

FIRE FIGHTERS GUIDANCE NOTE # 2-7

ISSUE: REPORTING EXPOSURES TO BIOLOGICAL, CHEMICAL OR PHYSICAL AGENTS

Firefighters routinely work in locations where there is a potential to be exposed to different biological, chemical or physical agents. These exposures may occur, despite taking every precaution reasonable in the circumstances to protect firefighters' health and safety.

Fire departments should, in consultation with their Joint Health and Safety Committee or Health and Safety Representative, incorporate into their SOPs/OGs the principles set out in this Guidance Note.

The WSIB does not maintain records for occupational exposures that do not result in a lost-time injury and medical aid is not sought. Firefighters may experience many such exposures over their careers that could result in an illness or disease long after the time of the exposure. A record of these exposures may help to determine if the illness or disease was caused by workplace exposures.

It is the view of the Section 21 Committee that fire department records should be maintained for all real and suspected exposures of firefighters to biological, chemical or physical agents that have the potential to result in an immediate or future occupational illness or disease. A copy of the Exposure Report should be given to the individual firefighter but the fire department/employer should maintain permanent records for potentially injured firefighters.

Exposure Reports should be reviewed by the Joint Health and Safety Committee or Health and Safety Representative to determine strategies to prevent illness and disease.

Attached is a sample Exposure Report that identifies the significant information that should be recorded. The reports are for department use only and are not to be sent to the Section 21 Committee, WSIB, or the Ministry of Labour. The intent of this reporting system is to develop and maintain an accurate record of exposures to firefighters through their careers. Firefighters need to maintain, and have access to their personal exposure reports. These reports will be useful in attempting to determine future illness or disease, when the likely cause may have originated from occupational exposure(s).

SAMPLE DRAFT EXPOSURE REPORT

Appended to Fire Fighter Guidance Note # 2-7

Employee Information

Employee's Name: _____	Employee's Number _____
Vehicle assigned to: _____	Supervisor/Officer: _____

Incident Information

Incident Date: _____		Alarm Time: _____		Incident Number: _____	
Incident Location:(Address) _____					
Incident Type:	<input type="checkbox"/> Residential Fire	<input type="checkbox"/> Industrial Fire	<input type="checkbox"/> Vehicle Fire	<input type="checkbox"/> Commercial Fire	
	<input type="checkbox"/> Trash/Dumpster Fire	<input type="checkbox"/> Marine Fire	<input type="checkbox"/> Aircraft Fire	<input type="checkbox"/> Wild Land Fire	
	<input type="checkbox"/> Truck/Transport Incident	<input type="checkbox"/> Rescue	<input type="checkbox"/> Haz-Mat Spill	<input type="checkbox"/> Explosion	
	<input type="checkbox"/> Railroad Incident	<input type="checkbox"/> Training	<input type="checkbox"/> Extrication	<input type="checkbox"/> Other	

If other checked: (describe) _____

List other firefighters working in close proximity at the time of exposure: _____

Exposure Information

Fire Stage	< 1	1-2	2-3	3+	Activity	< 1	1-2	2-3	3+	Activity	< 1	1-2	2-3	3+
	Hr.	Hr	Hr	Hr		Hr.	Hr	Hr	Hr		Hr	Hr	Hr	Hr
<input type="checkbox"/> Early Stage					<input type="checkbox"/> Light Overhaul					<input type="checkbox"/> Heavy Overhaul				
<input type="checkbox"/> Free Burning					<input type="checkbox"/> Entry/Ventilation					<input type="checkbox"/> EMS. Support				
<input type="checkbox"/> Smoldering					<input type="checkbox"/> Non-fire Incident					<input type="checkbox"/> Investigation				
<input type="checkbox"/> Extinguishment					<input type="checkbox"/> Rescue					<input type="checkbox"/> Other				

Personal Protective Equipment

Indicate the P.P.E. that was being used when exposure occurred:

P.P.E.:	<input type="checkbox"/> Bunker Pant	<input type="checkbox"/> Bunker Coat	<input type="checkbox"/> Bunker Boots	<input type="checkbox"/> Gloves
	<input type="checkbox"/> N-95 Mask	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Balaclava	<input type="checkbox"/> S.C.B.A.
	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Station Wear	<input type="checkbox"/> Protective Gown	<input type="checkbox"/> Medical Gloves

If other checked: (list) _____

Materials Information

Materials Potentially Exposed to: (name) _____ U.N. No. _____

Type of exposure (check applicable Boxes)

Inhalation Ingestion Absorption Eye Contact

Colour of product: _____

State of Product at time of exposure: (check applicable Boxes)

Solid Liquid Smoke Combustion Products Vaporous (gas)
 Dust Mist (liquid) Invisible Odorous (distinctive smell) Other (explain below)

If other checked explain: _____

Symptoms

At Incident	Symptom	After Incident	At Incident	Symptom	After Incident	At Incident	Symptom	After Incident
	Skin Irritation / Rash			Dizzy			Eyes burn	
	Nausea / Queasiness			Cough			Unconscious	
	Cough blood / Nose bleed			Ears Ringing			Other	
	Nose / Lung Irritation			Headache			None noticed	

Treatment Information

Did employee receive treatment at scene: Yes No What treatment? _____

Did employee receive treatment at hospital: Yes No What treatment? _____

Type of treatment received: First Aid Oxygen Transported to hospital Hospitalization

Other comments (explain): _____

Time lost from duty? Yes No If yes, state number of days: _____

If decontamination was performed explain how: _____



Additional Event Details on How Exposure Occurred: (explain activities at scene, personal information, etc.)	
Employee Signature:	Date:
Supervisor/Officer Signature:	Date: