

Site Safety and Health Plan

Hurricane Katrina - updated 07 SEP 2005

Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED ?	updated
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	X			01 Sep
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X			01 Sep
Site Map	C	Post-emergency phase map of site and hazards	X			01 Sep
Emergency Response Plan	D	Part of Form B, to address emergencies	X			01 Sep
Air Monitoring Log	E	To log air monitoring data	X*			01 Sep
Personal Protective Equipment	F	To document PPE equipment and procedures	X*			01 Sep
Decontamination	G	To document decon equipment and procedures	X*			01 Sep
Site Safety Enforcement Log	H	To use in enforcing safety on site		X		01 Sep
Worker Acknowledgement Form	I	To document workers receiving briefings		X		01 Sep
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X		01 Sep
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X		01 Sep
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X		01 Sep
Crew Fatigue Standards					X	31 Aug
ICS 206 Medical Plan					X	06 Sep
Site Safety Plan Briefing Sheet					X	01 Sep
Attachments:	updated		Updated			
1. Hydrocarbons/ Benzene/ Hydrogen Sulfide	01 Sep	11. Station NOLA Environmental Health Assessment 1SEP05	02 Sep		X	
2. Signs/Symptoms of Acute Exposure	01 Sep	12. Body Recovery	06 Sep		X	
3. Heat Stress	01 Sep	13. Biohazards Decontamination and Cleaning	03 Sep		X	
4. Record of Safety Briefings	01 Sep	14. Biohazardous Decontamination and Cleaning, HH-60, 12002.0, pg 14-15	03 Sep		X	
5. Helicopter Safety	01 Sep	15. Biohazardous Decontamination and Cleaning, HH-65, 12002.0, pg 9-11	03 Sep		X	
6. Small Boat Safety	02 Sep	16. Recommendations for Operations Involving Contact with Raw Sewage	06 Sep		X	
7. Vehicle Safety	01 Sep	17. Skin care advisory	06 Sep		X	
8. Insect hazards	01 Sep	18. Preventing Waterborne Illnesses	07 Sep		X	
9. Animal Hazards	01 Sep				X	
10. Biohazards	02 Sep				X	

* Required only if function or equipment is used during a response

EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name Hurricane Katrina		2. Date/Time Prepared 30 August 2005			3. Operational Period 0700-0700			4. Attachments: Attach MSDS for each Chemical See Table of Contents						
5. Organization I/UC:	Safety: LCDR Weems/CDR Church (318) 443-2565 Group Supv: N/A		Entry Team: N/A			Backup Team: N/A			Decon Team: N/A						
6. Physical Hazards and Protection	Confined Space <input checked="" type="checkbox"/> Noise <input checked="" type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Violence <input checked="" type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify)														
Tasks & Controls	Entry Permit	Ventilate	Hearing Protection	Shoes (type)	Hard Hats	Clothing (cold wx)	Life Jacket	Work/ Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	Post Guards	Flash Protect	Work Gloves	Other
Site Assessment			x	x	x	x	x	12/12	4 cups/hr					x	
Waterways Assessment			x	x		x	x	12/12	4 cups/hr					x	
Equipment Staging				x	x	x		12/12	4 cups/hr					x	
Boat Operations			x	x		x	x	12/12	4 cups/hr					x	
ATON Repair															
7. Agent	Hazards			Target Organs			Exposure Routes			PPE			Type of PPE		
Unknowns	Explosive <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Nose <input checked="" type="checkbox"/>	Skin <input checked="" type="checkbox"/>	Ears <input type="checkbox"/>	Inhalation <input checked="" type="checkbox"/>	Face Shield <input type="checkbox"/>							
Fuel Oils	Flammable <input checked="" type="checkbox"/>	Carcinogen <input type="checkbox"/>	Central Nervous System <input type="checkbox"/>	Respiratory <input checked="" type="checkbox"/>	Throat <input type="checkbox"/>	Lungs <input type="checkbox"/>	Absorption <input checked="" type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Safety Glasses or Goggles						
Crude Oil	Reactive <input type="checkbox"/>	Oxidizer <input type="checkbox"/>	Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Kidney <input type="checkbox"/>	Blood <input type="checkbox"/>	Ingestion <input checked="" type="checkbox"/>	Gloves <input checked="" type="checkbox"/>	Nitrile and work						
Sewage/Biohazards	Biomedical <input checked="" type="checkbox"/>	Corrosive <input checked="" type="checkbox"/>	Specify Other:	Blood <input type="checkbox"/>	Lungs <input type="checkbox"/>	Circulatory <input type="checkbox"/>	Injection <input checked="" type="checkbox"/>	Inner Suit <input type="checkbox"/>	Steel toe shoes						
	Toxic <input checked="" type="checkbox"/>			Gastrointestinal <input type="checkbox"/>	Bone <input type="checkbox"/>	Other:	Membrane <input checked="" type="checkbox"/>	Splash Suit <input type="checkbox"/>	Hard Hats						
								Level A Suit <input type="checkbox"/>	Sunscreen						
								SCBA <input type="checkbox"/>	Insect Repellant						
								APR <input type="checkbox"/>							
								SAR <input type="checkbox"/>							
								Cartridges <input type="checkbox"/>							
								Fire Resistance <input type="checkbox"/>							
8. Instruments	Action Levels	Chemical Name:	LEL/UEL	Odor Thresh	Ceiling/IDLH	STEL/TLV	Flash Point/ Ignition Pt (F or C)	Vapor Pressure (mm)	Vapor Density	Specific Gravity	Boiling Point F or C				
O2 <input checked="" type="checkbox"/>	<19.5	Carbon Monoxide	%	Ppm											
CGI <input checked="" type="checkbox"/>	10% LEL		12.5//74	None	200 ppm	35 ppm			.97		-313 F				
Radiation <input type="checkbox"/>															
Total HCs <input checked="" type="checkbox"/>	15 ppm														
Colorimetric <input type="checkbox"/>															
Thermal <input type="checkbox"/>															
Other <input type="checkbox"/>															

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6. <u>Physical Hazards and Protection</u>	Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify)															
Tasks & Controls	Entry Permit	Ventilate	Hearing Protection	Shoes (type)	Hard Hats	Clothing (cold wx)	Life Jacket	Work/ Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	Post Guards	Flash Protect	Work Gloves	Other	
Flight Operations			x	x			x	12/12	4 cup/hr					x		
7. Agent	Hazards			Target Organs				Exposure Routes			PPE			Type of PPE		
Unknowns Fuel Oil Crude Oil Seage/Biohazards	Explosive <input type="checkbox"/> Flammable <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Biomedical <input checked="" type="checkbox"/> Toxic <input checked="" type="checkbox"/>	Radioactive <input type="checkbox"/> Carcinogen <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Specify Other:	Eyes <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Ears <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Throat <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Lungs <input type="checkbox"/> Circulatory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Bone <input type="checkbox"/> Other:	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Face Shield <input type="checkbox"/> Eyes <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Inner Suit <input type="checkbox"/> Splash Suit <input type="checkbox"/> Level A Suit <input type="checkbox"/> SCBA <input type="checkbox"/> APR <input type="checkbox"/> SAR <input type="checkbox"/> Cartridges <input type="checkbox"/> Fire Resistance <input type="checkbox"/>	Safety Glasses or Goggles Nitrile and work Steel toe shoes Hard hats Sunscreen Insect Repellant										
8. <u>Instruments</u>	Action Levels <19.5 >20.8 10% PEL 15 ppm	Chemical Name:	LEL/UEL %	Odor Thresh Ppm	Ceiling/IDLH	STEL/TLV	Flash Point/ Ignition Pt (F or C)	Vapor Pressure (mm)	Vapor Density	Specific Gravity	Boiling Point F or C					
O2 <input checked="" type="checkbox"/> CGI <input checked="" type="checkbox"/> Radiation <input type="checkbox"/> Total HCs <input checked="" type="checkbox"/> Colorimetric <input type="checkbox"/> Thermal <input type="checkbox"/> Other <input type="checkbox"/>																

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Tasks & Controls	Entry Permit	Ventilate	Hearing Protection	Shoes (type)	Hard Hats	Clothing (cold wx)	Life Jacket	Work/ Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	Post Guards	Flash Protect	Work Gloves	Other
7. Agent	Hazards Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Biomedical <input type="checkbox"/> Toxic <input type="checkbox"/>		Radioactive <input type="checkbox"/> Carcinogen <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrosive <input type="checkbox"/> Specify Other:		Target Organs Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Skin <input type="checkbox"/> Ears <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Respiratory <input type="checkbox"/> Throat <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Lungs <input type="checkbox"/> Circulatory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Bone <input type="checkbox"/> Other:		Exposure Routes Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>		PPE Face Shield <input type="checkbox"/> Eyes <input type="checkbox"/> Gloves <input type="checkbox"/> Inner Suit <input type="checkbox"/> Splash Suit <input type="checkbox"/> Level A Suit <input type="checkbox"/> SCBA <input type="checkbox"/> APR <input type="checkbox"/> SAR <input type="checkbox"/> Cartridges <input type="checkbox"/> Fire Resistance <input type="checkbox"/>		Type of PPE				
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O2 <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
CGI <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Radiation <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Total HCs <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Colorimetric <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Thermal <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Other <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				

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O2 <input type="checkbox"/>	_____														
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O2 <input type="checkbox"/>	_____														
CGI <input type="checkbox"/>	_____														
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O2 <input type="checkbox"/>	_____														
CGI <input type="checkbox"/>	_____														
Radiation <input type="checkbox"/>	_____														
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Colorimetric <input type="checkbox"/>	_____														
Thermal <input type="checkbox"/>	_____														
Other <input type="checkbox"/>	_____														

10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North

See status boards for maps.

Medical care can be found at West Jefferson Hospital. Pls see Medical Plan for details.

For decontamination:

Personal: wash face, hands, arms prior to eating, drinking, smoking and wash thoroughly after each watch shift. Use soap and water.

Equipment: Use 1 to 10 ratio of bleach (such as household chlorox) to water solution to disinfect equipment (e.g. use one cup bleach for every 10 cups of water in the bucket). Do not use bleach on body or hands as it will degrade skin's natural ability to maintain a barrier

11. <u>Decontamination:</u> Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input type="checkbox"/> Suit/Gloves/Boot Disposal <input type="checkbox"/>	Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/>	Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>	SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>	Intervening Steps <input type="checkbox"/> Specify:
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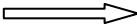
12. <u>Potential Emergencies:</u> Fire <input checked="" type="checkbox"/> Explosion <input type="checkbox"/> Other <input checked="" type="checkbox"/> security/riots	Evacuation Alarms: Horn <input checked="" type="checkbox"/> # Blasts <input checked="" type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: 3 blasts or more to alarms others	Emergency Prevention and Evacuation Procedures: Personnel on scene must evaluate the situation and evaluate where risks exist. Ensure an escape route is accessible Safe Distance: Evacuate upwind if possible and try to maintain at least 25 feet
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13. <u>Communications:</u> Radio? <input type="checkbox"/> Phone? <input checked="" type="checkbox"/>	Command #: (318) 443-2565	Tactical #:	Entry #:
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14. <u>Site Security:</u> Personnel Assigned	Procedures: If security hazards exist, contact the Operations Section and/or the Safety officer	Equipment:
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15. <u>Emergency Medical:</u> Personnel Assigned	Procedures: Contact 911 and the Safety Officer	Equipment:
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16. <u>Prepared by:</u> LTJG Preston	17. <u>Date/Time Briefed:</u> 30 August 2005	Form SSP-A: Page 3 of 3
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CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Weems/CDR Church 318-443-2565
5. Supervisor/Leader	6. Location and Size of Site Sector New Orleans	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Comments: Flooding	8. For Emergencies Contact: 911	9. Attachments:
10. Job Task/Activity	Hazards* 	Potential Injury and Health Effects	Exposure Routes	<u>Controls</u> : Engineering, Administrative, PPE
Site Assessment	Weather; slips, trips and falls; heat stress; insect bites; sunburn; fatigue; motor vehicle ops; loose debris,; unstable platforms, roads; water covered surfaces; submerged debris	Ambulatory, short term injuries, and long term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, gloves, hard hats, ear pluggs, coveralls. Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Follow local LE guidance regarding access to sites.
Water ways Assessment	Weather; slips, trips and falls; heat stress; insect bites; sunburn; fatigue; motor vehicle ops; loose debris,; unstable platforms, roads; water covered surfaces; submerged debris	Ambulatory, short term injuries, and long term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, gloves, hard hats, ear pluggs, coveralls. Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Follow local LE guidance regarding access to sites.
Boat Operations	Weather; slips, trips and falls; heat stress; insect bites; sunburn; fatigue; motor vehicle ops; loose debris,; unstable platforms, roads; water covered surfaces; submerged debris	Ambulatory, short term injuries, and long term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, gloves, hard hats, ear pluggs, coveralls. Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Follow local LE guidance regarding access to sites.
Equipment Staging	Weather; slips, trips and falls; heat stress; insect bites; sunburn; fatigue; motor vehicle ops; loose debris,; unstable platforms, roads; water covered surfaces; submerged debris	Ambulatory, short term injuries, and long term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, gloves, hard hats, ear pluggs, coveralls. Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Follow local LE guidance regarding access to sites.
ATON Verification/Repair	Weather; slips, trips and falls; heat stress; insect bites; sunburn; fatigue; motor vehicle ops; loose debris,; unstable platforms, roads; water covered surfaces; submerged debris	Ambulatory, short term injuries, and long term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, gloves, hard hats, ear pluggs, coveralls. Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles.
11. Prepared By: LTJG Preston	12. Date/Time Briefed: 30 August 2005	*HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		Form SSP-B: Page 1 of 2

CG ICS SSP: SITE MAP	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Weems/CD318) 443-2565
5. Supervisor/Leader	6. Location and Size of Site Sector New Orleans	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Comments: Flooding	8. For Emergencies Contact: 911	9. <u>Include</u> : - Work Zones - Security Perimeter - Decontamination Line - Locations of Hazards - Places of Refuge - Evacuation Routes
10. Sketch of Site:				
11. Prepared By: LTJG Preston	12. Date/Time Briefed: 30 August 2005	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		Form SSP-C: Page 1 of 1

CG ICS SSP: EMERGENCY RESPONSE PLAN	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 29 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Laura Weems/LTJG Andrew Preston (318) 443-2565
5. Supervisor/Leader Incident Commander	6. Location and Size of Site SECTOR New Orleans	7. For Emergencies Contact: 911 or Safety Officer		8. Attachments: See ICS FORM 206 Medical Plan
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals Personnel should agree on hand signals prior to commencing field operations	12. Emergency Personal Protective Equipment Required:	
13. Emergency Notification Procedures		14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps	16. Site Security Measures
ICS Safety Officer at ICP (318) 443-2565 and 911 for Emergency Response		Call Safety Officer for current locations		
17. Prepared By:	18. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		Form SSP-D: Page 1 of 1

CG ICS SSP: AIR MONITORING LOG	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Weems/LTJG Preston	
5. Site Location	6. Hazards of Concern	7. Action Levels (include references):		8. <u>Weather</u> : Temperature: Precipitation: Wind: Relative Humidity: Cloud Cover:	
9. Instrument, ID Number Calibrated? Indicate below.	Monitoring Person Name(s)	Results (units)	Location	Time	Interferences and Comments
10. Safety Officer Review:	<u>Potential Health Effects</u> : Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning			Form SSP-E: Page of	

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Weems/LTJG Person (318) 443-2565
5. Supervisor/Leader	6. Location and Size of Site Sector New Orleans	7. Hazards Addressed: Various chemicals and biohazards		8. For Emergencies Contact: 911 and the Safety officer
9. Equipment:				10. References Consulted:
Steel Toe Boots	Work Gloves	Nitrile Gloves	ODUs/Coveralls	Safety Glasses or Goggles
Hard Hats	Ear Plugs	Personal Floatation Device	Optional: N95 Dust Masks	
Insect Repellant	Sunscreen	Antibactieal Lotion		
11. Inspection Procedures: Inspect for defects of the equipment: - Rips - Tears - Worn Surfaces - Punctures - Scratches - Soiled Exposed skin should be protected from contact with contaminants.	12. Donning Procedures: Follow manufacturer instructions	13. Doffing Procedures: Remove items to minimize the spread of contamination Dispose of used items in an approved container.	14. Limitations and Precautions (include maximum stay time in PPE): Periodic breaks shall be taken to allow workers to cool down, hydrate and use the restroom	
15. Prepared By: LTJG Preston	16. Date/Time Briefed: 30 August 2005	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		Form SSP-F: Page 1 of 1

CG ICS SSP: DECONTAMINATION	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Weems/LTJG Preston (318) 443-2565
5. Supervisor/Leader	6. Location and Size of Site Sector New Orleans	7. For Emergencies Contact: 911		8. Hazard(s) Addressed:
9. Equipment:				10. References Consulted:
handwashing station	buckets/tubs	soap/detergent	brushes	
garbage bags				
11. Contamination Avoidance Practices: 1. Wear all proper PPE 2. Replace damaged PPE 3. Proper decon 4. Minimize the spread of decon	12. Decon Diagram			13. Decon Steps 1. Roll down protective suit or clothing 2. Dispose of suit or clothing 3. Remove protective booties is worn 4. Dispose of booties 5. Remove work gloves 6. Remove safety glasses 7. Decontaminate glasses 8. Remove nitrile gloves 9. Dispose of nitrile gloves 10. Wash hands & face
14. Prepared By: LTJG Person	15. Date/Time Briefed: 30 August 2005	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		Form SSP-G: Page 1 of 1

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) LCDR Weems/LTJG Preston (318) 443-2565	
5. Supervisor/Leader	6. For Emergencies Contact: 911			7. Attachments:	
8. Job Task/Activity	Hazards	Deficiency	Action Taken	Safety Plan Amended?	Signature of Supervisor/Leader
9. Prepared By:	10. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving			Form SSP-H: Page of

CG ICS Emergency Response Plan 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
Cite: 1910.120	Requirement(sections that duplicate or explain are omitted)		ICS Form	[4]	Comments
	(q)(1)	Is the plan in writing?	SSP-A	<input type="checkbox"/>	
	(1)	Is the plan available for inspection by employees?	N/A	<input type="checkbox"/>	Performance based
	(q)(2)(i)	Does the plan address pre-emergency planning and coordination?	SSP-A	<input type="checkbox"/>	
	(ii)	Does it address personnel roles?	SSP-A	<input type="checkbox"/>	
	(ii)	Does it address lines of authority?	SSP-A	<input type="checkbox"/>	
	(ii)	Does it address communications?	SSP-A	<input type="checkbox"/>	
	(iii)	Does it address emergency recognition?	SSP-A	<input type="checkbox"/>	
	(iii)	Does it address emergency prevention?	SSP-A	<input type="checkbox"/>	
	(iv)	Does it identify safe distances?	SSP-A	<input type="checkbox"/>	
	(iv)	Does it address places of refuge?	SSP-A	<input type="checkbox"/>	
	(v)	Does it address site security and control?	SSP-A	<input type="checkbox"/>	
	(vi)	Does it identify evacuation routes?	SSP-A	<input type="checkbox"/>	
	(vi)	Does it identify evacuation procedures?	SSP-A	<input type="checkbox"/>	
	(vii)	Does it address decontamination?	SSP-A	<input type="checkbox"/>	
	(viii)	Does it address medical treatment and first aid?	SSP-A	<input type="checkbox"/>	
	(ix)	Does it address emergency alerting procedures?	SSP-A	<input type="checkbox"/>	
	(ix)	Does it address emergency response procedures	SSP-A	<input type="checkbox"/>	
	(x)	Was the response critiqued?	N/A	<input type="checkbox"/>	Performance based
	(xi)	Does it identify Personal Protection Equipment?	SSP-A	<input type="checkbox"/>	
	(xi)	Does it identify emergency equipment?	SSP-A	<input type="checkbox"/>	
	(q)(3)(ii)	All the hazardous substances identified to the extent possible?	N/A	<input type="checkbox"/>	Performance based
	(ii)	All the hazardous conditions identified to the extent possible?	N/A	<input type="checkbox"/>	Performance based
	(ii)	Was site analysis addressed?	N/A	<input type="checkbox"/>	Performance based
	(ii)	Were engineering controls addressed?	N/A	<input type="checkbox"/>	Performance based
	(ii)	Were exposure limits addressed?	N/A	<input type="checkbox"/>	Performance based
	(ii)	Were hazardous substance handling procedures addressed?	N/A	<input type="checkbox"/>	Performance based
	(iii)	Is the PPE appropriate for the hazards identified?	N/A	<input type="checkbox"/>	Performance based
	(iv)	Is respiratory protection worn when inhalation hazards present?	N/A	<input type="checkbox"/>	Performance based
	(v)	Is the buddy system used in the hazard zone?	N/A	<input type="checkbox"/>	Performance based
	(vi)	Are backup personnel on standby?	N/A	<input type="checkbox"/>	Performance based
	(vi)	Are advanced first aid support personnel standing by?	N/A	<input type="checkbox"/>	Performance based
	(vii)	Has the ICS designated safety official been identified?	SSP-A	<input type="checkbox"/>	
	(vii)	Has the Safety Official evaluated the hazards?	N/A	<input type="checkbox"/>	Performance based
	(viii)	Can the Safety Official communicate with IC immediately?	N/A	<input type="checkbox"/>	Performance based
	(ix)	Are appropriate decontamination procedures implemented?	N/A	<input type="checkbox"/>	Performance based

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
Cite: 1910.120	Requirement(sections that duplicate or explain are omitted)		ICS Form	[4]	Comments
(b)(1)(ii)(A)	Organizational structure?		203	<input type="checkbox"/>	
(B)	Comprehensive workplan?		IAP	<input type="checkbox"/>	Incident Action Plan
(C)	Site Safety Plan?		SSP-B	<input type="checkbox"/>	
(D)	Safety and health training program?		N/A	<input type="checkbox"/>	Responsibility of each employer
(E)	Medical surveillance program?		N/A	<input type="checkbox"/>	Responsibility of each employer
(F)	Employer SOPs?		N/A	<input type="checkbox"/>	Responsibility of each employer
(G)	Written program related to site activities?		N/A	<input type="checkbox"/>	
(b)(1)(iii)	Site excavation meets shored or slope requirements in 1926?		N/A	<input type="checkbox"/>	
(b)(2)(i)(D)	Lines of communication?		201 203 205	<input type="checkbox"/>	
(b)3(iv)	Training addressed?		N/A	<input type="checkbox"/>	Responsibility of each employer
(v)-(vi)	Information and medical monitoring addressed?		N/A	<input type="checkbox"/>	Responsibility of each employer
(b)4(i)	Site Safety Plan kept on site?		N/A	<input type="checkbox"/>	
(ii)(A)	Safety and health hazard analysis conducted?		N/A	<input type="checkbox"/>	
(B)	Properly trained employees assigned to right jobs?		N/A	<input type="checkbox"/>	
(C)	Personnel Protective Equipment issues addressed?		SSP-F	<input type="checkbox"/>	
(E)	Frequency and types of air monitoring addressed?		SSP-E	<input type="checkbox"/>	
(F)	Site control measures in place?		SSP-B	<input type="checkbox"/>	
(G)	Decontamination procedures in place?		SSP-G	<input type="checkbox"/>	
(H)	Emergency Response Plan in place?		SSP-D	<input type="checkbox"/>	
(I)	Confined space entry procedures?		SSP-B	<input type="checkbox"/>	
(J)	Spill containment program		SSP-B	<input type="checkbox"/>	
(iii)	Pre-entry briefings conducted?		SSP-I	<input type="checkbox"/>	
(iv)	Site Safety Plan effectiveness evaluated?		SSP-H	<input type="checkbox"/>	
(c)(1)	Site characterization done?		N/A	<input type="checkbox"/>	
(c)(2)	Preliminary evaluation done by qualified person?		N/A	<input type="checkbox"/>	
(c)(3)	Hazard identification performed?		SSP-B	<input type="checkbox"/>	
(c)(4)(i)	Location and size of site identified?		SSP-B	<input type="checkbox"/>	
(ii)	Response activities, job tasks identified?		SSP-B	<input type="checkbox"/>	
(iii)	Duration of tasks identified?		SSP-B	<input type="checkbox"/>	Operational period
(iv)	Site topography and accessibility addressed?		SSP-C	<input type="checkbox"/>	
(v)	Health and safety hazards addressed?		SSP-B	<input type="checkbox"/>	
(vi)	Dispersion pathways addressed?		SSP-B	<input type="checkbox"/>	
(vii)	Status and capabilities of medical emergency response teams?		206	<input type="checkbox"/>	
(c)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?		SSP-F	<input type="checkbox"/>	
(ii)	Respiratory protection addressed?		SSP-B and F	<input type="checkbox"/>	
(iii)	Level B used for unknowns?		N/A	<input type="checkbox"/>	
(c)(6)(i)	Monitoring for ionization conducted?		SSP-E	<input type="checkbox"/>	
(ii)	Monitoring conducted for IDLH conditions?		SSP-E	<input type="checkbox"/>	
(iii)	Personnel looking out for dangers of IDLH environments?		N/A	<input type="checkbox"/>	
(iv)	Ongoing air monitoring program in place?		SSP-E	<input type="checkbox"/>	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
	Cite: 1910.120	Requirement	ICS Form	[4]	Comments
(c)(7)	Employees informed of potential hazard occurrence?	SSP-B	<input type="checkbox"/>		
(c)(8)	Properties of each chemical made aware to employees?	SSP-B	<input type="checkbox"/>		
(d)(1)	Appropriate site control procedures in place?	IAP, SSP-B	<input type="checkbox"/>		
(d)(2)	Site control program developed during planning stages?	IAP, SSP-B	<input type="checkbox"/>		
(d)(3)	Site map, work zones, alarms, communications addressed?	IAP, SSP-B	<input type="checkbox"/>		
(g)(1)(i)	Engineering, admin controls considered?	SSP-B	<input type="checkbox"/>		
(iii)	Personnel not rotated to reduce exposures?	N/A	<input type="checkbox"/>		
(g)(5)(i)	PPE selection criteria part of employer's program?	N/A	<input type="checkbox"/>		Responsibility of employer
(ii)	PPE use and limitations identified?	SSP-F	<input type="checkbox"/>		
(iii)	Work mission duration identified?	SSP-F	<input type="checkbox"/>		
(iv)	PPE properly maintained and stored?	N/A	<input type="checkbox"/>		Responsibility of employer
(vi)	Are employees properly trained and fitted with PPE?	N/A	<input type="checkbox"/>		Responsibility of employer
(vii)	Are donning and doffing procedures identified?	SSP-F	<input type="checkbox"/>		
(viii)	Are inspection procedures properly identified?	SSP-F	<input type="checkbox"/>		
(ix)	Is a PPE evaluation program in place?	SSP-F	<input type="checkbox"/>		
(h) (3)	Periodic monitoring conducted?	SSP-E	<input type="checkbox"/>		
(k)(2)(i)	Have decontamination procedures been established?	SSP-G	<input type="checkbox"/>		
(ii)	Are procedures in place for contamination avoidance?	SSP-G	<input type="checkbox"/>		
(iii)	Is personal clothing properly decontaminated prior to leaving the site?	SSP-G	<input type="checkbox"/>		
(iv)	Are decontamination deficiencies identified and corrected?	SSP-H	<input type="checkbox"/>		
(k)(3)	Are decontamination lines in the proper location?	SSP-C	<input type="checkbox"/>		
(k)(4)	Are solutions/equipment used in decon properly disposed of?	N/A	<input type="checkbox"/>		
(k)(6)	Is protective clothing and equipment properly secured?	N/A	<input type="checkbox"/>		
(k)(7)	If cleaning facilities are used, are they aware of the hazards?	N/A	<input type="checkbox"/>		
(k)(8)	Have showers and change rooms provided, if necessary?	N/A	<input type="checkbox"/>		
(l)(1)(iii)	Are provisions for reporting emergencies identified?	SSP-D	<input type="checkbox"/>		
(iv)	Are safe distances and places of refuge identified?	SSP-B and C	<input type="checkbox"/>		
(v)	Site security and control addressed in emergencies?	SSP-D	<input type="checkbox"/>		
(vi)	Evacuation routes and procedures identified?	SSP-D	<input type="checkbox"/>		
(vii)	Emergency decontamination procedures developed?	SSP-D	<input type="checkbox"/>		
(ix)	Emergency alerting and response procedures identified?	SSP-D	<input type="checkbox"/>		
(x)	Response teams critiqued and followup performed?	SSP-H	<input type="checkbox"/>		
(xi)	Emergency PPE and equipment available?	SSP-D	<input type="checkbox"/>		
(l)(3)(i)	Emergency notification procedures identified?	SSP-D	<input type="checkbox"/>		
(ii)	Emergency response plan separate from Site Safety Plan?	SSP-D	<input type="checkbox"/>		
(iii)	Emergency response plan compatible with other plans?	SSP-D	<input type="checkbox"/>		
(iv)	Emergency response plan rehearsed regularly?	SSP-D	<input type="checkbox"/>		
(v)	Emergency response plan maintained and kept current?	SSP-H	<input type="checkbox"/>		
1910.165(b)(2)	Can alarms be seen/heard above ambient light and noise levels?	N/A	<input type="checkbox"/>		
(b)(3)	Are alarms distinct and recognizable?	N/A	<input type="checkbox"/>		

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
Cite: 1910.165	Requirement		ICS Form	[4]	Comments
(b)(4)	Are employees aware of the alarms and are they accessible?		SSP-D	<input type="checkbox"/>	
(b)(5)	Are emergency phone numbers, radio frequencies clearly posted?		206	<input type="checkbox"/>	
(b)(6)	Signaling devices in place where there are 10 or more workers?		IAP	<input type="checkbox"/>	
(c)(1)	Are alarms like steam whistles, air horns being used?		IAP	<input type="checkbox"/>	
(d)(3)	Are backup alarms available?		IAP	<input type="checkbox"/>	
1910.120(m)	Are areas adequately illuminated?		IAP	<input type="checkbox"/>	
(n)(1)(i)	Is an adequate supply of potable water available?		IAP	<input type="checkbox"/>	
(ii)	Are drinking water containers equipped with a tap?		IAP	<input type="checkbox"/>	
(iii)	Are drinking water containers clearly marked?		IAP	<input type="checkbox"/>	
(iv)	Is a drinking cup receptacle available and clearly marked?		IAP	<input type="checkbox"/>	
(n)(2)(i)	Are non-potable water containers clearly marked?		IAP	<input type="checkbox"/>	
(n)(3)(i)	Are their sufficient toilets available?		IAP	<input type="checkbox"/>	
(n)(4)	Have food handling issues been addressed?		IAP	<input type="checkbox"/>	
(n)(6)	Have adequate wash facilities been provided outside hazard zone?		IAP	<input type="checkbox"/>	
(n)(7)	If response is greater than 6 months, have showers been provided?		IAP	<input type="checkbox"/>	
4. Prepared By:				Form SSP-K: Page 3	

CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)		
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Note: <u>tanks and vaults</u> should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.		
9. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted)	Requirement			[4]	Comments	
	(j)(1)(ii)	Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment?			<input type="checkbox"/>	
	(iii)	Drums inspected and integrity ensured prior to movement?			<input type="checkbox"/>	
	(iii)	Or drums moved to an accessible location (staging area) prior to movement?			<input type="checkbox"/>	
	(iv)	Unlabelled drums treated as unknown until properly identified and labeled?			<input type="checkbox"/>	
	(v)	Site activities organized to minimize drum handling?			<input type="checkbox"/>	
	(vi)	Employers properly warned about the hazards of moving and handling drums?			<input type="checkbox"/>	
	(vii)	Suitable overpack drums are available for addressing leaking and ruptured drums?			<input type="checkbox"/>	
	(viii)	Leaking materials from drums properly contained?			<input type="checkbox"/>	
	(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?			<input type="checkbox"/>	
	(x)	Are suspect buried drums surveyed with underground detection system?			<input type="checkbox"/>	
	(xi)	Are soil and covering material above buried drums removed with caution?			<input type="checkbox"/>	
	(xii)	Is the proper extinguishing equipment on scene to control incipient fires?			<input type="checkbox"/>	
	(j)(2)(i)	Are airlines on supplied air systems protected from leaking drums?			<input type="checkbox"/>	
	(ii)	Are employees at a safe distance, using remote equipment, when handling explosive drums?			<input type="checkbox"/>	
	(iii)	Are explosive shields in place to protect workers opening explosive drums?			<input type="checkbox"/>	
	(iv)	Is response equipment positioned behind shields when shields are used?			<input type="checkbox"/>	
	(v)	Are non-sparking tools used in flammable or potentially flammable atmospheres?			<input type="checkbox"/>	
	(vi)	Are drums under extreme pressure opened slowly & workers protected by shields/distance?			<input type="checkbox"/>	
	(vii)	Are workers prohibited from standing and working on drums?			<input type="checkbox"/>	
	(j)(3)	Is the drum handling equipment positioned and operated to minimize sources of ignition?			<input type="checkbox"/>	
	(j)(5)(i)	For shock sensitive drums, have all non-essential employees been evacuated?			<input type="checkbox"/>	
	(ii)	For shock sensitive drums: is handling equipment provided with shields to protect workers?			<input type="checkbox"/>	
	(iii)	Are alarms that announce start/finish of explosive drum handling actions in place?			<input type="checkbox"/>	
	(iv)	Are continuous communications in place between the drum handling site & command post?			<input type="checkbox"/>	
	(v)	Are drums under pressure properly controlled for prior to handling?			<input type="checkbox"/>	
	(vi)	Are drums containing packaged laboratory wastes treated as shock sensitive?			<input type="checkbox"/>	
	(j)(6)(i)	Are lab packs opened by trained and experienced personnel?			<input type="checkbox"/>	
	(ii)	Are lab packs showing crystallization treated as shock sensitive?			<input type="checkbox"/>	
	(j)(8)(ii-iii)	Are drum staging areas manageable with marked access and egress?			<input type="checkbox"/>	
	(iv)	Is bulking of drums conducted only after drum contents have been properly identified?			<input type="checkbox"/>	
10. Prepared By:				Form SSP-L:		

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Products containing Hydrocarbons/Benzene Additional Attachments: MSDS		2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard:	
Medical Condition	Action Level	Reference	Signs, Symptoms & Potential Health Effects	Exposure Route	<u>Controls:</u> Engineering, Administrative, PPE	Medical Response
Cancer			Bone marrow depression, Abnormal blood counts, Cancer of the blood (leukemia), incapacitating illness & death	Inhalation X Absorption X Ingestion Injection Membrane _____	- Avoid Contact - Avoid confined & tight spaces - Keep upwind - Air monitoring - Chem resistance clothing - Respirators > TLV	- Test blood & urine for phenol
Dermatitis			Reddening of the skin, benzene is a suspected skin carcinogen	Inhalation Absorption X Ingestion Injection Membrane _____	- Avoid Contact - Keep upwind - Wear chemical resistance gloves & clothing - Wash frequently	- Wash skin & exposed areas with soap and water
Eye Irritation			Red eye, weeping eye, blurry vision	Inhalation Absorption X Ingestion Injection Membrane _____	- Avoid Contact - Keep upwind - Wear safety glasses - High splash zone, wear chemical resistance goggles	- Flush eyes with water
Central Nervous System Effect			Giddiness, headache, nausea, staggered gait, fatigue -	Inhalation X Absorption X Ingestion Injection Membrane _____	- Avoid contact, & confined/tight spaces - Keep upwind - Air monitoring - Chem resistance clothing Respirators > TLV	- Test blood & urine for phenol (benzene)
Respiratory Irritant			Irritation of nose, throat and lungs	Inhalation X Absorption X Ingestion Injection Membrane _____	- Avoid confined & tight spaces - Keep upwind - Air monitoring - Chem resistance clothing Respirators > TLV	- Test blood & urine for phenol (benzene)
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005		Last Update: 9/15/06			SSP-Attach 1: Hydrocarbons/Benzene

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Products Containing Hydrogen Sulfide Additional Attachments:		2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard:	
Medical Condition	Action Level	Reference	Signs, Symptoms & Potential Health Effects	Exposure Route	<u>Controls:</u> Engineering, Administrative, PPE	Medical Response
Chemical asphyxiation	Note: Poor Warning Properties		Headache, dizziness, fatigue, staggered gait, giddiness	Inhalation X Absorption Ingestion Injection Membrane	- Avoid Contact - Avoid confined & tight spaces - Keep upwind - Air monitoring - SCBA > TLV	
Diarrhea			Runny or loose stool	Inhalation X Absorption Ingestion X Injection Membrane	- Avoid Contact - Keep upwind - Wash frequently - Avoid confined & tight spaces - Keep upwind - Air monitoring - SCBA > TLV	- If ingested, induce vomiting, drink large volumes of water
Respiratory Paralysis			Difficulty breathing, fatigue, strong signs of weakness	Inhalation X Absorption Ingestion Injection Membrane	- Avoid Contact - Keep upwind - Wash frequently - Avoid confined & tight spaces - Keep upwind - Air monitoring - SCBA > TLV	- Provide support respiration where needed
Chemical Burns			Severe burning of skin, eyes and other external organs -	Inhalation Absorption Ingestion Injection Membrane Contact X	- Avoid areas above 10% LEL - Keep upwind - Air monitoring - Flash protective clothing SCBAs > TLV	-Treat for burns as appropriate
Central Nervous System Depression			Headache, dizziness, fatigue, staggered gait, giddiness	Inhalation X Absorption Ingestion Injection Membrane	- Avoid confined & tight spaces - Keep upwind - Air monitoring - Chem resistance clothing SCBA > TLV	- Remove from site
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005		Last Update: 9/15/06			SSP-Attach 1: Hydrogen Sulfide

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Generic Signs & Symptoms of Acute Over Exposure Attachments:	2. Divisions/Groups/Units affected: Field Response	3. Job Tasks Involving Hazard:
Signs and Symptoms		Action to be Taken	
<ul style="list-style-type: none"> - Sudden weight loss or change in appetite. - Unusual fatigue or sleeping difficulties - Unusual irritability - Skin rashes/allergies/sores - Hearing loss - Vision loss or problems - Changes in sense of smell - Shortness of breath, asthma, cough, wheeze, excess sputum - Chest pains - Nausea, vomiting, dizziness - Weakness, tremors - Headaches - Stomach pains - Personality changes 		<ol style="list-style-type: none"> 1. REMOVE PERSON AND OTHERS FROM SITE. 2. REPORT SYMPTOM TO SUPERVISOR 3. SEEK APPROPRIATE MEDICAL ATTENTION 4. EVALUATE POTENTIAL SOURCES 5. REQUEST SITE CHARACTERIZATION BY SITE SAFETY OFFICER 	
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005	Last Update: 9/15/06	SSP-Attach 2: Signs/Symptoms of Toxic Exposure

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Heat Stress Attachments:		2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard: All	
Medical Condition	Action Level	Reference	Signs, Symptoms & Potential Health Effects	Exposure Route	<u>Controls:</u> Engineering, Administrative, PPE	Medical Response
Heat Stroke	Minimize exposure	NIOSH: Working in Hot Environments	Skin is hot Skin is dry Skin is red and spotted Body Temp: 105 or > Mental confusion Convulsions Unconscious	Inhalation Absorption X Ingestion Injection Membrane _____	<ul style="list-style-type: none"> - Acclimatize workers - Avoid direct sun - Institute work/rest regimens - Provide cool rest areas - Drink 5-7 ounces water every 15-20 minutes - Consider cooling garments - Use heat stress monitors - Use canopies or other shelter - Minimize workers with illnesses and excessive weight 	<ul style="list-style-type: none"> - Get EMT assistance immediately - Remove victim to cool area - Soak clothing w/water - Fan body to increase cooling
Heat Exhaustion	Minimize exposure	NIOSH: Working in Hot Environments	Extreme weakness Giddiness, headache Nausea, Vomiting Skin is clammy & moist Complexion is pale/flushed Body Temp: normal to slightly elevated	Inhalation Absorption X Ingestion Injection Membrane _____		<ul style="list-style-type: none"> - Notify EMT - Rest victim in cool place - Have victim drink plenty of water
Heat Cramps	Minimize exposure	NIOSH: Working in Hot Environments	Painful spasms of muscles Profuse sweating	Inhalation Absorption X Ingestion Injection Membrane _____		<ul style="list-style-type: none"> - Remove victim from site - Ensure victim drinks plenty of water and replaces electrolytes
Fainting	Minimize exposure	NIOSH: Working in Hot Environments	Victim faints due to lack of blood to the brain	Inhalation Absorption X Ingestion Injection Membrane _____		<ul style="list-style-type: none"> - Remove victim to cool area - Ensure victim drinks plenty of fluid - Ensure victim is not sedentary in direct heat
Heat Rash	Minimize exposure	NIOSH: Working in Hot Environments	Skin rash Experience of prickly heat	Inhalation Absorption X Ingestion Injection Membrane _____		<ul style="list-style-type: none"> - Remove victim to cool place - Ensure victim drinks plenty of water
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005		Last Update: 9/15/06		SSP-Attach 3: Heat Stress	

