviruses that cause encephalitis have a variety of different vertebrate hosts and some are transmitted by more than one vector. Maintenance of the viruses in nature may be facilitated by vertical transmission (e.g., the virus is transmitted from the female through the eggs to the offspring).

Arboviral encephalitides have a global distribution, but there are four main virus agents of encephalitis in the United States: eastern equine encephalitis (EEE), western equine encephalitis (WEE), St. Louis encephalitis (SLE) and La Crosse (LAC) encephalitis, all of which are transmitted by mosquitoes. Another virus, Powassan, is a minor cause of encephalitis in the northern United States, and is transmitted by ticks. A new Powassan-like virus has recently been isolated from deer ticks. Its relatedness to Powassan virus and its ability to cause disease has not been well documented. Most cases of arboviral encephalitis occur from June through September, when arthropods are most active. In milder (i.e., warmer) parts of the country, where arthropods are active late into the year, cases can occur into the winter months.

The majority of human infections are asymptomatic or may result in a nonspecific flu-like syndrome. Onset may be insidious or sudden with fever, headache, myalgias, malaise and occasionally prostration. Infection may, however, lead to encephalitis, with a fatal outcome or permanent neurologic sequelae. Fortunately, only a small proportion of infected persons progress to frank encephalitis.

Experimental studies have shown that invasion of the central nervous system (CNS), generally follows initial virus replication in various peripheral sites and a period of viremia. Viral transfer from the blood to the CNS through the olfactory tract has been suggested. Because the arboviral encephalitides are viral diseases, antibiotics are not effective for treatment and no effective antiviral drugs have yet been discovered.

Prevention

Arboviral encephalitis can be prevented in two major ways: personal protective measures and public health measures to reduce the population of infected mosquitoes. Personal measures include reducing time outdoors particularly in early evening hours, wearing long pants and long sleeved shirts and applying mosquito repellent to exposed skin areas. Public health measures often require spraying of insecticides to kill juvenile (larvae) and adult mosquitoes.

Selection of mosquito control methods depends on what needs to be achieved; but, in most emergency situations, the preferred method to achieve maximum results over a wide area is aerial spraying. In many states aerial spraying may be available in certain locations as a means to control nuisance mosquitoes. Such resources can be redirected to areas of virus activity. When aerial spraying is not routinely used, such services are usually contracted for a given time period. Financing of aerial spraying costs during large outbreaks is usually provided by state emergency contingency funds. Federal funding of emergency spraying is rare and almost always requires a federal disaster declaration. Such disaster declarations usually occur when the vector-borne disease has the potential to infect large numbers of people, when a large population is at risk and when the area requiring treatment is extensive. Special large planes maintained by the United States Air Force can be called upon to deliver the insecticide(s) chosen for such emergencies. Federal disaster declarations have relied heavily on risk assessment by the CDC.

There are no commercially available human vaccines for these U.S. diseases. There is a Japanese encephalitis vaccine available in the U.S. A tick-borne encephalitis vaccine is available in Europe. An equine vaccine is available for EEE, WEE and Venezuelan equine encephalitis (VEE).

La Crosse Encephalitis

La Crosse (LAC) encephalitis was discovered in La Crosse, Wisconsin in 1963. Since then, the virus has been identified in several Midwestern and Mid-Atlantic states. During an average year, about 75 cases of LAC encephalitis are reported to the CDC. Most cases of LAC encephalitis occur in children under 16 years of age. LAC virus is a Bunyavirus and is a zoonotic pathogen cycled between the daytime-biting treehole mosquito, *Aedes triseriatus*, and vertebrate amplifier hosts (chipmunks, tree squirrels) in deciduous forest habitats. The virus is maintained over the winter by transovarial transmission in mosquito eggs. If the female mosquito is infected, she may lay eggs that carry the virus, and the adults coming from those eggs may be able to transmit the virus to chipmunks and to humans.

Historically, most cases of LAC encephalitis occur in the upper Midwestern states (Minnesota, Wisconsin, Iowa, Illinois, Indiana, and Ohio). Recently, more cases are being reported from states in the mid-Atlantic (West Virginia, Virginia and North Carolina) and southeastern (Alabama and Mississippi) regions of the country. It has long been suspected that LAC encephalitis has a broader distribution and a higher incidence in the eastern United States, but is under-reported because the etiologic agent is often not specifically identified.

LAC encephalitis initially presents as a nonspecific summertime illness with fever, headache, nausea, vomiting and lethargy. Severe disease occurs most commonly in children under the age of 16 and is characterized by seizures, coma, paralysis, and a variety of neurological sequelae after recovery. Death from LAC encephalitis occurs in less than 1% of clinical cases. In many clinical settings, pediatric cases presenting with CNS involvement are routinely screened for herpes or enteroviral etiologies. Since there is no specific treatment for LAC encephalitis, physicians often do not request the tests required to specifically identify LAC virus, and the cases are reported as aseptic meningitis or viral encephalitis of unknown etiology. Also found in the United States, Jamestown Canyon and Cache Valley viruses are related to LAC, but rarely cause encephalitis.

Eastern Equine Encephalitis

Eastern equine encephalitis (EEE) is also caused by a virus transmitted to humans and equines by the bite of an infected mosquito. EEE virus is an alphavirus that was first identified in the 1930's and currently occurs in focal locations along the eastern seaboard, the Gulf Coast and some inland Midwestern locations of the United States. While small outbreaks of human disease have occurred in the United States, equine epizootics can be a common occurrence during the summer and fall.

It takes from 4-10 days after the bite of an infected mosquito for an individual to develop symptoms of EEE. These symptoms begin with a sudden onset of fever, general muscle pains, and a headache of increasing severity. Many individuals will progress to more severe symptoms such as seizures and coma. Approximately one-third of all people with clinical encephalitis caused by EEE will die from the disease and of those who recover, many will suffer permanent brain damage with many of those requiring permanent institutional care.

In addition to humans, EEE virus can produce severe disease in: horses, some birds such as pheasants, quail, ostriches and emus, and even puppies. Because horses are outdoors and attract hordes of biting mosquitoes, they are at high risk of contracting EEE when the virus is present in mosquitoes. Human cases are usually preceded by those in horses and exceeded in numbers by horse cases which may be used as a surveillance tool.

EEE virus occurs in natural cycles involving birds and *Culiseta melanura*, in some swampy areas nearly every year during the warm months. Where the virus resides or how it survives in the winter is unknown. It may be introduced by migratory birds in the spring or it may remain dormant in some yet undiscovered part of its life cycle. With the onset of spring, the virus reappears in the birds (native bird species do not seem to be affected by the virus) and mosquitoes of the swamp. In this usual cycle of transmission, virus does not escape from these areas because the mosquito involved prefers to feed upon birds and does not usually bite humans or other mammals.

For reasons not fully understood, the virus may escape from enzootic foci in swamp areas in birds or bridge vectors such as *Coquilletidia perturbans* and *Aedes sollicitans*. These species feed on both birds and mammals and can transmit the virus to humans, horses, and other hosts. Other mosquito species such as *Ae. vexans* and *Culex nigripalpus* can also transmit EEE virus.

When health officials maintain surveillance for EEE virus activity, this movement out of the swamp can be detected, and if the level of activity is sufficiently high, can recommend and undertake measures to reduce the risk to humans.

Western Equine Encephalitis

The alphavirus western equine encephalitis (WEE) was first isolated in California in 1930 from the brain of a horse with encephalitis, and remains an important cause of encephalitis in horses and humans in North America, mainly in western parts of the USA and Canada. In the western United States, the enzootic cycle of WEE involves passerine birds, in which the infection is inapparent, and culicine mosquitoes, principally *Cx. tarsalis*, a species that is associated with irrigated agriculture and stream drainages. The virus has also been isolated from a variety of mammal species. Other important mosquito vector species include *Aedes melanimon* in California, *Ae. dorsalis* in Utah and New Mexico and *Ae. campestris* in New Mexico.

Expansion of irrigated agriculture in the North Platte River Valley during the past several decades has created habitats and conditions favorable for increases in populations of granivorous birds such as the house sparrow, *Passer domesticus*, and mosquitoes such as *Cx. tarsalis*, *Aedes dorsalis* and *Aedes melanimon*. All of these species may play a role in WEE virus transmission in irrigated areas. In addition to *Cx. tarsalis*, *Ae. dorsalis* and *Ae. melanimon*, WEE virus also has been isolated occasionally from some other mosquito species present in the area. Two confirmed and several suspect cases of WEE were reported from Wyoming in 1994. In 1995, two strains of WEE virus were isolated from *Culex tarsalis* and neutralizing antibody to WEE virus was demonstrated in sera from pheasants and house sparrows. During 1997, 35 strains of WEE virus were isolated from mosquitoes collected in Scotts Bluff County, Nebraska.

Human WEE cases are usually first seen in June or July. Most WEE infections are asymptomatic or present as mild, nonspecific illness. Patients with clinically apparent illness usually have a sudden onset with fever, headache, nausea, vomiting, anorexia and malaise, followed by altered mental status, weakness and signs of meningeal irritation. Children, especially those under 1 year old, are affected more severely than adults and may be left with permanent sequelae, which is seen in 5 to 30% of young patients. The mortality rate is about 3%.

St. Louis Encephalitis

In the United States, the leading cause of epidemic flaviviral encephalitis is St. Louis encephalitis (SLE) virus. SLE is the most common mosquito-transmitted human pathogen in the U.S. While periodic SLE epidemics have occurred only in the Midwest and southeast, SLE virus is distributed throughout the lower 48 states. Since 1964, there have been 4,437 confirmed cases of SLE with an average of 193 cases per year (range 4 - 1,967). However, less than 1% of SLE viral infections are clinically apparent and the vast majority of infections remain undiagnosed. Illness ranges in severity from a simple febrile headache to meningoencephalitis, with an overall case-fatality ratio of 5-15 %. The disease is generally milder in children than in adults, but in those children who do have disease, there is a high rate of encephalitis. The elderly are at highest risk for severe disease and death. During the summer season, SLE virus is maintained in a mosquito-bird-mosquito cycle, with periodic amplification by peridomestic birds and *Culex*

mosquitoes. In Florida, the principal vector is *Cx. nigripalpus*, in the Midwest, *Cx. pipiens pipiens* and *Cx. p. quinquefasciatus* and in the western United States, *Cx. tarsalis* and members of the *Cx. pipiens* complex.

Powassan Encephalitis

Powassan (POW) virus is a flavivirus and currently the only well documented tick-borne transmitted arbovirus occurring in the United States and Canada. Recently a Powassan-like virus was isolated from the deer tick, *Ixodes scapularis*. Its relationship to POW and its ability to cause human disease has not been fully elucidated. POW's range in the United States is primarily in the upper tier States. In addition to isolations from man, the virus has been recovered from ticks (*Ixodes marxi*, *I. cookei* and *Dermacentor andersoni*) and from the tissues of a skunk (*Spilogale putorius*). It is a rare cause of acute viral encephalitis. POW virus was first isolated from the brain of a 5-year-old child who died in Ontario in 1958. Patients who recover may have residual neurological problems.

Venezuelan Equine Encephalitis

Like EEE and WEE viruses, Venezuelan equine encephalitis (VEE) is an alphavirus and causes encephalitis in horses and humans and is an important veterinary and public health problem in Central and South America. Occasionally, large regional epizootics and epidemics can occur resulting in thousands of equine and human infections. Epizootic strains of VEE virus can infect and be transmitted by a large number of mosquito species. The natural reservoir host for the epizootic strains is not known. A large epizootic that began in South America in 1969 reached Texas in 1971. It was estimated that over 200,000 horses died in that outbreak, which was controlled by a massive equine vaccination program using an experimental live attenuated VEE vaccine. There were several thousand human infections. A more recent VEE epidemic occurred in the fall of 1995 in Venezuela and Colombia with an estimated 90,000 human infections. Infection of man with VEE virus is less severe than with EEE and WEE viruses, and fatalities are rare. Adults usually develop only an influenza-like illness, and overt encephalitis is usually confined to children. Effective VEE virus vaccines are available for equines.

Enzootic strains of VEE virus have a wide geographic distribution in the Americas. These viruses are maintained in cycles involving forest dwelling rodents and mosquito vectors, mainly *Culex (Melanoconion)* species. Occasional cases or small outbreaks of human disease are associated with these viruses, the most recent outbreaks were in Venezuela in 1992, Peru in 1994 and Mexico in 1995-96.

Other Arboviral Encephalitides

Many other arboviral encephalitides occur throughout the world. Most of these diseases are problems only for those individuals traveling to countries where the viruses are endemic.

Japanese Encephalitis

Japanese encephalitis (JE) virus is a flavivirus, related to SLE, and is widespread throughout Asia. Worldwide, it is the most important cause of arboviral encephalitis with over 45,000 cases reported annually. In recent years, JE virus has expanded its geographic distribution with outbreaks in the Pacific. Epidemics occur in late summer in temperate regions, but the infection is enzootic and occurs throughout the year in many tropical areas of Asia. The virus is maintained in a cycle involving culicine mosquitoes and waterbirds. The virus is transmitted to man by *Culex* mosquitoes, primarily *Cx. tritaeniorhynchus*, which breed in rice fields. Pigs are the main amplifying hosts of JE virus in peridomestic environments.

The incubation period of JE is 5 to 14 days. Onset of symptoms is usually sudden, with fever, headache and vomiting. The illness resolves in 5 to 7 days if there is no CNS involvement. The mortality in most outbreaks is less than 10%, but is higher in children and can exceed 30%. Neurologic sequelae in patients who recover are reported in up to 30% of cases. A formalin-inactivated vaccine prepared in mice is used widely in Japan, China, India, Korea, Taiwan and Thailand. This vaccine is currently available for human use in the United States, for individuals who might be traveling to endemic countries.

Tick-Borne Encephalitis

Tick-borne encephalitis (TBE) is caused by two closely related flaviviruses which are distinct biologically. The eastern subtype causes Russian spring-summer encephalitis (RSSE) and is transmitted by *Ixodes persulcatus*, whereas the western subtype is transmitted by *Ixodes ricinus* and causes Central European encephalitis (CEE). The name CEE is somewhat misleading, since the condition can occur throughout much of Europe. Of the two subtypes, RSSE is the more severe infection, having a mortality of up to 25% in some outbreaks, whereas mortality in CEE seldom exceeds 5%.

The incubation period is 7 to 14 days. Infection usually presents as a mild, influenza-type illness or as benign, aseptic meningitis, but may result in fatal meningoencephalitis. Fever is often biphasic, and there may be severe headache and neck rigidity, with transient paralysis of the limbs, shoulders or less commonly the respiratory musculature. A few patients are left with residual paralysis. Although the great majority of TBE infections follow exposure to ticks, infection has occurred through the ingestion of infected cows' or goats' milk. An inactivated TBE vaccine is currently available in Europe and Russia.

West Nile Encephalitis

Discussed elsewhere in this document

FLD 43 D HAZARDOUS PLANTS

A number of hazardous plants may be encountered during field operations. The ailments associated with these plants range from mild hay fever to contact dermatitis. Plants that present the greatest risk to site workers are those that produce allergic reactions and tissue injury.

Plants That Cause Skin and Tissue Injury

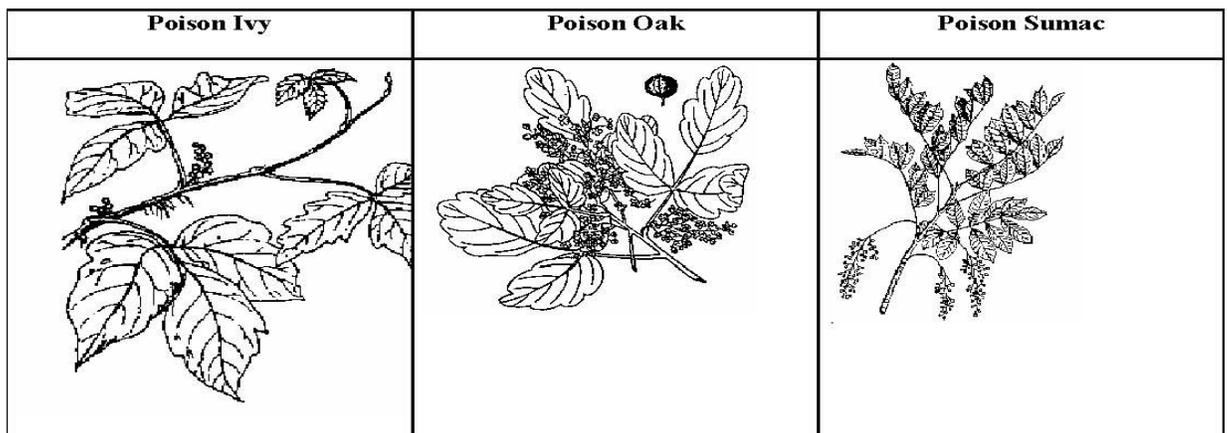
Contact with sharp leaves and thorns are of special concern to site personnel. This concern stems from the fact that punctures, cuts, and even minor scrapes caused by accidental contact may result in skin lesions and the introduction of fungi or bacteria through the skin. This is especially important in light of the fact that the warm moist environment created inside protective clothing is ideal for the propagation of fungal and bacterial infection. Personnel receiving any of the injuries listed above, even minor scrapes shall report immediately for continued observation and care. Keeping the skin covered as much as possible (i.e., long pants and long sleeved shirts) in areas where these plants are known to exist will limit much of the potential exposure.

Plants That Cause an Allergic Reaction

The poisonous plants of greatest concern are poison ivy, poison oak, and poison sumac. Contact with the poisonous sap of these plants produces a severe rash characterized by redness, blisters, swelling, and intense burning and itching. The victim also may develop a high fever and may be very ill. Ordinarily, the rash begins within a few hours after exposure, but it may be delayed for 24 to 48 hours.

The most distinctive features of poison ivy and poison oak are their leaves, which are composed of three leaflets each. In certain seasons, both plants also have greenish-white flowers and berries that grow in clusters. Poison sumac is a tall shrub or small tree with 6 to 12 leaflets arranged in pairs with a single leaflet at the end. This plant grows in wooded, swampy areas.

Poison Ivy/Poison Oak/Poison Sumac



The reaction associated with exposure to these plants will generally cause the following signs and symptoms:

- Blistering at the site of contact, usually occurring within 12 to 48 hours after contact
- Reddening, swelling, itching and burning at the site of contact
- Pain, if the reaction is severe
- Conjunctivitis, asthma, and other allergic reactions if the person is extremely sensitive to the poisonous plant toxin

If the rash is scratched, secondary infections can occur. Preventive measures that are effective for most site personnel include:

- Avoid contact with any poisonous plants on site, and keep a steady watch to identify, report and mark poisonous plants found on site
- Wash hands, face or other exposed areas at the beginning of each break period and at the end of each workday
- Avoid contact with, and wash on a daily basis, contaminated tools, equipment and clothing
- Barrier creams, detoxification/wash solutions and orally administered desensitization may prove effective and should be tried to find the best preventive solution

Keeping the skin covered as much as possible (i.e., long pants and long sleeved shirts) in areas where these plants are known to exist will limit much of the potential exposure.

Plants That are Poisonous

There are a number of plants worldwide beside poison ivy, oak and sumac which have poisonous properties. In many cases consumption of these plants or parts of these plants can result in poisoning. In other cases, contact with the plants may be poisonous. The following is a listing with pertinent information on poisonous properties and locations of a number of plants.

In general, when working in the outdoors or where you may come in contact with household plants or where your families may come in contact with these plants, it is important that as soon as possible after contact the area or areas should be thoroughly washed and hands must be thoroughly washed before eating drinking, smoking or any other hand to mouth contact.

In keeping with our 24/7 BBS concept, it is important to remember that children are particularly vulnerable to many of the poisonous parts of these plants. Many of these poisonous parts resemble non-poisonous food items such as berries and are attractive.

As with most lists there is extensive information but the list may not include all poisonous plants.

It is important to remember that this document is a starting point to be supplemented with local information. The majority of this information is from a list found in Wikipedia an on line Dictionary readily accessible via Google. The website has pictures of these plants as well as links to other information sources.

POISONOUS PLANTS

From Wikipedia,

This is a list of plants containing poisonous parts that pose a serious risk of illness, injury, or death to humans.

Poisonous Food Plants

- Apple (*Malus domestica*) **Found worldwide in cooler climates.** Seeds contain cyanogenic glycosides; although the amount found in most apples won't kill a person.
- Cherry (*Prunus cerasus*), as well as other species (*Prunus spp*) such as peach (*Prunus persica*), plum (*Prunus domestica*), almond (*Prunus dulcis*) and apricot (*Prunus armeninaca*). **There are around 430 species of *Prunus*, spread throughout the northern temperate regions of the globe.** Leaves and seeds contain cyanogenic glycosides
- Rhubarb (*Rheum rhaponticum*) **Found worldwide.** Leaves, but not stems, contain oxalic acid salts, causing kidney disorders, convulsions, and coma. Rarely fatal.
- Tomato (*Solanum lycopersicum*) **Found worldwide.** Foliage and vines contain alkaloid poisons which cause digestive upset and nervous excitement.

Other Poisonous Plants

- Autumn crocus. **Found in North America.** The bulbs are poisonous and cause nausea, vomiting, diarrhea. **Can be fatal.**
- Azalea **Found Worldwide.** All parts of the plant are poisonous and cause nausea, vomiting, depression, breathing difficulties, and coma. Rarely fatal.
- Bittersweet nightshade **Naturalized in North America.** All parts are poisonous, containing solanine and causing fatigue, paralysis, convulsions and diarrhea. Rarely fatal.
- Bleeding heart / Dutchman's breeches. **Found in North America.** Leaves and roots are poisonous and cause convulsions and other nervous symptoms.
- Black locust. **Naturalized in North America.** Pods are toxic
- Caladium / Elephant ear. **Ornamental plants in North America.** All parts of the plant are poisonous. Symptoms are generally irritation, pain, and swelling of tissues. If the mouth or tongue swells, breathing may be fatally blocked.

- Castor Oil Plant (*Ricinus communis*) Castor Oil Plant. **Found Worldwide.** The phytotoxin is **ricin**, an extremely toxic water soluble protein, which is concentrated in the seed. Also present are ricinine, an alkaloid, and an irritant oil. Causes burning in mouth and throat, convulsions, and is **often fatal**.
- Daffodil. **Found worldwide.** The bulbs are poisonous and cause nausea, vomiting, and diarrhea. **Can be fatal.**
- Daphne (*Daphne sp.*) **Ornamental plant worldwide.** The berries (either red or yellow) are poisonous, causing burns to mouth and digestive tract, followed by coma. **Often fatal.**
- Darnel/Poison Ryegrass (*Lolium temulentum*) **Usually grows in the same production zones as wheat and is considered a weed.** The seeds and seed heads of this common garden weed may contain the alkaloids temuline and loline. Some experts also point to the fungus ergot or fungi of the genus endoconidium both of which grow on the seed heads of rye grasses as an additional source of toxicity.
- Deadly nightshade (*Atropa belladonna*) **Naturalized in parts of North America.** All parts of the plant contain the toxic alkaloid atropine. The young plants and seeds are especially poisonous, causing nausea, muscle twitches, paralysis; **often fatal.**
- Dumbcane / dieffenbachia. **Found in tropical areas and popular as house plants.** All parts are poisonous, causing intense burning, irritation, and immobility of the tongue, mouth, and throat. Swelling can be severe enough to block breathing leading to death.
- Ivy. **Native to North America** where winters are not severe. The leaves and berries are poisonous, causing stomach pains, labored breathing, possible coma.
- Jerusalem cherry **United States** All parts, especially the berries, are poisonous, causing nausea and vomiting. **Looks like a cherry tomato.** It is occasionally fatal, especially to children.
- Lilies **Worldwide** There are some 3500 species that comprise the lily (Lilaceae) family. Some are beneficial including (foods such as onion, shallot, garlic, chives [all *Allium* spp] and asparagus) and some with medicinal uses (colchicine and red squill) Many produce alkalids which are poisonous, especially to cats.
- Manchineel (*Hippomane mancinella*) **Native to the Caribbean (including Puerto Rico and the Virgin Islands).** It is one of the most poisonous trees in the world All parts of this tree including the fruit contain toxic phorbol esters typical of the Euphorbiacea. Sap may cause burning of the skin and smoke from burning may cause eye irritation and blindness. Fruits, which are similar in appearance to an apple, are green or greenish-yellow when ripe.
- Oak Worldwide Most species foliage and acorns are mildly poisonous, causing digestive upset, heart trouble, contact dermatitis. Rarely fatal.

- Poison-ivy (*Toxicodendron radicans*), Poison-oak (*T. diversilobum*), and Poison Sumac (*T. vernix*) **North America** All parts of these plants contain a highly irritating oil with urushiol (this is actually not a poison but an allergen). Skin reactions can include blisters and rashes. It spreads readily to clothes and back again, and has a very long life. Infections can follow scratching.
- Pokeweed (*Phytolacca sp.*) **Native to North America.** Leaves, berries and roots contain phytolaccatoxin and phytolaccigenin - toxin in young leaves is reduced with each boiling and draining.

FLD 46 CONTROL OF EXPOSURE TO LEAD

REFERENCES

29 CFR 1926.62

RELATED FLDs AND PROGRAMS:

Occupational Medical Monitoring Program

Personal Protective Equipment Program

Respiratory Protection Program

This FLD provides guidelines for controlling exposure to lead in the workplace. This WESTON-specific instruction applies corporate-wide and may require consultation and interpretation by a Certified Industrial Hygienist for unique applications.

Managers shall ensure employees are properly trained in the provisions of the standard prior to performing activities involving exposure to lead or lead compounds.

INTRODUCTION

Based upon limited differences in compliance requirements between the General Industry and the Construction Industry Standards WESTON policy is to follow compliance requirements as determined in 29 CFR 1926.62, "Lead Exposure in Construction" for all activities which involve occupational exposure to lead. The forms of lead to which the standard applies is defined to include metallic lead, all inorganic lead compounds, and organic lead soaps.

This practice applies to occupational exposure to lead at or above the Action Level (AL). Specific requirements for medical monitoring, respiratory protection, hygiene facilities, etc. are not mandated until exposure reaches the AL or the Permissible Exposure Level (PEL).

The lead standard includes requirements addressing exposure assessment, methods of compliance, respiratory protection, protective clothing and equipment, hygiene facilities and practices, medical surveillance, medical removal protection, employee information and training, signs, recordkeeping, and observation of monitoring.

The lead standard lists specific tasks which require conformance with the most restrictive portions of the standard until monitoring indicates otherwise. The tasks include; abrasive blasting, welding, cutting and burning of steel or structures containing or coated with lead or lead products.

Permissible Exposure Level (PEL) and Action Level (AL)

For both the general industry and the construction industry, the PEL for lead exposure is 50 $\mu\text{g}/\text{m}^3$ and the AL is 30 $\mu\text{g}/\text{m}^3$.

For exposures greater than an 8-hour day, the time-weighted average (TWA) for that day must be reduced according to the formula:

- Allowable employee exposure (in $\mu\text{g}/\text{m}^3$) = 400 divided by the hours worked that day.

Potential Sources of Exposure

For WESTON operations, potential sources of exposure include, but are not limited to; industrial hygiene surveys, wet-process paint chip sampling, and drilling operations where lead is present as a contaminant.

In addition, certain "Trigger Tasks" such as; welding and cutting on lead paint or lead-contaminated structures, dry sanding or scraping, soldering and pipe-fitting operations involving lead-containing materials and dry cleanup of lead contaminated surfaces are potential exposure operations. Specific monitoring and protection requirements follow.

Exposure Assessment and Initial Requirements

Each task conducted by WESTON personnel must be evaluated as to the potential for exposure to lead. In accordance with the standard, exposure is that which would occur regardless of the use of respiratory protection. Therefore, any concentration must be evaluated as to the potential for employee exposure at or above the AL.

Hygiene Surveys and Sampling Tasks

Previous data less than 12 months old may be used as the initial exposure assessment in order to determine appropriate levels of protection. This data must have been collected under workplace and environmental conditions closely resembling current task activities.

Defensible data from previous soil sampling efforts may be utilized for determining preliminary levels of protection, by inserting soils concentration data into the action levels formula. Refer to the Corporate Environmental Health and Safety Portal Site under "Technical Resources" for guidance on calculating Action Levels. Personal air sampling must still be performed in order to verify exposure until and/or unless comprehensive background data (reviewed by an industrial hygienist) are available to justify omitting personal sampling.

Other objective data may be utilized in lieu of initial monitoring provided the objective data is documented and appropriate for the materials and work processes/activities conducted.

Trigger Tasks

Until such time as an exposure assessment (either through personal air sample results or approved and documented historic data) has been conducted which indicates actual exposures, the following task-specific guidelines are applicable.

- Where lead-containing coatings or paint are present: Manual demolition of structures (e.g., dry wall), manual scraping, manual sanding, heat gun applications, and power tool cleaning with dust collection systems; and/or spray painting with lead paint. It will be presumed that the level of lead in the air is above the PEL but, below $500 \mu\text{g}/\text{m}^3$. The minimum respiratory protection for these activities is a properly fitted half-face respirator with N, R, or P100 filter cartridges. Respirators providing higher levels of protection may be used and an employee has the right to request a powered air-purifying respirator (PAPR) with N, R, or P100 Cartridges.
- Where activities involve using lead-containing mortar; lead burning where lead-containing coatings or paint are present: rivet busting; power tool cleaning without dust collection systems; cleanup activities where dry expendable abrasives are used; and abrasive blasting enclosure movement and removal, it will be presumed that the level of lead in the air is above the $500 \mu\text{g}/\text{m}^3$ but below $1250 \mu\text{g}/\text{m}^3$. The minimum respiratory protection for these activities is a loose-

fitting hood or helmet PAPR with N, R, or P100 filter cartridges; a hood or helmet supplied air respirator operated in continuous flow mode (e.g. type CE abrasive blasting helmet operated in continuous flow mode). A Quantitative Fit Test is required for use of respiratory protection for these activities. Respirators providing higher levels of protection may be used. For WESTON personnel the minimum respiratory protection is a tight fitting full face respirator with N, R, or P100 filter cartridges unless an exception is approved by a WESTON Certified Industrial Hygienist.

Note: An employee has the right to request a PAPR with N, R, or P 100 Cartridges.

- Where activities involve: Abrasive blasting, welding, cutting, or torch burning, the respiratory protection required is any supplied air respirator operated in positive pressure mode.
- For any activity where it is reasonably believed that exposure over the PEL will result, the respiratory protection is: Half- or Full-Face air purifying respirator (APR) with appropriate high efficiency filters; PAPRs with appropriate cartridges; or Supplied Air Respirators. Actual selection is dependent upon the potential for exposure.

Until the employee exposure assessment (personnel monitoring or approved historic data) has been performed and actual employee exposure has been determined, all employees performing the tasks described in the paragraphs above in this section must be supplied with interim protection as follows:

- Appropriate respiratory protection.
- Appropriate personal protective clothing and equipment.
- Change areas.
- Hand washing facilities.
- Biological monitoring.
- Training.

Monitoring

Initial Monitoring Requirements

The exposure assessment results will be used to determine whether any employee is being exposed to lead at or above the action level of $30\mu\text{g}/\text{m}^3$.

With the exception of allowances described below, monitoring for worker exposure requires collection of personal air samples which are representative of a full shift for each task involving known or potential exposure and any of the following, relevant considerations:

- Any information, observations, or calculations which would indicate employee exposure to lead;
- Any previous measurements of airborne lead; and
- Any employee complaints of symptoms which may be attributable to exposure to lead.

Note: Monitoring for the initial determination, where performed, may be limited to a representative sample of the exposed employees who the employer reasonably believes are exposed to the greatest airborne concentrations of lead in the workplace.

Historical Data

Where WESTON has previously monitored for lead exposures, such earlier monitoring results may be used to satisfy the requirements of initial monitoring and monitoring frequency, if the sampling and analytical methods meet the accuracy and confidence levels as indicated in paragraph of 29 CFR

1926.62(d)(9). Additionally, the data must have been obtained within the past 12 months during work operations conducted under workplace conditions closely resembling the processes, type of material, control methods, work practices, and environmental conditions used and prevailing in the current operations.

Objective Data

Where objective data demonstrates that a particular product or material containing lead or a specific process, operation or activity involving lead cannot result in employee exposure to lead at or above the AL during processing, use, or handling, such data may be relied upon instead of performing initial monitoring.

An accurate record documenting the nature and relevancy of objective data used in assessing employee exposure in lieu of exposure monitoring, must be maintained.

Exception: Objective data, as described above, is not permitted to be used for exposure assessment in connection with the specific activities previously discussed as "Trigger Tasks".

Positive Initial Determination and Initial Monitoring

Where a determination shows the possibility of any employee exposure at or above the AL, monitoring must be conducted which is representative of the exposure for each employee in the workplace who is exposed to lead.

Negative Initial Determination

Where a determination is made that no employee is exposed to airborne concentrations of lead at or above the AL a written record of such determination must be made.

Frequency

If the initial determination reveals employee exposure to be below the AL, further exposure determination need not be repeated except as otherwise provided in the last paragraph of this section.

If the initial determination or subsequent determination reveals employee exposure to be at or above the AL, but at or below the PEL monitoring must be conducted at least every 6 months.

If the initial determination reveals that employee exposure is above the PEL, monitoring must be performed quarterly.

Whenever there has been a change of equipment, process, control, or personnel or a new task has been initiated that may result in additional employees being exposed to lead at or above the AL or may result in employees already exposed at or above the AL being exposed above the PEL, additional monitoring must be conducted in accordance with this practice.

Employee Notification

Each employee shall be notified in writing of the results which represent that employee's exposure within five working days after completion of the exposure assessment.

Whenever the results indicate that the representative employee exposure, without regard to respirators, is at or above the PEL a written notice is required stating that the employee's exposure was at or above that

level and includes a description of the corrective action taken or to be taken to reduce exposure to below that level.

Exposure monitoring records must be maintained as required in 29 CFR 1926.62(n)(1). Minimum information includes:

- Sampling data and procedures utilized.
- Description of sampling and analytical methods used.
- Type of respiratory protection used.
- Name, social security number, job classification for specific persons monitored and/or representative groups.
- Any environmental variables which could impact measurements.

Engineering Controls

As in all cases of potential or known exposure to a hazardous environment, engineering controls are to be evaluated as to effectiveness and appropriateness under the site-specific circumstances. Controls must be listed in the site-specific Health and Safety Plan (HASP) and implemented as appropriate or feasible. Appropriate engineering controls include dust suppression, use of longer torches in cutting operations, use of mechanical shears in lieu of torches, vacuum blasting methods, and local ventilation.

Ventilation

When mechanical ventilation is used to control lead exposure, the mechanical performance of the system must be evaluated and documented as to its effectiveness in controlling exposure.

Work Practice Controls

WESTON will not use administrative controls such as worker rotation as a means of reducing employees' TWA exposure to lead unless expressly approved by a qualified safety professional.

General Housekeeping

All surfaces shall be maintained as free as practicable of accumulations of lead.

Floors and other surfaces where lead accumulates shall, wherever possible, be cleaned by vacuuming or other methods that minimize the likelihood of lead becoming airborne.

Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other equally effective methods have been tried and found ineffective.

Where vacuuming methods are selected, the vacuums shall be equipped with HEPA filters and used and emptied in a manner which minimizes the reentry of lead into the workplace.

Compressed air shall not be used to remove lead from any surface unless the compressed air is used in conjunction with a ventilation system designed to capture the airborne dust created by the compressed air.

Hygiene Facilities and Practices

In control zone areas where employees are exposed to lead above the PEL without regard to the use of respirators, food or beverage shall not be present or consumed, tobacco products shall not be present or used, and cosmetics shall not be applied.

Clean change areas shall be provided for employees whose airborne exposure to lead is above the PEL, without regard to the use of respirators.

To prevent cross-contamination, change areas, as needed, shall be equipped with separate storage facilities for protective work clothing and equipment and for street clothes.

Employees exposed to lead concentrations greater than the AL shall not leave the workplace wearing any protective clothing or equipment that is required to be worn during the work shift.

Shower facilities shall be provided, where feasible, for use by employees whose airborne exposure to lead is above the PEL. Adequate supplies, cleansing agents, and towels shall be provided.

Lunchroom facilities or eating areas shall be as free as practicable from lead contamination and readily accessible to employees.

Employees whose airborne exposure to lead is above the PEL, without regard to the use of a respirator, must wash their hands and face prior to eating, drinking, smoking or applying cosmetics.

Employees shall not enter lunchroom facilities or eating areas with protective work clothing or equipment which has been contaminated by surface lead dust in concentrations exceeding the AL.

Adequate hand washing facilities shall be provided for use by employees exposed to lead in concentrations exceeding the AL. These facilities must be designed in accordance with 29 CFR 1926.51(f). Where showers are not provided, employees must wash their hands and face at the end of the work-shift.

Note: Short-term (less than one week) field activities may utilize appropriate personal decontamination sequences such as those allowed under 29 CFR 1910.120 (HAZWOPER) in lieu of contained clean rooms, showers and change facilities.

Personal Protective Clothing and Equipment

Where exposures to lead above the AL (without regard to the use of respirators) have been validated by monitoring or where employees are exposed to lead compounds which may cause skin or eye irritation (e.g. lead arsenate, lead azide), and as interim protection for employees performing tasks as specified as “Trigger Tasks”, affected employees must use appropriate protective work clothing and equipment that prevents contamination of the employee and the employee's garments such as, but not limited to:

- Coveralls or similar full-body work clothing;
- Gloves, hats, and shoes or disposable shoe coverlets; and
- Face shields, vented goggles, or other appropriate protective equipment as necessary.
- Change areas in accordance with 29 CFR 1926.62(i)(2).
- Hand washing facilities in accordance with 29 CFR 1926.62(i)(5).

- Biological monitoring in accordance with 29 CFR 1926.62(j)(1)(i), to consist of blood sampling and analysis for lead and zinc protoporphyrin levels, and;
- Training as required under 29 CFR 1926.62(l)(1)(i) regarding 29 CFR 1926.59, Hazard Communication; training as required under 29 CFR 1926.62(l)(2)(ii)(C), regarding use of respirators; and training in accordance with 29 CFR 1926.21, Safety training and education.

The HASPs and fixed facility operating procedures must list specific and appropriate PPE that will be utilized for each task involving known or potential exposure to lead or lead compounds.

PPE utilized will be disposable garments. Personnel in maintenance or fixed operations may use re-usable garments only under the direction and approval of a qualified safety professional.

Garments will be disposed of at the end of a shift or upon leaving a controlled zone whichever comes first. Under no conditions will any employee be allowed to take contaminated garments with the employee to his or her home.

Proper decontamination of re-usable equipment/PPE must be conducted prior to allowing these materials to leave the site.

Contaminated protective clothing which is to be cleaned, laundered, or disposed of, must be placed in a closed container in the change area which prevents dispersion of lead outside the container.

Containers of contaminated (defined as when exposures are greater than or equal to the PEL) protective clothing and equipment must be labeled as follows:

"Caution: Clothing contaminated with lead. Do not remove dust by blowing or shaking. Dispose of lead contaminated wash water in accordance with applicable local, state, or federal regulations."

The removal of lead from protective clothing or equipment by blowing, shaking, or any other means which disperses lead into the air shall be prohibited.

Respirators

For WESTON operations, respirators shall be used in accordance with WESTON's Respiratory Protection Program in the following circumstances:

- Whenever an employee's exposure to lead exceeds the AL;
- In work situations in which engineering controls and work practices are not sufficient to reduce exposures to or below the AL;
- Whenever an employee requests a respirator; and
- As interim protection for employees performing "Trigger-tasks".

Respirators approved for use are limited to:

- Properly fitted half-face APRs with high-efficiency filters for concentrations not exceeding 500 $\mu\text{g}/\text{m}^3$.

- A loose fitting hood or helmet PAPR with N, R, or P100 filter cartridges; a hood or helmet supplied air respirator operated in continuous flow mode (e.g. type CE abrasive blasting helmet operated in continuous flow mode for concentrations not to exceed 1250 $\mu\text{g}/\text{m}^3$).
- Properly fitted full-face APRs with high efficiency filters for concentrations not in excess of 2,500 $\mu\text{g}/\text{m}^3$.
- Tight fitting full-facepiece PAPRs with high-efficiency filters for concentrations not in excess of 2,500 $\mu\text{g}/\text{m}^3$.
- Full-facepiece, positive-pressure supplied air respirators (SARs) for concentrations not in excess of 100,000 $\mu\text{g}/\text{m}^3$.
- Full-facepiece self-contained breathing apparatus (SCBA) for concentrations greater than 100,000 $\mu\text{g}/\text{m}^3$ or for unknown concentrations.

Respirators specified for higher concentrations can be used at lower concentrations of lead.

A full facepiece is required if the lead aerosols cause eye or skin irritation at the use concentrations.

Fit-testing must be conducted in accordance with WESTON's Respiratory Protection Program and 29 CFR 1910.134.

Signs and Labels

The following warning signs shall be posted in each work area where exposure to lead is above the PEL.

WARNING

LEAD WORK AREA

POISON

NO SMOKING OR EATING

Signs required by this paragraph must be illuminated and cleaned as necessary so that the legend is readily visible from all areas of approach to the work area.

Medical Surveillance

Initial medical surveillance in the form of blood testing shall be made available to employees occupationally exposed on any day to lead at or above the AL.

Biological monitoring in the form of blood sampling and analysis for lead and zinc protoporphyrin levels will be performed during initial medical surveillance and must be performed on the following schedule:

- For any employee anticipating work at a site or operation where the known or potential exposure (without regard to the use of respiratory equipment) equals or exceeds the AL, biological monitoring must be conducted prior to the start of that person's work on site or within 48 hours of such determination. Post-site work monitoring must be conducted within one week of that person's completion of site work. NOTE: This initial determination and need for blood testing should be reviewed by a Certified Industrial Hygienist; particularly if a negative determination is made. Appropriate documentation must be placed in the site files for future reference.

- During long-term (greater than 30 days) site activities for each employee with known or potential exposure to or greater than the AL for 30 or more days per year, at least every 2 months for the first 6 months and every 6 months thereafter.

Within 5 working days after the receipt of biological monitoring results, WESTON's medical consultant will notify each employee in writing of his or her blood lead level. The content of and review mechanisms for medical examinations made available shall be pursuant to 29 CFR 1926.62(j).

For any employee found to have a blood lead level at or above 40µg/100g of whole blood, testing will be performed every 2 months until two consecutive blood samples and analysis indicate a blood lead level below 40µg/100g of whole blood.

Medical Removal and Protection

WESTON will temporarily remove an employee from work having an exposure to lead at or above the AL on each occasion that a periodic and a follow-up blood sampling test conducted pursuant to 29 CFR 1926.62(k) indicate that the employee's blood lead level is at or above 50 µg/dl.

WESTON will remove an employee from work having an exposure to lead at or above the AL on each occasion that a final medical determination results in a medical finding, determination, or opinion that the employee has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.

Note: Medical removal protections shall be strictly as interpreted under 29 CFR 1926.62(k) and other applicable Acts or Standards.

In the event any employee must be removed from work activities due to blood lead levels records and documents must be maintained in the project files as required in 29 CFR 1910.1025(n) or 1926.62(n).

Education and Training

All WESTON personnel with potential occupational exposure to lead will be provided with training, initially and annually thereafter, as to:

- Content of the standards 29 CFR 1910.1025 and 1926.62.
- The nature of operations which could result in exposure at or above the action level on any one day.
- Respirator use, selection and maintenance.
- Medical surveillance and medical removal requirements and protections.
- Health effects of lead.
- Engineering and work practice controls.
- WESTON's Lead Exposure Compliance Program and associated site specific plans.

Recordkeeping and Training

Documentation of training records in the form of training materials and attendance sheets will be maintained in the project files.

Exposure Assessments

Monitoring and data sheets used to determine employee exposures must be maintained on all sites with lead exposure. As required under 29 CFR 1910.20, copies of all documentation must be maintained in the project files.

Exposure assessment and monitoring records must include:

- The date(s), number, location and results of samples taken.
- The determination that the sampling procedures are representative of employee exposure.
- A description of the sampling and analytical procedures used.
- The type of respiratory protection used, if any.
- The name, employee number, and job classification of the employee(s) monitored.
- Environmental conditions encountered.

Objective data which is or will be used for determining exemption from initial monitoring as allowed under 29 CFR 1926.62(d)(3) must be maintained in the project files. Objective data utilized is required to be maintained for a period of at least 30 years.

Medical Surveillance

Medical surveillance will be conducted and records will be maintained in accordance with WESTON's Occupational Medical Monitoring Program requirements as indicated in 29 CFR 1910.1025(n) and/or 1026.62(n).

Task Specific Methods of Control

Based upon WESTON policy, each site activity involving potential exposure to lead must be identified and analyzed through a Task/Risk Analysis as a part of the site-specific HASP. This Task/Risk Analysis must identify methods, materials and equipment utilized in limiting exposure. Appendix 1 provides Actions/Requirements Based on Task. Appendix 2 provides a Task/Risk Analysis Inspection Checklist.

Current HASP forms can be obtained through the Division Environmental Health and Safety Manager, Corporate Environmental Health and Safety or on the WESTON EHS Portal Site.

Hazard Communication and Multi-Employer Sites

On multi-employer sites where the activities of one contractor/employer will or may have a direct impact with potential exposure to other contractors/employers, the Site Manager is responsible for contacting a representative of the potentially affected parties. The Site Manager will inform them of the lead exposure potential, control methods utilized, protective procedures to be followed, and the limits of lead contamination as known.

Inspections and Audits

The Project Manager is responsible for providing (at a minimum) weekly documented inspections of the work site. In accordance with the requirements of the lead standard these inspections must encompass all areas of the site where exposure to lead is at or above the PEL (Appendix 2). Additionally, any equipment, PPE, signs, and decontamination or disposal operations must be evaluated as to compliance with the standard and WESTON Policy regardless of the exposure concentration. Any non-compliance must be noted and corrected.

APPENDIX 1
ACTIONS/REQUIREMENTS BASED UPON TASK:

1. Exposure Less than Action Level (AL):

- Initial Exposure Assessment
- Hand Washing Facilities
- Proper Housekeeping
- Medical Removal Protection

2. Exposure at or over AL but less than Permissible Exposure Limit (PEL):

- Initial Exposure Assessment
- Hand Washing Facilities
- Periodic Exposure Monitoring
- Biological Monitoring and Recordkeeping
- Annual Training
- Proper Housekeeping
- Medical Removal Protection

3. Exposure at or over AL but less than the PEL (30 or more days/year):

- As above and
- Medical Examinations and Recordkeeping

4. Exposure at or greater than the PEL:

- Initial Exposure Assessment
- Hand Washing Facilities
- Periodic Exposure Monitoring
- Biological Monitoring and Recordkeeping
- Annual Training
- Proper Housekeeping
- Appropriate Respiratory Protection
- Warning Signs
- Proper PPE
- Proper Change Areas
- Decontamination Facilities/Showers as feasible
- Separate Eating Areas
- Medical Examinations and Recordkeeping
- Medical Removal Protection

5. Exposure to Trigger Tasks (until exposure is verified):

- See requirements under greater than PEL exposure

**APPENDIX 2
TASK/RISK ANALYSIS AND INSPECTION CHECKLIST
FOR ACTIVITIES WITH POTENTIAL FOR LEAD EXPOSURE**

This task involves the known or potential risk of exposure to lead or lead-containing materials. As such, requirements as indicated in 29 CFR 1910.1025 or 29 CFR 1926.62 and WESTON's Written Lead Exposure Compliance Program (FLD 46) will be followed.

Task Description:

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Equipment Required/Used:

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| |
| |

Training Required/Used:

| |
|--|
| |
| |

Initial Exposure Determination: (Indicate Method[s] Used)

| | |
|--|---|
| | Personal Sampling |
| | Objective Data (attach or indicate location of data) |
| | Historical Data (attach or indicate location of data) |

PPE Includes:

| | | | |
|--|----------------------------------|--|--|
| | Respiratory Protection (specify) | | Shoes or Shoe Covers (specify) |
| | Coveralls (disposable) | | Face Shield, Goggles or Safety Glasses (specify) |
| | Coveralls (reusable) | | Other (specify) |
| | Gloves (specify) | | |
| | Head Covering (specify) | | |

Inspection Items:

| Y/N | Item/Action |
|-----|--|
| | Personnel are wearing appropriate PPE. |
| | PPE is in good condition. |
| | PPE is removed and disposed of in a manner to preclude airborne release of lead or lead compounds. |
| | Will clothing be laundered? |
| | If yes, then ensure notification of vendor as required. |
| | Will clothing be disposed of? |
| | If yes, container of disposable clothing and contaminated materials is closed and appropriately labeled. |
| | All surfaces are maintained (as practicable) free of lead or lead compounds. |
| | Appropriate methods and procedures are used for cleanup of surfaces with lead contamination. |
| | If vacuum is utilized, it is equipped with appropriate HEPA filter. |
| | If exposure is known or suspect to be at or greater than the PEL, then: |
| | There is no eating, drinking, cosmetic application, or tobacco consumption in contaminated areas. |
| | Change areas are available. |
| | Change areas are maintained to prevent cross-contamination of work and street clothing. |
| | No work clothing which has been known or is potentially contaminated is allowed to be worn off-site or in on-site clean areas. |
| | Clean, sanitary showers (where feasible) are maintained. |
| | All personnel shower prior to leaving the site at end of shift. |
| | Clean, sanitary eating areas are provided. |
| | Hand washing facilities are provided in all cases. |
| | Personnel are required to wash hands and face upon leaving the contaminated area. |

Comments:

FLD 49 SAFE STORAGE OF SAMPLES

REFERENCE

DOT Emergency Response Guide (ERG)

To ensure that multi-media samples collected in the course of WESTON work assignments are not stored in a manner that creates undue hazard to WESTON employees or others.

PROCEDURE

Samples that are transported from a WESTON work location must be classified and packaged in compliance with U.S. Department of Transportation (DOT) regulations or alternatively in accordance with International Air Transport Association (IATA) regulations. WESTON's manual of Procedures for Shipping and Transporting Dangerous Goods must be consulted to determine if the samples will be classified as either "environmental" or "hazardous materials" samples.

Environmental Samples

Environmental samples are not subject to DOT or IATA dangerous goods regulations and must be packaged to protect their integrity during transportation and temporary storage and should have appropriate chain-of-custody documentation. These samples may be brought to a WESTON office location or rented space to verify sample documentation and repackaging (e.g., with ice or cold packs). Minor spill clean-up capability is required.

Once secured for shipment, these samples can be temporarily stored for the next day ground or air shipment pick-up. Under no circumstances are samples to be stored beyond the time necessary to arrange for transportation to a laboratory.

Hazardous Materials Samples

These samples are subject to DOT and/or IATA dangerous goods regulations and must be packaged and labeled according to the appropriate regulations, including completed chain-of-custody documentation prior to being transported from the WESTON work site. WESTON drivers must have the documentation for the samples and a DOT Emergency Response Guide (ERG) readily available in the vehicle. The ERG is available on-line at: <http://hazmat.dot.gov/pubs/erg/gydebook.htm> and appropriate sections can be copied to accompany samples being transported by vehicles driven by WESTON employees.

Under normal circumstances these samples should be shipped from the field and never brought back to a WESTON office location or into a rented space. If it is not possible to ship the samples from the field during the same day they are collected, a properly packaged, labeled, and sealed sample shipping container may be brought back to a WESTON office location for shipment to a laboratory the next business day - provided the temporary storage location is secure from access by any personnel who are not trained in shipping hazardous materials. Under no circumstances are samples to be stored in rented space; if necessary, secure temporary storage in a locked vehicle may be authorized. Note that some office leases do not permit the storage of hazardous materials and the lease will govern whether such materials can be stored overnight.

INSPECTION FOLLOW-UP

Shipping procedures for samples should be included in the site-specific health and safety plan (HASP) and reviewed for compliance with these procedures prior to approval. EHS audits will include a review to sample shipping and storage procedures.

FLD 57 – MOTOR VEHICLE SAFETY

RELATED OP AND FLD

OP 11-01-017 – Motor Vehicle Safety

FLD 11 – Rough Terrain

This FLD applies to vehicles other than passenger vehicles that are operated when performing WESTON activities/operations. WESTON personnel safe driving requirements must be included in site-specific health and safety plans and accident prevention plans.

SAFE VEHICLE OPERATION

The vehicle operator is responsible for the vehicle, and for ensuring that the vehicle is in good working condition before use. WESTON employees must not operate a vehicle with any mechanical defect which endangers the safety of the driver, passengers, or the public. Before use, the vehicle operator must ensure that the vehicle is safe to operate and free from apparent damage that could result in failure while in use. The vehicle operator documents the inspection of the Equipment/Trucking Inspection Checklist available on the Weston EHS Portal.

Vehicle operators are responsible for observing the procedure established in *OP 11-01-017 Motor Vehicle Safety* and the following requirements:

- comply with all state and local traffic laws
- drive defensively
- comply with client requirements regarding motor vehicle operation
- use seat belts at all times when the vehicle is in motion
- ensure that all passengers are using seat belts at all times when the vehicle is in motion
- use caution when driving through congested areas, or near where personnel and equipment are working
- use a spotter for backing vehicles, if possible.

Vehicle operators must observe the following prohibited actions:

- DO NOT operate a motor vehicle under the influence of alcohol or drugs.
- DO NOT leave keys in an unattended vehicle.
- DO NOT leave the driver's seat of a vehicle while the motor is running.
- DO NOT operate a motor vehicle when abnormally tired.
- DO NOT drive beyond any barricades or into any area posted with designations, such as "NO TRESPASSING," "RESTRICTED AREA," or "DO NOT ENTER."
- DO NOT allow riders on the outside of a vehicle while it is in motion.

SAFETY DURING TRAVEL

- Know the traveling height (overhead clearance), width, length, and weight of the vehicle and know highway and bridge load, width and overhead limits, making sure these limits are not exceeded with an adequate margin.
- Never move a vehicle unless the vehicle brakes are in sound working order.
- Allow for any overhang when cornering or approaching other vehicles or structures.
- Be aware that the canopies of service stations and motels may be too low for a high-profile vehicle.
- Watch for low hanging electrical lines, particularly at the entrances to work sites, restaurants, motels, or other commercial sites.
- Remove all ignition keys when a drill rig is left unattended.
- For off-road travel, refer to FLD 11.

LOADING AND UNLOADING

The following guidelines should be followed, as applicable, when loading and unloading vehicles.

Tractors and/or trailers must be chocked during loading and unloading. Deck plates and positive anchor systems must be used for delivery to elevated platforms at trailer floor level if unloaded by fork lifts. Trailers detached from tractors must have additional support if fork lifts will enter or if instability of load presents a hazard of front wheels collapsing.

When loading or unloading a vehicle (such as a drill rig) or other “large” equipment on a trailer or a truck:

- Use ramps of adequate design that are solid and substantial enough to bear the weight of the vehicle or equipment with carrier - including tooling.
- Load and unload on level ground.
- Use the assistance of someone on the ground as a guide.
- Check the brakes on the vehicle or carrier before approaching loading ramps.
- Distribute the weight of the vehicle or carrier, and tools on the trailer so that the center of weight is approximately on the centerline of the trailer and so that some of the trailer load is transferred to the hitch of the pulling vehicle. Refer to the trailer manufacturer's weight distribution recommendations.

Secure the vehicle/equipment and tools to the hauling vehicle with ties, chains, and/or load binders of adequate capacity.

INSPECTION AND PRECAUTIONS

Tires

Vehicle tires must be checked daily for safety and during extended travel for loss of air, and maintained and/or repaired in a safe manner. If tires are deflated to reduce ground pressure for movement on soft ground, the tires must be reinflated to normal pressures before movement on firm or hilly ground or on streets, roads, and highways. Under-inflated tires are not as stable on firm ground as properly inflated

tires. Air pressures should be maintained for travel on streets, roads, and highways according to the manufacturer's recommendations. During tire checks, inspect for:

- Missing or loose wheel lugs.
- Objects wedged between duals or embedded in the tire casing.
- Damage to or poorly fitting rims or rim flanges.
- Abnormal or uneven wear and cuts, breaks, or tears in the casing.

The repair of truck and off-highway tires should only be made with required special tools and following the recommendations of a tire manufacturer's repair manual.

Batteries

Batteries contain strong acid. Use extreme caution when inspecting or charging batteries.

- Service batteries in a ventilated area while wearing safety glasses.
- When charging a battery with a battery charger, turn off the power source to the battery before either connecting or disconnecting charger loads to the battery posts. Cell caps should be loosened prior to charging to permit the escape of gas.
- Spilled battery acid can burn your skin and damage your eyes. Immediately flush spilled battery acid off of your skin with lots of water. Should battery acid get into someone's eyes, flush immediately with large amounts of water and see a medical physician at once.
- To avoid battery explosions, keep the cells filled with electrolyte, use a flashlight (not an open flame) to check electrolyte levels, and avoid creating sparks around the battery by shorting across a battery terminal. Keep lighted smoking materials and flames away from batteries.
- When a battery is removed from a vehicle or service unit, disconnect the battery ground clamp first.
- Secure batteries when transporting to prevent tip over.
- When installing a battery, connect the battery ground clamp last.

Fuel

Special precautions must be taken for handling fuel and refueling vehicles. Vehicles should not be fueled from open cans or by other makeshift methods, as there is great danger of flash fire from hot engines.

- Engines should be shut off while fueling.
- Only use the type and quality of fuel recommended by the engine manufacturer.
- Refuel in a well-ventilated area.
- Do not fill fuel tanks while the engine is running. Turn off all electrical switches.
- Do not spill fuel on hot surfaces. Clean any spillage before starting an engine.
- Wipe up spilled fuel with cotton rags or cloths - do not use wool or metallic cloth.
- Keep open lights, lighted smoking materials, and flames or sparking equipment well away from the fueling area.
- Turn off heaters in carrier cabs when refueling the carrier.

- Do not fill portable fuel containers completely full to allow expansion of the fuel during temperature changes.
- Keep the fuel nozzle in contact with the tank being filled to prevent static sparks from igniting the fuel.
- Do not transport portable fuel containers in the vehicle or carrier cab with personnel.
- Keep fuel containers and hoses in contact with a metal surface during travel to prevent the buildup of static charge.