

C.4 FIELD INVESTIGATION CONTACT FORM AND HEALTH SAFETY CHECKLIST FOR FIELD PERSONNEL

The following checklist is designed to remind field staff about equipment and safety precautions they need to take when embarking on a field investigation or any form of on-site follow-up. It also ensures that supervisory staff have appropriate contact information for field staff. In addition, PPSPs may decide to use this form when staff are accompanying partner enforcement agency staff. The checklist is to be completed by PPSP personnel BEFORE going out into the field. For team visits, only the team leader is required to complete the form. Team leaders are responsible for ensuring that all team members meet the required checklist items stated below. As with all of the sample forms, this form should be modified to meet the specific needs of the PPSP.

Field Investigation Contact Form and Health Safety Checklist for Field Personnel

(Adapted from California Occupational Health Branch, DHS)

This checklist is to be completed by PPSP personnel BEFORE going out into the field. For team visits, *only* the team leader is required to complete the form. Team leaders are responsible for ensuring that all team members meet the required checklist items stated below.

Directions

1. Fill out **Part I**.
2. Have it reviewed and signed by your supervisor **before** the site visit.
3. After the visit, fill out **Part II** and turn in completed form to supervisor.
4. **Supervisors:** Forward a copy of this form to_____.

Part I: Pre-Site Visit Checklist

A. Names of PPSP field team members

Date(s) of proposed site visit_____

B. Emergency Contact Information

Employer name _____

Type of business _____

Address _____

City _____

Contact person: Name_____ Phone (_____)_____

How can you be reached?

Phone number where you are staying (e.g., hotel friend's house, etc.) (_____)_____

Hotel name (if applicable) _____

Cellular Phone number (if applicable) (_____) _____

If more than one location, write down team members' locations (use back of page if necessary).

Phone (_____) _____

Hotel name (if applicable): _____

Cellular phone no. (if applicable) (_____) _____

Training (hazards, guidelines, regulations)

(1) Will you be potentially exposed to the following hazards? *(Check all that apply.)*

- TB: → PPD of staff performed in past year? yes no
- Other chemical(s) _____

- Noise _____
- Bloodborne pathogens _____
→ HBV vaccination completed? yes no
- Safety (falling objects, electricity, etc.): _____
- Violence _____
- Other: _____

(2) If you checked any of the boxes above, have you had training on how to protect yourself from these hazards? yes no
 → *If you answered NO, please talk to your supervisor about how you will obtain appropriate training prior to the site visit.*

(3) Have you reviewed applicable regulations and guidelines on likely exposures?
 yes no
 → *If you answered NO, please review any applicable regulations and guidelines that are available. If none exist, you should discuss alternative information sources with your supervisor.*

Personal Protective Equipment (PPE)

(1) Are respirators required or recommended on this site visit?
 yes no not sure
 → *If NOT SURE, please discuss this with your supervisor.*

If you are using a respirator for this site visit, answer a through c.

(a) Have team members had

- Respirator medical clearance within the last year? yes no
- Respirator training within the last year? yes no
- Respirator fit-testing within the last year? yes no

→ *If NO, please discuss this with your supervisor.*

(b) Do you have extra cartridges/filters? yes no

If you are going to wear a PAPR, have you charged the battery packs?
 yes no

(2) Are other PPE required? yes no, If YES, check all that apply:

- head protection (hard hat)
- hearing protection
- other
- foot protection (safety shoes or chemical resistant boots)
- eye protection (goggles, faceshield)
- hand protection

Communications Equipment

- (1) If you are traveling to remote areas, do you need a cellular phone? yes no
- (2) Do you have a list of emergency contact numbers (e.g., section chief, etc.) to bring with you? yes no

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Part II: Post-Site Visit Review

Were there any items missing or not foreseen prior to visit that should be considered during future visits to similar sites? yes no

→ *If YES, please explain below.*

C.5 INSTRUCTIONS FOR NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) SEARCH TO OBTAIN REPORTS OF AIRPLANE ACCIDENTS INVOLVING AERIAL PESTICIDE APPLICATORS

NTSB maintains data on aviation accidents. The Aviation Synopses can be searched for information about aviation accidents involving aerial agricultural applications. These applications are covered by 14 CFR Part 137. The synopses may be reviewed by searching monthly lists of accidents or performing a query. Make sure your browser is set to accept cookies.

Go to the NTSB website <http://www.nts.gov/NTSB/query.asp>.

The first item on the list is a *Database Query*. First, look at the general instructions for searching, then select the *Database Query* form. Complete the various fields. This includes entering the date range you are interested in, selecting your State, severity, and a specific category of aircraft (if you are searching for a particular accident or type of accident). You can leave the *Operation* category as *All*. In the area labeled *Enter your word string below*, type *137*. Choose *Sort by Date Ascending* unless you want to sort on an option other than date. Click on *Submit Query*. This search strategy should catch all of the agricultural accidents (since applications are regulated by 14 CFR Part 137).

C.6 SAMPLE TEMPLATES FOR TABLES PRESENTING SURVEILLANCE DATA

1. Work-Relatedness by Case Classification Status

	Definite	Probable	Possible	Suspicious	Total
WORKREL					
Yes					
Possibly					
No					
Unknown					
Total					

2. Cases by Pesticide Type and Case Classification.

Each case should be included only once in this table (excluding the rows and columns of totals). (Note that this tabular presentation can be done separately for occupational and nonoccupational cases or can include occupational status by splitting the case classification columns into occupational and nonoccupational.)

	Definite	Probable	Possible	Suspicious	Total
Pesticide type					
Insecticides-total					
Cholinesterase inhibitors					
Pyrethrin/pyrethroid					
Other insecticides					
Insect growth regulators					
Herbicide/algicide					
Fungicide					
Fumigant					
Rodenticide					
Disinfectant					
Insect repellent					
Other					
Multiple					
Unknown					

3. Occupational Pesticide Injury and Illness Cases by Occupation and Case Classification

	Definite	Probable	Possible	Suspicious	Total
Occupation					
Agriculture—provide total for COC codes 473–499					
List specific agriculture occupations					
Nonagriculture—provide total					
List specific nonagriculture occupations					
TOTAL					

4. Source of case report by gender and case classification

	Definite			Probable			Possible			Suspicious			Total		
	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U
Source of Report															
Physician															
Poison control center															
Other health care professional															
Death certificate															
Government agency															
Media report															
Workers Compensation															
Self-report (incl. relative or co-worker)															
Employer															
Other															
Unknown															
Total															

5. Age of cases by gender and case classification (produce this table for occupational and nonoccupational exposure status)

	Definite			Probable			Possible			Suspicious			Total		
	M	F	U	M	F	U	M	F	U	M	F	U	M	F	U
Age															
<10															
11–14															
15–17															
18–29															
30–39															
40–59															
60–79															
80+															
Unknown															
Total															

C.7 SAMPLE LETTERS FOR PPSP CASE FOLLOW-UP

The following sample letters are provided as templates that PPSPs can modify to meet their specific needs and legal requirements.

- Thank-you letter to an HCP who reports a case
- A request for cooperation to an HCP who failed to report a case
- A request to an HCP for medical records
- A letter to an employer regarding an upcoming site inspection

THANK-YOU LETTER TO HCP WHO REPORTED CASE

[Agency Letterhead]

DATE

INSIDE ADDRESS

Re: [case number]

Dear [insert HCP name]:

Thank you for the information you recently provided regarding the illness and possible pesticide exposure of [insert patient name]. Your report helps us to identify pesticide products and practices that may affect public health, as well as provide exposure prevention information to affected individuals.

If you would like further information about this case, the [insert agency name] [insert surveillance program name], or other State agency resources, please call me at [insert phone number]. [Option—include a copy of the *EPA Recognition and Management of Pesticide Poisonings*]

Sincerely,

REQUEST FOR COOPERATION LETTER TO HCP WHO FAILED TO REPORT CASE

[Agency Letterhead]

DATE

INSIDE ADDRESS

Re: [patient]

Case number:

Dear [insert HCP name]:

The [insert agency name] is currently investigating a reported pesticide-related illness of your above-named patient. (We have been in touch with a member of your staff regarding the observable signs, diagnosis, and treatment of the individual.) The [surveillance program name] routinely identifies and investigates illnesses and injuries associated with pesticide exposure.

Suspected pesticide poisoning is a reportable condition in the [insert State name]. Health care providers are required by [insert rule reference] to report acute or subacute conditions that are caused by, or suspected of being caused by, pesticide exposure. All medical details and the person's identity are kept confidential. Resources and referrals are available to the reporting provider and the patient, including exposure prevention information.

Your report helps us identify pesticide products or practices that may affect public health. Your cooperation in reporting any future pesticide-related illnesses is appreciated. If you would like further information about the program, please contact us at [insert phone number]. [Option—include a copy of the *EPA Recognition and Management of Pesticide Poisonings*.]

Sincerely,

MEDICAL RECORDS REQUEST LETTER

[Agency Letterhead]

DATE

INSIDE ADDRESS

Re: [case number]

Dear [insert HCP name]:

This letter is sent by [agency name (agency abbreviation)] to request medical records relevant to illness investigations conducted by the [agency abbrev.]. The [agency] collects medical records in accordance with State law. Copies of relevant sections of State code are attached for your convenience.

The [agency] has received a notice of pesticide-related illness involving the patient listed below and requests copies of any medical information (including chart notes and laboratory test results) that you might have.

[First name Last name, SSN, DOB; injured on: date; seen on: date]

Please also check your records for any information you have on other patients seen on the same date, or within several days before or after, who may have a pesticide-related illness or injury associated with the same exposure incident. Please provide copies of any such records to the [agency].

Please mail or fax these records to the return address indicated above. If you have any questions, please call me at [insert phone number]. Thank you for your cooperation in providing the requested information.

Note that the [agency name] is an agency of [parent authority, e.g., the State of _____] and is conducting pesticide poisoning surveillance in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule) [45 CFR 164.501]. Pursuant to 45 CFR 164.512(b) of the Privacy Rule, covered entities such as your organization may disclose, without individual authorization, protected health information to public health authorities “. . . authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions . . .” The information being requested represents the minimum necessary to carry out the public health purposes of pesticide poisoning surveillance pursuant to 45 CFR 164.514(d) of the Privacy Rule.

Sincerely,

LETTER TO EMPLOYER REGARDING AN UPCOMING SITE INSPECTION

[Agency Letterhead]

DATE

INSIDE ADDRESS

Re: Site inspection scheduled for [date]

Dear [name]:

Thank you for your cooperation with the [agency name] investigation of illness reports among employees at [company name]. We are writing to confirm our meeting and to provide you with logistical and other information about our investigation. The meeting will take place at [insert location].

Based on phone conversations with [person's name (date)], it is our understanding that the following persons will be present at the meeting: [names and titles]. In addition to ourselves, [list any additional names and titles] working with [agency and program name] on pesticide illness tracking will also attend our meeting.

Background: [agency] is mandated to investigate the causes of morbidity and mortality from work-induced diseases and develop recommendations for improved control of work-induced diseases [code reference] [Modify sentence as needed to reflect agencies' authority]. In contrast to [State] - OSHA, [program name] is not an enforcement agency, and we do not issue citations. [agency] initiated this investigation in response to physician reports of illness among [worker types] potentially exposed to pesticides as a result of [work activity or task]. Between [dates], [agency] received [insert number] incident reports involving a total of [insert number] workers. [Give reason there is concern about the reports.]

Purpose: The purpose of our on-site field investigation on [date] is to gather information and make observations about [activity] practices at [company name].

Process: The process for the [date] site visit will be an opening conference for introductions, a review of the purpose, scope, and methodology of our investigation, and an opportunity for company and worker representatives to ask us questions. We will then conduct an on-site observation of [process, site, or activity]. We will walk through the [facility type], at which time we will ask [company name] representatives to provide a detailed explanation of the pesticide application process including local ventilation conditions at the time of the application. We will ask worker representatives for their knowledge of the process as well. We will take photographs. The site visit will end with a closing conference at which time we will summarize our progress in the investigation and answer any additional questions you may have. We anticipate that the site visit will take about four hours (assuming that we will have received much of the information/documentation about the application from [company name] prior to the site visit).

Scope: The scope of [agency] investigation is limited to [describe scope]. The limited nature of [agency name's] investigation does not imply there are, or are not, other safety and health issues at the workplace.

Methodology: [agency name] will evaluate and classify [worker or specific worker job type] illness reports according to criteria established by the National Institute for Occupational Safety and Health (NIOSH). Enclosed is a copy of these criteria. They are also available at <http://www.cdc.gov/niosh/pestsurv/pdfs/pest-casdef2000.pdf>. Worker exposure to pesticides will be assessed utilizing data from (1) interviews with employees, employee representatives, and employer representatives; (2) work-site observations and interviews with company and employee representatives regarding the work process, tasks, and exposure control measures; (3) review of medical records, policy and procedures, and other written materials; and (4) a review of the relevant scientific literature. [Agency] will attempt to conduct a voluntary interview with all workers with a reported illness at the worker's home by phone. Employer interviews will be conducted at the work-site and by phone as needed.

Exposure control measures will be evaluated according to the presence, use, and efficacy of standard industrial hygiene hierarchy of controls (i.e., engineering, administration, and personal protection). Recommendations to prevent illness will be based on a public health approach; i.e., primary, secondary, and tertiary measures. To the extent possible, it is normal practice for [agency] to direct each of our recommendations to the persons or groups that have the authority to implement change.

Our investigation will be conducted independently of regulatory agencies. However, if while at a workplace, we observe a condition that could reasonably be expected to cause death or serious physical harm immediately (that is, an imminent hazard), we are obliged to notify the employer and affected workers of the hazard and to notify [State name]-OSHA and/or other appropriate agencies. In practice, circumstances that would require a referral to an enforcement agency have almost never been encountered by [agency] investigators. The investigation may not identify all hazards or violations of good practice within the scope of the practices reviewed. Allowing [agency] to conduct the investigation and/or following recommendations made in the investigation report will not exempt [company name] or the worksite from an enforcement inspection or regulatory compliance.

At a minimum, all of [agency's] findings and recommendations to prevent illness will be reported in writing in a timely manner to the incident cases, reporting physicians, employee representatives, and [company name]. Publications may also be disseminated to other interested parties, such as health and safety professionals, industry-based organizations, government agencies, and labor unions. Our report will not contain any personal-identifying information about individual workers. Although not confidential information, our publications for general distribution do not usually specify the name of the employer.

Specific information we are seeking from [company name]: In order to make the best use of your time during our site visit, we are providing you with a list of the questions and information we will request from [company]. We will also have additional questions based on what we learn from you. All of the information requested below relates to the time period covered by the scope of this investigation ([date range]), except where otherwise indicated.

[list questions]

We have tried to compile a comprehensive list of questions and sources of information that are relevant to this investigation. However, it is likely that we have omitted something. Please do not hesitate to provide any other data that you are aware of that may be useful in understanding the work process of **[process, site, or activity being investigated]**. Also, please note if certain data are not available, as it is important for us to understand where there may be gaps in data.

We appreciate your time and participation in the **[agency]** investigation. It is our goal that the information collected will contribute to our ability to determine the severity and extent of the potential problem and identify possible causes and solutions. Please contact **[name]** by e-mail (**[e-mail address]**) or phone (**[phone number]**) if you have any questions. We look forward to meeting you on **[date]**.

Sincerely,

cc:

Enclosures

C.8 INSTRUCTIONS FOR OBTAINING ACUTE PESTICIDE-RELATED ILLNESS AND INJURY REPORTS FROM POISON CONTROL CENTERS (PCCs)

- A. Obtaining the annual number of incident cases
1. Contact your local PCC. Contact information can be obtained from the American Association of Poison Control Centers at <http://www.aapcc.org/director2.htm>. Some States have more than one PCC.
 2. Include in-State residents and those of unknown residence.
 3. Determine if the PCC uses the Toxicall® data system.
 - a. If YES, go to step A.4.
 - b. If NO, go to step A.5.
 4. If the PCC uses Toxicall®, ask the PCC to run Report 57.
 - a. To obtain occupational cases only: Cases should either have reason for the call (ExpReason) = 3 (occupational) OR exposure site (ExpSite) = 3 (workplace).
 - b. To obtain all acute pesticide-related illnesses and injuries: Neither ExpReason nor ExpSite need to be specified.
 - c. To calculate incidence rates, go to *B. Estimating the Total Population at Risk (denominator)*.
 5. If the PCC does not use Toxicall® or if it cannot generate Report 57, determine if the PCC will provide a data set of all received calls.
 - a. If YES, go to Step A.6.
 - b. If NO, go to Step A.7.
 6. If the PCC can provide a data set of all received calls, query the data set to identify cases that meet the following criteria:
 - a. Exposure to an agent included in one of the pesticide generic categories (SubGenericCode) =
 - Disinfectants**
 - 0201008 disinfectant industrial cleaner
 - 0201055 bromine water/shock treatment
 - 0201056 chlorine water/shock treatment
 - 0042281 hypochlorite disinfectant: hypochlorite, non-bleach product
 - 0040280 phenol disinfectant: phenol (e.g., Lysol)
 - 0039282 pine oil disinfectant
 - 0077286 other/unknown disinfectant:

Fungicides (nonmedicinal)

0243566 carbamate fungicide
 0201033 copper compound fungicide
 0077564 mercurial fungicide
 0077565 non-mercurial (inactive) fungicide
 0253000 phthalimide fungicide
 0254371 wood preservative
 0077566 other/unknown (inactive) nonmedicinal fungicide
 0201034 other nonmedicinal fungicide
 0201035 unknown nonmedicinal fungicide

Fumigants

0201036 aluminum phosphide fumigant
 0201037 metam sodium (fumigant, fungicide, or herbicide)
 0201038 methyl bromide (fumigant, fungicide, or herbicide)
 0201039 sulfur dioxide fumigant
 0201040 other fumigant
 0201041 unknown fumigant

Herbicides (includes algicides, defoliants, dessicants, plant growth regulators)

0201054 algicide
 0254370 anti-algae paint
 0243561 carbamate herbicide
 0017000 2,4-d or 2,4,5-t (inactive)
 0201042 chlorophenoxy herbicide
 0049562 diquat
 0201043 glyphosate
 0049000 paraquat
 0049561 paraquat/diquat combination
 0077121 plant hormone
 0213000 triazine herbicide
 0215000 urea herbicide
 0077561 other herbicide
 0077567 unknown herbicide

Insecticides (includes insect growth regulators, molluscicides, nematocides)

0004562 arsenic pesticide
 0062562 borate/boric acid pesticide
 0070000 carbamate only (alone)
 0070560 carbamate with other insecticide
 0050000 chlorinated hydrocarbon only (alone)
 0050560 chlorinated hydrocarbon with other insecticide
 0201044 insect growth regulator

0172000 metaldehyde (molluscicide)
 0208562 nicotine (excluding tobacco products)
 0038000 organophosphate
 0038560 organophosphate/carbamate combined
 0038561 organophosphate/chlorinated hydrocarbon (inactive)
 0038562 organophosphate/other insecticide
 0038563 organophosphate/carbamate/chlorinated hydrocarbon (inactive)
 0176000 piperonyl butoxide only (inactive)
 0144000 piperonyl butoxide/pyrethrin (inactive) (without carbamate or o.p.)
 0144001 pyrethrins only (inactive)
 0201045 pyrethrin
 0201046 pyrethroid
 0145000 rotenone
 0077568 veterinary insecticide (inactive) (for pets—flea collars, etc.)
 0077562 other insecticide
 0077569 unknown insecticide

Repellents

0201047 bird, dog, deer, or other mammal repellent
 0201048 insect repellent with DEET
 0201049 insect repellent without DEET
 0218000 insect repellent: unknown (inactive)
 0033000 naphthalene moth repellent
 0050430 paradichlorobenzene moth repellent
 0077431 other mothball or moth repellent
 0077430 unknown mothball or moth repellent

Rodenticides

0174000 antu
 0048563 anticoagulant: warfarin-type anticoagulant rodenticide
 0048564 anticoagulant: long-acting, superwarfarin anticoagulant rodenticide
 0244577 barium carbonate barium carbonate containing rodenticides
 0201050 bromethalin
 0201051 cholecalciferol rodenticide
 0012563 cyanide rodenticide (excluding industrial or misc. chemical)
 0162000 monofluoroacetate 1080/monofluoroacetate/smfa
 0043000 strychnine rodenticide
 0197000 vacor/pnu
 0201052 zinc phosphide
 0217000 thallium
 0077563 other rodenticide
 0077577 unknown rodenticide

- b. Medical outcome (MedicalOutcome) is coded into one of the following values:
 - 201=minor effect
 - 202=moderate effect
 - 203=major effect
 - 204=death
 - 206=not followed, minimal clinical effects possible
 - 207=unable to follow, judged as a potentially toxic exposure
 - c. Request specific values for ExpReason and ExpSite, if needed.
 - (1) To obtain occupational cases only: Cases should either have reason for the call (ExpReason) = 3 (occupational) OR exposure site (ExpSite) = 3 (workplace).
 - (2) To obtain all acute pesticide-related illnesses and injuries: Neither ExpReason nor ExpSite need to be specified.
7. Using the case number, delete any duplicate cases.
 8. Tally the total number of cases that meet the criteria.
 9. If interested in calculating an incidence rate, go to *B. Estimating the Total Population at Risk (denominator)*.
 10. If the PCC will not provide a data set:
 - a. Ask the PCC to tally the number of cases that meet the criteria in A.6.a through A.6.d.
 - b. If interested in calculating a rate, go to “B. Estimating the Total Population at Risk (denominator).”
- B. Estimating the Total Population at Risk (denominator for rate calculations)**
1. Determine whether the rate is for acute occupational pesticide-related illness and injury, or for all acute pesticide-related illness and injury.
 - a. If for acute occupational pesticide-related illness and injury, go to B.2.
 - b. If for all acute pesticide-related illnesses and injuries, go to B.3.
 2. To obtain the denominator for an occupational case rate:
 - a. Go to Current Population Statistics: <http://www.bls.gov/opub/gp/laugp.htm>.
 - b. Select *Section II: Estimate for States*.
 - c. Select *Table 12. Employment status of the civilian noninstitutional population by sex, age, race, and Hispanic origin*.
 - d. Find your State from the first column.
 - e. Read the *Total* row for your State and the 4th column—*Employment Number*. This is the *Number of Employer Persons 16 years of age or older* (in thousands). Multiply by 1000.
 - f. Go to *C. Calculating the annual incidence rate*.

3. To obtain the denominator for the total population case rate:
 - a. Use the US Census standard population. The most recent figures can be found at <http://quickfacts.census.gov/qfd/index.html>.
 - b. After selecting your State, total population estimates will be provided.
 - c. Go to *C. Calculating the annual incidence rate*.
- C. Calculating the annual incidence rate
 1. Divide the numerator (A) by the denominator (B).
 2. Multiply this result by 100,000 to get the annual rate per 100,000 persons.