CG ICS SSP LOG/RECORD OF SAFETY BRIEFINGS ATTACHMENT	1. Incident Name Hurricane Katrina	2. Site Location: Sector New Orleans	3. Site Supervisors: Various	
4. Type of Briefing	5. Presented by:		6. Date	7. Time
Start Shift <input type="checkbox"/> Pre-Entry <input type="checkbox"/> Exit <input type="checkbox"/> End of Shift <input type="checkbox"/> Specify Other:				
Start Shift <input type="checkbox"/> Pre-Entry <input type="checkbox"/> Exit <input type="checkbox"/> End of Shift <input type="checkbox"/> Specify Other:				
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Start Shift <input type="checkbox"/> Pre-Entry <input type="checkbox"/> Exit <input type="checkbox"/> End of Shift <input type="checkbox"/> Specify Other:				
Last Updated: 9/15/06			SSP-Attach 4: Record of Safety Briefings	

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Helicopter Operations Additional Attachments:	2. Helicopter Location Local designated Helo	3. Emergency contacts: Safety Officer (318) 443-2565
Activity	Safe Work Practice		4. Checked [3]
Pre-boarding	- Receive Safety briefing from helicopter operators		
	- Receive emergency extrication briefing		
	- Know location of emergency equipment		
	- Know water landing procedures		
	- Loose fitting hats, clothing & other gear removed at minimum 100 ft away		
	- Ensure operator knows how to contact emergency services		
	- Ensure operator has good communications with coordinating vessels		
	-		
Approaching and Exiting Helicopter	- Approach from front		
	- Approach only when signaled by pilot		
	- Never walk under tail blade		
	- Approach in clear view of pilot		
	- Approach in crouching position		
Onboard Helicopter/Helicopter Startup	- Wear seatbelts		
	- Wear hearing protection		
	- Ground crew & other persons maintain minimum 50 ft from operating helo		
	- Be alert for ground traffic and air traffic to assist pilot		
Other	-		
	-		
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	-		
5. Prepared by: LCDR Weems	6. Date/time briefed: 31 Aug 2005	Last Updated: 9/15/06	SSP-Attach 5: Helicopter Safety

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Small Boat Operations	2. Small Boat Unit Assignment	3. Emergency contacts: Safety Officer (318) 443-2565
Activity	Safe Work Practice		4. Checked [x]
Pre-boarding	Passengers/BT receive safety brief from boat crew operators		
	Know location of emergency equipment		
	Verify contact w/emergency services		
	Verify comms plan with coordinating vessels & shore units		
	Ensure appropriate number of PFDs for crew and anticipated passengers		
	Direct passengers to location of safe seating		
	If loaded more fully than usual, brief effects on boat handling/performance		
	Ensure proper footwear for maintaining adequate boat deck contact		
	Ensure equipment on boat is distributed evenly to ensure stability		
	Ensure sun protection is available (glasses, and sun screen)		
	Ensure extra food & water available for beyond expected duration of operation.		
	Ensure first aid kits, fire extinguishers		
	Remain seated whenever possible. Keep low in the boat.		
	Ensure boat is able to maintain direct contact visually or by radio		
Boat Operations	Avoid anchoring the boat by the stern		
	Keep hands & feet away from pinch points between boat & dock		
	Stay clear of lines being used for mooring		
Boat mooring and egress	Do not disembark with bulky or heavy equipment, get assistance		
	Keep passengers seated until lines are made fast		
Boat mooring and egress	Survey site carefully on approach. Beware criminal activity and debris		
Small boat evacuation of victims	Watch for criminal activity		
	Remember that victims may be in distress		
	Control embarkation with clear instructions; avoid overloading		
	Brief all passengers regarding staying in the boat an not touching anything		
	Minimize aggressive maneuvers with passengers onboard		
5. Prepared by: LCDR Hemp	6. Date/time briefed: 01 Sep 2005	Last updated: 6. Date/time briefed: 01 Sep 2005	SSP-Attach 6: small boat safety

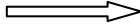
CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Vehicle Operations:	2. Vehicle Unit Designator	3. Emergency contacts: Safety Officer (318) 443-2565
Activity	Safe Work Practice		4. Checked [3]
Before driving	- Ensure tires are inflated		
	- Ensure gas cap is in place & tight		
	- Ensure front hood and trunk are secured		
	- Ensure spare tire is in good condition		
	- Locate tire changing equipment		
	- Locate emergency road kit		
	- Check headlights, brake, emergency, turn signals and parking lights		
	- Adjust side mirrors		
	- Adjust review mirrors		
	- Ensure horn is in working order		
	- Ensure seat belts fasten		
	- Ensure sunglasses are available		
	- Locate operating switches for lights, wipers, temperature control, defroster		
	- Ensure adequate directions to destination are available		
	- Check to ensure driving route avoids high crime areas		
	- Ensure adequate fuel (keep half full during emergencies)		
Vehicle Operations	- After ignition, look for warning lights.		
	- Test braking system		
	- Obey all traffic signs and speeds		
	- Do not drive if hearing, sight or appendages are impaired		
	- Take frequent breaks; once every 100 miles		
	- During breaks, if sleeping, park in lighted lot and keep doors locked		
	- Do not drive if tired, on medication or under influence of alcohol		
	- Monitor traffic reports for accidents, weather and construction		
Other Precautions	-		
	-		
	-		
	-		
	-		
	-		
	-		
5. Prepared by: LCDR Weems	6. Date/time briefed: 31 Aug 2005	Last Updated: 9/15/06	SSP-Attach 7: Vehicle Safety

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Insect Hazards Additional Attachments:	2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard:
Hazard Type	Potential Sources	Signs & Symptoms	Control	Medical Treatment
Insect Bites & Stings	Bees	<u>Allergic person:</u> -Swollen throat -Difficult breathing -Noisy breath -Sudden pain -Severe itching, hives, acute redness, swelling -white firm swelling -reduced consciousness, shock	<ul style="list-style-type: none"> - Recon area prior to work & identify nests & habitats - Identify as hazard areas & place on SSP map - Provide insect repellent - Encourage long sleeves & pants if practical - Conduct tick & bite inspection during breaks and prior to departing site - Identify persons with insect allergies & restrict them where necessary - Obtain emergency insect bite kits 	<ul style="list-style-type: none"> - Wash wound with soap & water - Request med assistance for allergic persons - Remove stinger without pinching or squeezing - Use cold pack to reduce swelling, use pad between skin and pack - Keep wounded area below heart to slow spread of venom - Do not administer aspirin or alcohol
	Black Widow Spider (Not in op area)	-Systemic poison -Flu – like symptoms -Severe abdominal pain -Rigidity, muscle pain, cramping, -Chest tightness, breathing difficulty, -Pain in soles of feet -Alternating dry & salivating mouth, -Nausea, vomiting -Profuse sweating or swollen eyelids		<ul style="list-style-type: none"> - Wash wound with soap & water - Request med assistance address symptoms - Use cold pack to reduce swelling, use pad between skin and pack
	Brown Recluse (Not in op area)	-Severe redness -Red circle around bite -Bite takes several months to heal		<ul style="list-style-type: none"> - Wash wound with soap & water - Request med assistance for allergic persons - Remove stinger without pinching or squeezing - Use cold pack to reduce swelling, use pad between skin and pack
	Ticks	-Flu like symptoms -Fever -Rash, joint pain, headaches		<ul style="list-style-type: none"> - Wash wound with soap & water - Request med assistance for allergic persons - Remove tick with oil, alcohol or heated tweezers - Use tweezers to remove imbedded head - If fever, rash, unusual markings develop around bite, contact physician
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005	Last Updated: 9/15/06		SSP-Attach 8: Insect Hazards

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Animal Hazards Additional Attachments:	2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard:
Hazard Type	Potential Sources	Signs & Symptoms	Control	Medical Treatment
Mammal Bites	Dogs, Cats Skunks, Raccoons Foxes, Possums	-Pain & tenderness of wound -Redness, heat, swelling -Puss under the skin -Red streaks around wound -Swollen lymph nodes in arm pits, groin & neck	- Recon area prior to work & identify nests & habitats - Identify animals & any unusual behavior - Relocate animals if necessary using wildlife experts - Report rabid animals to local wildlife authorities - Obtain emergency bite kits	- Get medical attention ASAP to address infection - Ensure tetanus shot is updated - Interview individual to determine appearance/disposition of animal - Control serious bleeding - Apply pressure using gauze pad, tourniquets are inadvisable - Wash before touching wound - Wear rubber gloves when treating victim - Wash wounds that are not bleeding heavily - Cover with clean dressing and bandage
		<u>Rabies</u> -Drooling -Irritability -Strange, abnormal behavior		- Get medical assistance immediately
Snake Bites	Coral Snakes Water Moccasins Rattle Snakes Pit Vipers (None expected in op area)	<i>Some or all of these symptoms may be present:</i> -Fang marks -Swelling, discoloration, pain -Heat around fang marks -Weakness, sweating, faintness, shock <u>Coral snake:</u> -Respiratory paralysis -Bizarre behavior -Unusual eye movement	- Recon area prior to work & identify nests & habitats - Place locations on SSP map - Identify animals & any unusual behavior - Relocate animals if necessary using wildlife experts - Report aggressive animals to local wildlife authorities - Obtain emergency bite kits	- Get medical attention ASAP - Ensure tetanus shot is updated - Interview individual to determine appearance/disposition of snake - Control serious bleeding - Apply pressure using gauze pad, tourniquets are inadvisable - Wash before touching wound - Wear rubber gloves when treating victim - Wash wounds that are not bleeding heavily - Cover with clean dressing and bandage Poisoned Victim - Get immediate medical attention - Keep patient still to slow spread of venom - Place bite area below heart to slow venom - Wash with soap & water - Use splint to immobilize bitten arms/legs - Use cold pack with gauze before skin - Do not administer aspirin or alcohol - Do not suck out poison - Do not use tourniquets
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005	Last Updated: 9/15/06		SSP-Attach 9: Animal Hazards

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Marine Animal and Plant Hazards Additional Attachments:	2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard:
Hazard Type	Potential Sources	Signs & Symptoms	Control	Medical Treatment
Animal Stings & Punctures	<p><u>Group I</u> Jellyfish, Portuguese Man-o-war Anemones Corals Hydras</p> <p><u>Group II</u> Urchins, Cone Shells, Stingrays, Spiny fish</p>	<p>-Pain & tenderness of wound -Redness, heat, swelling -Puss under the skin -Red streaks around wound</p> <p><i>Sensitive Individuals</i> -Allergic reactions -Respiratory arrest -Fainting -Infections & tetanus may develop</p>	<p>- Recon area prior to work & identify nests & habitats - Place locations on SSP map - Outfit workers with protective clothing for water activities and to prevent bites</p>	<p>- Get medical attention ASAP to address infection - Ensure tetanus shot is updated - Interview individual to determine appearance of animal - Control serious bleeding</p> <p><u>Group I</u> - Do not rub or scratch affected area - Sprinkle alcohol on affected area, follow with meat tenderizer or talcum if available (denatures toxin)</p> <p><u>Group II</u> - Soak in very warm water for 30 minutes - Do not use very hot water</p>
Plants	Poison Ivy Poison Oak Poison Sumac	<p><i>Some or all of these symptoms may be present:</i> -Itching -Burning -Blistering -Rash & bumpy skin</p>	<p>- Recon area prior to work & identify plant types - Place locations on SSP map - Remove if necessary - Long sleeve shirts and pants should be worn - Gloves should be worn - Wash frequently during breaks & prior to departing work site. - Employ body screen salves</p>	<p>- If contact occurs, wash with soapy water immediately - Do not scratch - Provide medical attention of spreading is severe</p>
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005	Last Updated: 9/15/06		SSP-Attach 9: Animal Hazards

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard BIOHAZARDS	2. Divisions/Groups/Units affected: Field Response		3. Job Tasks Involving Hazard:
Hazard Type	Potential Sources/routes of exposure	Signs & Symptoms	Control	Medical Treatment
Sewage: Hepatitis A; Staph infection; Severe gastro-intestinal diseases which may cause severe diarrhea	Contaminated flood waters Septic Systems Routes: inhalation; open wounds or eyes; ingestion; injection from cuts or punctures from jagged or sharp objects; eating or drinking from sources that were not completely disinfected.	There is a time lapse between contamination & signs and symptoms & this varies with type of agent, dose received, route of entry, individual susceptibility; duration of exposure. With bacteria & viruses, the onset is usually hrs to days after exposure. The symptoms will look like a common cold or flu; gastro- intestinal diseases are characterized by nausea, vomiting, intestinal cramping, headache and diarrhea.	- Contamination avoidance is key-treat all materials as potentially contagious. - - Barriers such as gloves (such as nitrile, latex, rubber gloves); safety glasses or goggles; dust mask, if available to prevent splashes into mouth; - Personal hygiene – continually wash hand/face/arms & contaminated areas after contact & before smoking or eating/ drinking; cover all wounds, like cuts on hands.	Do not delay seeking medical treatment. Delays may increase severity of health effects. Many diseases can be treated with medication to prevent chronic disease or illness. Replenishing fluids
Blood and other potentially infectious materials: Hepatitis C, B, HIV; Tuberculosis;	Injured Humans Human Remains Bodily fluids Medical Waste Contaminated Flood Waters Cuts or punctures from jagged or sharp objects.	There is a time lapse between contamination & signs and symptoms & this varies with type of agent, dose received, route of entry, individual susceptibility; duration of exposure. With bacteria & viruses, the onset is usually hrs to days after exposure. The symptoms will look like a common cold or flu.	- Disinfect contaminated equipment with a 10:1 solution of household bleach; Do not use on skin – only use soap & water. If unable to wash immediately, use an antibacterial wipe or lotion, and remove contaminated clothing.	Do not delay seeking medical treatment. Delays may increase severity of health effects. Many diseases can be treated with medication to prevent chronic disease or illness.
4. Prepared by: LCDR Weems	5. Date/time briefed: 31 Aug 2005	Last Updated: 9/15/06		SSP-Attach 10: BIOHAZARDS

CONTINUED... HAZARD ID/EVAL/CONTROL	1. Incident Name Hurricane Katrina	2. Date/Time Prepared 30 August 2005	3. Operational Period 0700-0700	4. Safety Officer (include method of contact LCDR Weems/LTJG Preston (318) 443-2565
5. Response Organization	6. Location and Size of Site Sector New Orleans	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Comments: Flooding	8. For Emergencies Contact: 911	9. Attachments: Attach MSDS for each Chemical
10. Job Task/Activity	Hazards* 	Potential Injury and Health Effects	Exposure Routes	<u>Controls</u> : Engineering, Administrative, PPE
Flight Operations	Slips, trips, and falls, heat stress, hazardous noise, loose debris, unstable platform, moving parts.	Ambulatory, short-term injury, and long term damage requiring hospitalization.	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input checked="" type="checkbox"/> <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, suits, gloves, hard hats, safety glasses, and protective work suits. Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure proper rest periods in accordance with this plan. (See Tr-State ops specific plan)
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
11. Prepared By: LTJG Preston	12. Date/Time Briefed: 30 August 2005	*HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		Form SSP-B: Page 2 of 2

SSHP Attachment 11, Station NOLA Environmental Health Assessment
1SEP05

Safety and Health Priorities

1. Provide facilities or other means to ensure adequate hand washing.
2. Provide facilities for proper sanitary toileting.
3. Provide facilities or other means to maintain personal hygiene.
4. Provide personal protective equipment and supplies for possible body recovery operations and decontamination (body bags, safety eyewear and face protection, disposable coveralls, impervious aprons, nitrile gloves, chlorine bleach, water, garden sprayer, mops/brushes, and buckets).
5. Ensure galley facility is completely sanitized (100 ppm available chlorine – 2 teaspoons chlorine bleach/gallon water) before resuming meal preparation.
6. Ensure decontaminated of station as soon as feasible (contaminated rooms are not currently in use). Use fans to dry out affected rooms when electrical power sources are available to support drying.

Decontamination procedures:

1. Remove and dispose of all wet or affected porous items or items too heavily soiled or contaminated to be cleaned.
2. Disinfect affected surfaces and equipment using 1 part chlorine bleach in 10 parts water. First spray affected surfaces and equipment. Followed cleanup of a gross contamination with mops, brushes, sponges or towels and rinse or wipe clean. Finish by spraying again with chlorine bleach solution and allow to air dry.
3. Milder disinfectants, such as pine disinfectant, or non-chlorine, bleach can be used on items that might be damaged by chlorine bleach.
4. Disinfect contaminated soil or ground surfaces by spreading calcium oxide (lime).

SSHP Attachment 12: Body Recovery

**** As of 06 Sep, CG personnel who discover any human remains (intact or otherwise) are to contact (225) 763-5760/5480 to report the position to the Office of Public Health Ops Comms Center.****

Recommended Personal Protective Equipment (PPE): Tyvek Coveralls or rubber apron, Gloves (Nitrile), Goggles, Overboots, organic vapor filter mask or half face respirator with organic vapor cartridges to minimize odor. An alternative would be to apply vapor-rub under the nose and wear a dust mask. Note: The odor is not hazardous; splash protection is most important protection for the face.

WARNING:

- Exercise all possible precautions during the cleanup process to prevent exposure to infectious materials. Treat all body fluids as potentially hazardous.
- Personnel with open sores, dermatitis, or a skin rash should not be directly involved in the cleanup.
- Eating, drinking, or smoking is prohibited during the cleanup process due to the possible ingestion of infectious materials.
- In the event gloves or other protective gear is torn, cut, or punctured during cleanup, remove the defective gear and scrub with antibacterial skin cleanser or soap and water prior to donning new protective equipment.

The operation should be conducted during the early hours of the morning, preferably between sunrise and noon.

Procedures:

As soon as a body is discovered, don your PPE.

Use one of the following methods to retrieve the body:

1. The recommended way to retrieve the body is to use a stokes litter with a mesh lining and the floatation devices removed. Attach 4 tending lines to the litter. Using 2 boats, cradle the body between the vessels. Position the stokes litter under the body, cover with a sheet, and hoist onto one of the vessels. Place in a body bag, if possible, and transport to the morgue staging area.
2. An alternative method is to use a sheet or cargo net to retrieve the body and put directly into a body bag, if possible.
3. Tow the body to the morgue staging area.

After contact is finished, remove PPE to limit contact with the outer surfaces of the PPE and the skin. Dispose of the PPE into a plastic bag

SSHP Attachment 13: Biohazards Decontamination and Cleaning

Equipment/Expendables: Brush, Bleach and Water (10:1), sprayer or sponge, buckets

Recommended Personal Protective Equipment: Tyvek Coveralls or rubber apron, Gloves (Nitrile), Goggles, Overboots, particulate filter mask

WARNING:

- Exercise all possible precautions during the cleanup process to prevent exposure to infectious materials. Treat all body fluids as potentially hazardous.
- Personnel with open sores, dermatitis, or a skin rash should not be directly involved in the cleanup.
- Eating, drinking, or smoking is prohibited during the cleanup process due to the possible ingestion of infectious materials.
- In the event gloves or other protective gear is torn, cut, or punctured during cleanup, remove the defective gear and scrub with antibacterial skin cleanser or soap and water prior to donning new protective equipment.

Procedures:

Place all potentially contaminated materials in plastic bags

Disinfect contaminated surfaces utilizing a 10: 1 water and bleach solution. Apply disinfectant liberally to soiled areas with sprayer or sponge. Scrub the affected area(s) thoroughly with a brush. Allow the disinfectant to dwell for approximately 10 minutes prior to a water rinse.

Rinse area with water. Inspect the cleaned area carefully for any remaining visible soiled spots. Reapply disinfectant and repeat cleaning process as necessary. Once the rinsing is complete, wipe any puddles areas with paper towels and allow to dry. Place disposal paper towels in a plastic bag.

INSERT HARD COPY ATTACHMENT #14 AND #15 HERE

ATTACHMENT #14: BIOHAZARDOUS DECONTAMINATION AND CLEANING, HH-60, COMDTINST 12002.0 pg 14-15

ATTACHMENT #15: BIOHAZARDOUS DECONTAMINATION AND CLEANING, HH-65, COMDTINST 12002.0 pg 9-11

SSHP Attachment 16: HEALTH AND SAFETY RECOMMENDATIONS FOR OPERATIONS INVOLVING CONTACT WITH RAW SEWAGE

Contact with sewage when responding to oil or chemical spills may present health hazards. These hazards need to be addressed in order to minimize the possibility that cleanup personnel would be affected by sewage borne diseases. After NOAA HAZMAT consultation with public health experts from the University of Washington and OSHA, the following recommendations are suggested.

1. RESPIRATORY PROTECTION

As long as the operation does not involve aerosolizing the oil/sewage (as in pressure washing) inhalation risk is minimal and respiratory protection is not required. Safety glasses and surgical or N95 dust masks are recommended to provide limited splash protection and to prevent accidental hand to mouth contamination. If, however, the sewage becomes airborne then respiratory protection should be instituted. Avoid confined and enclosed spaces.

2. SKIN CONTACT AND INGESTION

The main hazard of becoming infected is through skin contact and ingestion (hand to mouth and other) contact. Therefore:

- Establish and enforce stringent personal hygiene procedures. There should be no smoking, eating, or drinking until a thorough decontamination had taken place. Do not wipe the face with sleeves/hands while wearing possibly contaminated safety gear. Protect camelbaks and water bottles. Do not use open cups.
- Establish and enforce thorough and complete decontamination procedures as listed below.

3. PROTECTIVE GEAR:

Use rain gear or PVC-coated Tyvek, and impermeable gloves.

- **Tyvek**
Dispose of after use.
- **Rain Gear**
Wash with soap and water. Soap should be heavy duty, industrial strength. If sewage was splashed on protective gear, dispose of it, or sanitize this gear with a chlorine containing solution, same as boots. Use different decontamination tubs for boots and clothing.
- **Gloves**
Gloves should be of heavy duty material, and should not puncture or tear. Replace gloves at first indication of tearing or degradation. During decontamination, disposal of the gloves is recommended, or use the same procedure as for boots, utilizing different tubs for boots and gloves.
- **Over-boots** – Protective over-boots should be of heavy duty material and be impervious to water. Ensure over-boots are of sufficient length for the anticipated water depths in which personnel will be working. Waders may be required in some areas.

SSHP Attachment 16: HEALTH AND SAFETY RECOMMENDATIONS FOR OPERATIONS INVOLVING CONTACT WITH RAW SEWAGE

4. DECONTAMINATION

4.1 Boots

Boots are expected to be the most contaminated item. They need to be decontaminated in steps:

- Get the oil and rough sewage off of the boots with a brush and cleaner or soap and water.
- After the surface of the boots is relatively clean, decontaminate them by stepping into a tub containing a solution of 50-to 100 parts water to 1 part chlorine-containing cleaner, (e.g., Clorox Bleach). In other words, add 1 unit volume of chlorine cleaner to 50-100 unit volume of water. Wash the boots thoroughly.
- Important: Chlorine effectiveness diminishes over time. Add cleaner occasionally. Replace water and add new chlorine every four hours.
- Wash boots with clean water.

4.2 Body

After removal of protective equipment, wash hands thoroughly with soap and water. Do not use alcohol wipes. Alcohol tends to compromise the skin's integrity, making it more susceptible to contamination. Likewise, avoid skin contact with strong chlorine solutions.

If body contact with sewage occurred wash the area thoroughly with soap and water.

The risk of contracting sewage borne disease when coming in contact with untreated sewage is real and should be taken seriously. Proper personal hygiene and thorough decontamination practices greatly reduce that risk.

Background: Today the news media has reported 5 confirmed deaths due to cholera among civilians in New Orleans.

Cholera:

- Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium *Vibrio cholerae*
- Cholera is primarily transmitted through ingestion of contaminated water or food (as are Hepatitis A and Typhoid Fever)
- Personnel are not at risk of becoming ill through casual contact with an infected person

Symptoms of moderate or severe cholera:

- Profuse, watery diarrhea
- Vomiting
- leg cramps

Prevention Strategy

- Avoid contact with contaminated water
- Use available PPE – primarily gloves, boots, and waders as appropriate to the mission
- Carry decontamination supplies and PPE on board small boat in case of need for emergency decontamination
- Conduct proper washing as soon as possible after direct skin contact with contaminated water
- Avoid hand-to-mouth contact during field operations
- Maintain frequent hand washing and use of hand sanitizers, especially after using the toilet and before eating
- Decontaminate reusable PPE and operational equipment after daily field ops
- Clean and disinfect toilet facilities frequently (at least daily)
- Use only secure uncontaminated sources of food and water (i.e., bottled water or bulk water that has been treated and tested)
- Report to your medical station as soon as possible if you experience acute watery diarrhea