

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division SHR FIELD SERVICES GROUP Standard Operating Procedure	NUMBER SHR105200
	REVISION FINAL Rev 1
Subject: SHSD Safety & Health Representative Role in Chemical HazMat Incidents	DATE 7/02/12
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1.0 Purpose & Scope

Purpose: The purpose of this procedure is to define specific roles, responsibilities, authorities, and accountabilities of the SHSD Safety & Health Representative (SHR) and interaction with emergency response to a BNL workplace spill/release of HazMat Chemicals or a Hazmat Transportation incident on the BNL site.

This SOP complements but does not incorporate certain SHSD members participation in the Emergency Management Department procedure *Consequence Assessment Team Operations*.

This SOP cannot anticipate all hazards and exposure scenarios that may be encountered in an actual emergency. Thus this SOP does:

- Not establish any mandatory action that must be taken.
- Not limit actions that in the judgment of the SHR personnel are prudent and necessary.
- Not limit the professional judgment of the SHR personnel responding to an event.
- Not authorize SHR personnel to place themselves or others at an unacceptable risk. This includes not performing a particular action when in the view of the SHR personnel at the scene is not prudent and safe.

2.0 Responsibilities

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- 2.1 The SHR Supervisor is responsible to assign SHR members to fill roles and to ensure the qualification of the assigned workers.
- 2.1.1 The SHR Supervisor is responsible to create a schedule of “on-call responders”. One SHR member is “on call” at all times. The “on call status rotates on a weekly basis. The *SHR Emergency Response Coverage List* is posted on Outlook shared calendar “SHR Emergency Responders” and is updated on an annual basis or as needed due to personnel changes.
- 2.1.2 The SHR Supervisor is responsible to provide telecommunication equipment for the “on-call responders” that facilitates their notification by the Emergency Response/Management Organization. Emergency response notification is provided by BNL’s Everbridge network system. Notification is made via Outlook email and text messaging to responder assigned cell phones, office phone, or home phone. Confirmation by responders shall be done according to the sent message either with call-back number or email reply.
- 2.1.3 The SHR Supervisor designates SHRs who have sufficient knowledge of chemical hazards and BNL operations to fill the role of technical resource to the Incident Commander.
- 2.2 The SHSD persons assigned a responder role are responsible to act within this SOP and any procedures or training established by the BNL Emergency Response/Management Organization. The SHR Responder is responsible to ensure training is kept up to date. Training includes all requirements of Emergency Management, table top and field exercises as required and knowledge and familiarity with IH lab equipment and Fire Rescue monitoring equipment.

3.0 Definitions

Command Post (CP): The site at the scene, typically the Fire Rescue vehicle, where the IC is located.

Incident Commander (IC): The BNL fire or police officer who is in charge of the scene at an emergency.

4.0 Prerequisites

Qualifications and training as described in Section 7.

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5.0 Precautions

5.1 Do not respond to Building 120 Lab if the area is involved in the event and thus has potential for exposure to responding personnel.

6.0 Procedure

The SHRs covered by this SOP perform the following functions in emergencies and chemical incidents in support of BNL emergency planning:

6.1 **On-call Status:** The BNL Outlook calendar identifies the responders (Responder A or B) for the week. Responder A is the primary responder and will call in Responder B as necessary.

When the SHR is on call, both A & B are expected to provide 24/7 coverage and be within 1 hour travel time to BNL during off hours with immediate response by phone. The work cell phones used by SHRs on-call are to be in the responders' possessions at all times.

6.1.1 If the current responder will be unavailable for over 1 hour at any time during their off hours, the responder is responsible to find a temporary substitute. The responder must get an agreement from the substitute to provide the coverage. The original responder is still responsible to maintain communications.

6.1.2 The switch between responders will occur at 8:30 am on Monday. Each SHR responder is required to be aware of his/her position on the on-call list. If a person is not available on the day of change over, it is the new on-call person's responsibility to find a substitute and then relay that information to the person to be relieved. In the case of sickness or the new responder is simply unable to make calls for the exchange, coverage will continue with the previous responder unless and until relieved by the field supervisor.

6.1.3 All other SHR personnel should wear their paging equipment as much as possible when not on-call so as to be aware of incidents and be prepared to call/come in if needed.

6.2 *ICP Responder:*

6.2.1 Upon notification, Responder A will call in as directed to ensure emergency services is aware of the response. Onsite participation and need for assistance will be determined at that time.

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- 6.2.2 Respond to the Command Post (CP) and report immediately to the Incident Commander (IC).
- 6.2.3 Continue information gathering and processing. Advise the IC of health & safety requirements and update as necessary.
- 6.2.4 At the CP, verify that it is properly placed in relations to meteorological conditions and the potential hazard. Advise the Incident Commander if relocation of the CP is advised.
- 6.2.5 Notify the IC, SHR and SHSD Manager if the incident has a significant impact beyond the immediate scene, e.g. affects other building occupants or contract workers, contamination has the potential to extend beyond the borders of the facility.
- 6.2.6 Summon additional SHSD support, if needed. Examples include: the IH Lab Manager for additional support equipment, the Industrial Hygiene Group Manager for assistance with hazard identification and risk assessment, and/or Chemical Management System (CMS) Group for material safety data sheet
- 6.2.7 Coordinate with other SHSD personnel arriving at the scene, and determine the appropriate role for each person to maximize the overall effectiveness of the SHSD response.
- 6.2.8 Obtain information on /the real-time status of the event. Determine the scope of the event and the potential exposures.
- 6.2.9 Verify that the scene is contained with a defined perimeter with limited access to prevent the spread of contaminants or exposure of personnel.
- 6.2.10 Determine the nature and severity of the hazard- type of agent- i.e. solid/liquid/gas, chemical or biological. If possible, interview “victims” on the scene and first responders who have access to information of the nature of the event. Use Attachment 9.1 to record the event. Questions to ask are dependent on site conditions but would at a minimum include:
- What was the chemical that was released?
 - How was it opened/ spilled/ released?
 - What type of exposure occurred to people?

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- Are any signs/symptoms of illness identified?
- What is the current status of the material- open, covered?
- What is the potential for entrainment into the ventilation system?

6.2.11 Verify that the correct PPE is in use by all responding.

6.2.12 Obtain additional health and safety information on the substance(s) involved from MSDS, CMS, and other reference sources, as needed. If the CP computer is activated, it can be used for obtaining information. If the CP computer is not activated, during work-hour events, the ICP SHR team member should seek immediate help in obtaining this information by calling the CMS group or by calling another SHR member. If the ICP Team member needs to leave the CP to obtain vital information, verify leaving the CP with the IC prior to leaving.

6.2.13 Verify that a decontamination facility has been set up and activated, if appropriate.

6.2.14 Determine if exposed persons require decontamination or if persons have already been decontaminated.

6.2.15 Determine if there are delayed symptoms for this chemical.

6.2.16 File one original copy of the completed report and the electronic copy in accordance with SHR record retention procedures. Participate in incident review meeting.

7.0 Implementation and Training

Qualifications: The SHR Manager or Supervisor qualifies SHRs who perform emergency response work by preparing and ensuring knowledge of documented procedures. Only SHRs knowledgeable in these documents are authorized by SHSD to be part of the response to a BNL incident.

7.1 **ICP Team members** need to complete:

- 7.1.1 Appropriate training required by BNL Emergency Management.
- 7.1.2 SHR exercise attendance.

The only official copy is on-line at the SHSD SHR website.
Before using a printed copy, verify that it is current by checking the document issue date on the website.

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8.0 References

- 8.1 *29CFR1910.120 OSHA Hazardous Waste Operations and Emergency Response Standard*
- 8.2 *Emergency Management Department procedure Consequence Assessment Team Operations.*

9.0 Attachments

- 9.1 *BNL SHSD Chemical HazMat Incident Report*
- 9.2 *Sample of the SHR Qualification form*

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10.0 Documentation

Document Development and Revision Control Tracking		
Prepared By: <i>(signature/date on file)</i> John W. Peters 04/14/11 SHR Manager	Reviewed By / Date: <i>(signature/date on file)</i> Wai-Lin Litzke 04/14/11 SHR Supervisor	Approved By / Date: <i>(signature/date on file)</i> John W. Peters 04/14/11 SHR Manager
ESH Coordinator/ Date: <i>none</i>	Work Coordinator/ Date: <i>none</i>	SHSD Manager / Date <i>none</i>
QA Representative / Date: <i>none</i>	Training Coordinator / Date: <i>none</i>	Filing Code: SHR105
Facility Support Rep. / Date: <i>none</i>	Environ. Compliance Rep. / Date: <i>none</i>	Effective Date: 04/14/11
ISM Review - Hazard Categorization <input type="checkbox"/> High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low/Skill of the craft	Validation: <input type="checkbox"/> Formal Walkthrough <input checked="" type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date: Wai-Lin Litzke 04/14/11	IMPLEMENTATION: Training Completed: DOCUMENTATION Procedure posted on Web: 04/14/11 Hard Copy files updated: 04/14/11 Document Control: 04/14/11

Revision Log
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Various sections of the SOP were changed to remove the requirement for transfer of specific physical phones and instituting the use of the Everbridge notification system. SME Reviewer/Date: <i>(signature on file)</i> J. Peters/7/02/2012

Date:	Building:	Area/Room:
Time of Notification: _____ am pm	Time Arrive at Command Post: _____ am pm Fire Rescure Run No. _____	Time Left Scene: _____ am pm
SHR Responder(s):	At scene:	At EOC:

Description of Chemical		
Description of Chemical Agent	___ Solid ___ Liquid ___ Gas Color: _____ Odor: _____	Type of package:
	Identity:	Concentration/Amount:
	Mode of dispersion	Current status of the material: ___ opened ___ covered ___ dissipated

Description of site		
Description of Site	___ Indoors ___ Outdoors	
Ventilation	___ Central HVAC ___ Wall A/C	___ Running ___ Off ___ Sealed
Access to site	___ Barricaded ___ Caution Tape ___ Police Control	___ Occupied: ___ Evacuated:
Meteorological Conditions:	___ Rain ___ Sunshine ___ Overcast Temp: _____ F C RH% _____	Wind Speed: Wind Direction:
Adequacy of Controls and Containment		
Extent of Known/suspected Contamination	Building	People

Interviews			
Victims/ Occupants	What does the container look like? How was it opened? What happened to you or others when exposed?		
First Responders	What type of exposure occurred to people? What type of condition are they now in?		
Signs/Symptoms in People	<input type="checkbox"/> Coughing <input type="checkbox"/> Burning Eyes <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Skin irritation <input type="checkbox"/> Skin Burns <input type="checkbox"/> Light Headed <input type="checkbox"/> Dizziness Other:		
Exposure to People	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Airborne</td> <td style="width: 50%;">Skin Contamination</td> </tr> </table>	Airborne	Skin Contamination
Airborne	Skin Contamination		

Site Response Actions- Decontamination	
Decontamination Facility Set-up	Time Activated:
Decontamination Method	
Persons Decontaminated	

SHR Role & Response Actions			
Hazard Evaluation	Tour of Area Site Entry by SHR: <input type="checkbox"/> _yes <input type="checkbox"/> _no Time:		
PPE	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"> Respiratory Protection <input type="checkbox"/>_SCBA <input type="checkbox"/>_Air Line <input type="checkbox"/>_PAPR-FF <input type="checkbox"/>_Full APR <input type="checkbox"/>_Half APR Cartridge: </td> <td style="width: 40%;"> Protective Clothing SUITS Level: A B C D GLOVES: FOOT: FACE: </td> </tr> </table>	Respiratory Protection <input type="checkbox"/> _SCBA <input type="checkbox"/> _Air Line <input type="checkbox"/> _PAPR-FF <input type="checkbox"/> _Full APR <input type="checkbox"/> _Half APR Cartridge:	Protective Clothing SUITS Level: A B C D GLOVES: FOOT: FACE:
Respiratory Protection <input type="checkbox"/> _SCBA <input type="checkbox"/> _Air Line <input type="checkbox"/> _PAPR-FF <input type="checkbox"/> _Full APR <input type="checkbox"/> _Half APR Cartridge:	Protective Clothing SUITS Level: A B C D GLOVES: FOOT: FACE:		
Exposure Monitoring	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"> <input type="checkbox"/>_Direct Reading <input type="checkbox"/>_Airborne Samples <input type="checkbox"/>_Environmental Surface Wipe Samples <input type="checkbox"/>_Personal Skin Wipes </td> <td style="width: 40%;"> Site Entry: <input type="checkbox"/>_yes <input type="checkbox"/>_no Time: </td> </tr> </table>	<input type="checkbox"/> _Direct Reading <input type="checkbox"/> _Airborne Samples <input type="checkbox"/> _Environmental Surface Wipe Samples <input type="checkbox"/> _Personal Skin Wipes	Site Entry: <input type="checkbox"/> _yes <input type="checkbox"/> _no Time:
<input type="checkbox"/> _Direct Reading <input type="checkbox"/> _Airborne Samples <input type="checkbox"/> _Environmental Surface Wipe Samples <input type="checkbox"/> _Personal Skin Wipes	Site Entry: <input type="checkbox"/> _yes <input type="checkbox"/> _no Time:		
Monitoring Results			
Recommendation to Others	PPE FOR OTHER RESPONDERS: CONTAINMENT: CLEAN-UP: DECONTAMINATION: EVACUATION OF PUBLIC:		

HP-SHR-105200

Safety and Health Services Division

SHSD Safety & Health Representative Role in Chemical HazMat Incidents Qualification Record

Candidate Name	BNL#	Date of Qualification
Signature	Qualified By:	

Complete the following:

Web Class TQ-EP-015 <i>Incident Command</i>
Emergency Services Division lead Drill or Actual Event (Participate in one or more per year. Tracked by EMD)

Job Performance Measure

Criteria	Qualifying Standard	Qualification Status	
		Fail	Pass
On-call Status	Demonstrates knowledge of the phone system and the obligation to wear phone when on call.		
On-call Status	Demonstrates knowledge of the criteria of being on-call- response time, change schedule and hours of coverage.		
Response to command post	Demonstrates knowledge of the proper sequence and location to respond to in an event.		
Summoning additional support	Demonstrates knowledge of the Attachment 9.2 for contact information.		
S&H concerns at the scene	Demonstrates knowledge of the proper information to obtain and evaluate at the scene- <ul style="list-style-type: none"> perimeter type of agent- i.e. solid/liquid/gas, chemical or biological. correct PPE in use decontamination facility 		
Reporting Forms	Demonstrates knowledge of the proper forms to record the event.		