



Information Briefing Employee Safety and Health Team Larry Grimes – Team Leader Hurricane Katrina Emergency Response

Following is a copy of a memo the team is sending to IMTs in the field.

(NOTE: This memo has been coordinated with Tim Radtke– DOI)

Date September 16, 2005

The purpose of this memo is to provide information on the proper procedures for reporting incidents of exposure to chemicals, physical, biological agents and/or blood borne pathogens. Although the primary mission of responders has been to staff distribution centers, base camps, and mobilization centers, there are occasions where activities *may* result in exposures. Examples of exposure incidents may include, but are not limited to, contact with contaminated water, contact with blood in an open cut or mucus membrane, a pesticide chemical sprayed into face/eyes/mucus membranes, excessive noise, and contact with sewage or fecal matter.

Definitions

OSHA specifically regulates employee exposure to blood borne pathogens; however, it is an agency requirement that ALL exposure events be documented. This documentation is necessary for the purposes of worker compensation in the event an employee develops a related illness.

Blood borne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Blood borne pathogens can also be present in urine, saliva, tears, vaginal secretions, semen, breast milk, or other body fluids that could contain blood.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact (broken) skin, or piercing contact with blood (such as a needle-stick injury, human bite, cut or scrape) that results from the performance of an employee's duties.

Reporting Exposure Incidents

For exposure incidents related to the Katrina Response, employees are required to complete the attached form **ONLY** in the event of an actual exposure. This completed form documents specific information about the exposure event that may be necessary for future medical treatment purposes. This form can be used as source information for completion of a CA-1 or CA-2, and/or CA-35 at the home unit. A copy of the form should accompany the individual to their home unit for entry into their respective agency accident reporting system (i.e. SHIPS, SMIS)

Contact: Larry Grimes, Jeff Scussel, or Allison Good (678) 441-5125

**Hurricane Katrina Response Incident
Occupational Exposure Form**

Complete this form in the event of an exposure incident as a result of the performance of official duties. After completion, file this form in the employee's medical folder for permanent retention. If an illness results from exposure, the appropriate CA forms should be filed.

I. Location of Exposure:

II. Occurrence:

Date (s) of Exposure:

Length of Exposure:

Amount of Exposure:

III. Exposure Type (exposure, inhalation, ingestion, absorption):

IV. Affected Groups/Individuals:

Name:

SS#:

Title, Series, Grade:

Duty Location:

V. Safety Factors:

Recommended Action:

Action Taken:

VI. Review:

Witness at time of exposure:

Supervisor at time of exposure:

Title:

Phone:

Date of Report:

Reviewed by:

Title: