Officer Safety

Module III.D

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US SECURITY
GUARD TRAINING

Study Guide

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Officer Safety

While working as a security officer does not have to involve an overwhelming amount of danger to the officer, the fact remains that there is some inherent danger to the position that involve risks greater than some other positions. However, with proper training, planning, and common sense, security officers can greatly reduce the risk to themselves and the people they protect.

This module outlines some basic preparation and "tools of the trade" that officers can use to enhance their safety and help them better do their jobs.

Danger from Persons/Threat Assessment

The Workplace and the Potential for Violence

It seems almost on a regular basis, you can pick up a newspaper or, watch the 6 o'clock news and learn about some disgruntled employee or former employee who returns to his place of employment and opens fire on his boss and co-workers. You don't necessarily always think of the workplace as an environment which would induce violence but, over the past five or ten years, there have been numerous violent episodes which have resulted in serious physical injury and even death to employees.

It is imperative today's security officer understand his other role in potentially violent situations and have the training required to respond appropriately. In most instances, the security officer's role is preventative in nature. The security officer must develop excellent skills at being able to recognize potentially violent situations and be able to utilize appropriate verbal skill management techniques to diffuse them.

A closer examination of the work place environment reveals a number of situations which could turn violent:

- Employees being severely disciplined.
- Employees being discharged.
- Employees who are assisting in layoffs or "downsizing" may be targeted.
- Disgruntled former employees returning to the property.

- Employee suspected of drug abuse being sent for a drug test.
- Employees under the influence of drugs or alcohol which causes a reduced “threat threshold”.
- Severe personality conflicts between employers and employees and their supervisors.
- Employees involved in relationships who are now feuding.

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Assessing Behavior and The Potential For Violence

There are several points to be aware of when assessing behavior and the potential for violence.

- **All behavior is motivated**
  Acting-out, like other types of behavior, is intended to achieve some goal. This goal may or may not be apparent to you or the person who is upset. The first question you must ask yourself is “What is the reason for this person’s behavior”? You need to become aware of the person’s vital interests and how the environment might be perceived by the person as a threat to that vital interest. Examples of vital interests commonly threatened in the work place have been previously discussed, such as loss of job, loss of stature with co-workers, and in general, a feeling of helplessness as one places their well-being in the hands of others.

- **The more basic the vital interest being threatened, the higher the risk of violence**
  All people have a threat threshold -that is a certain tolerance for perceived threat. If the intensity of perceived threat in the environment is more than the individual can handle, the risk of that person becoming violent is high. This threat threshold will differ from person to person.

- **Violence-Prone individuals have a condensed threat threshold**
  The individual with a condensed threat threshold is more likely to escalate toward a physical confrontation than the average person. There are numerous reasons for someone to be or become violence-prone. Factors such as personality, past experience, learning, and the present circumstances shape a person’s reactions. Typical examples

of individuals that might have a condensed threat threshold include:

- The criminal or antisocial individual
- The intoxicated individual
- The psychotic individual
- The physically and/or emotionally traumatized individual or family member

The more intense a person's emotional reaction, the less likely they are able to think rationally

Acting-out always involves some emotional force associated with the situation. Fear is the most common emotion related to aggression. In understanding that the emotionally upset person is unable to think rationally, we can see the sense in taking deliberate steps to de-escalate the emotional components of a situation so that the person can rationally cooperate.

When upset, if given an option, an individual will usually choose a nonviolent way over a violent way of dealing with a stressful situation

Common causes of acting-out:

- Frustration
- Tension (anxiety)
- Being ignored/rejected
- Lack of positive attention
- Confinement
- Loss of person power
- Lack of impulse control
- Boredom
- Overcrowding
- Competition
- Staff behavior
- Psychological confusion/misperception
- Need to establish/maintain self-esteem

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Verbal Diffusion and Subject Contact

When in contact with an individual who is displaying signs of anxiety, the escalation or de-escalation of a crisis may depend on a security officer's ability to verbally intervene.

Verbal and other techniques can be used as a tool in helping persons to calm down; to discuss concerns; to regain an inner sense of control and to explore alternatives. As physical pain and emotional stress may reduce a person's ability to cope, effective verbal interventions can help the person deal with feelings of frustration and fear, and ultimately help restore a sense of balance and control.
If at all possible, potentially violent individuals should be confronted with a team rather than alone. If a team is available to you, everyone on the team should understand that one person is the team leader. The team leader is the

ONLYperson to communicate and verbally intervene
with the disruptive person. The rest of the team works to be supportive to their leader and function as a resource for future help. This approach will provide the disruptive person with structure and help focus their attention. If more than one staff member is talking to the disruptive person, the chance is MUCH GREATER that the team will lose control of the situation.
Verbal interventions should be based on the emotional/behavioral response to a crisis, based on level of anxiety from mild to extreme. Following are examples of a disruptive person's emotional behavior and symptoms, and the appropriate verbal interventions.

Mild Anxiety: Emotional/Behavioral Symptoms

Mild anxiety and tension; defensiveness; scanning the environment for threat cues; reduced communication; some sweating; mild shakiness; mild physical arousal.

Mild Anxiety: Appropriate Verbal Interventions:

- What is your name?
- My name is _________.

- You seem upset. Tell me what's going on.
- How can I help?
- What is it you're concerned about?
- It's not unusual to feel so concerned. I'm sure I would feel the same way.
- Let's go over here and sit down and talk about it.
- How might we work this out?
- What would be most helpful right now?

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Moderate Anxiety: Emotional/Behavioral Symptoms

Moderate anxiety, heightened physical arousal; increased defensiveness; scanning area for defensive alternatives; evaluating consequences of threats and actions; increased talkativeness (asking questions); aversion to physical contact (Don't touch me!); tightening of muscles, clenching teeth; urge to move about; growing resistance to direction.

Moderate Anxiety: Appropriate Verbal Interventions:

Use diversion to redirect their attention.

- Let's go sit in the break room/cafeteria and _____________.
- It's difficult to cooperate with you when you ______, so please __________.
- This is a tough situation right now, so how about sitting down and discussing what our alternatives might be.

High Anxiety: Emotional/Behavioral Symptoms

High anxiety; assessing perceived adversary's vulnerability; verbal threats; abusive language; personal threatening gestures; open refusal to cooperate; intimidation.

HIGH ANXIETY: APPROPRIATE VERBAL INTERVENTIONS

- Set limits by consequences.
- I know you are upset but you cannot continue to behave this way.
- Either you calm down and discuss the problem or we will escort you off the property.
- Either you calm down or we will help you control yourself.
- Never give an ultimatum unless you are prepared to "back it up" and

follow through.

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Subject Contact

If physical force must be used to deal with a threatening person, always refer to and abide by your company's "use of force" policy. Specific non-offensive physical maneuvers have been developed for security personnel. Specific training may be provided by your employer.

Once a decision has been made to intervene physically, security officers should respond without hesitation or guilt. Whenever possible security officers should plan the manner in which they are going to "secure" the disruptive person. Always try to use the minimum force necessary.

Debriefing

It is recommended that all personnel involved in handling a violent or potentially violent situation stay together for a short time to discuss what occurred and how in general the situation was handled. Debriefing is held for the purpose of making a team perform better. As part of the debriefing, written statements need to be taken from all security personnel involved in the confrontation as well as any witnesses to the event.

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Bloodborne Pathogens

This training module is designed to provide a basic understanding of bloodborne pathogens, common modes of their transmission, methods of prevention, and other pertinent information.

If you can reasonably anticipate facing contact with blood and/or other potentially infectious materials as part of your job duties, you should receive additional training from your instructor or supervisor including an opportunity for interactive questions and answers

Bloodborne Diseases

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different bloodborne pathogens including malaria, syphilis, and brucellosis, but Hepatitis B (HBV) and the Human Immunodeficiency Virus (HIV) are the two diseases specifically addressed by the OSHA Bloodborne Pathogen Standard.

While this module will focus primarily on HBV and HIV, it is important to know which bloodborne pathogens (from humans or animals) you may be exposed to at work, especially in laboratories.

Hepatitis B (HBV)

In the United States, approximately 300,000 people are infected with HBV annually. Of these cases, small percentages are fatal.

“Hepatitis” means “inflammation of the liver,” and, as its name implies, Hepatitis B is a virus that infects the liver. While there are several different types of Hepatitis, Hepatitis B is transmitted primarily through “blood to blood” contact. Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.

There is no “cure” or specific treatment for HBV, but many people who contract the disease will develop antibodies, which help them get over the infection and protect them from getting it again. It is important to note, however, that there are different kinds of hepatitis, so infection with HBV will not stop someone from getting another type.

The Hepatitis B virus is very durable, and it can survive in dried blood for up to seven days. For this reason, this virus is the primary concern for employees such as housekeepers, custodians, laundry personnel and other employees who may come in contact with blood or potentially infectious materials in a non first-aid or medical care situation.

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Symptoms:

The symptoms of HBV are very much like a mild "flu". Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and a darkened urine will often occur. However, people who are infected with HBV will often show no symptoms for some time. After exposure it can take 1-9 months before symptoms become noticeable. Loss of appetite and stomach pain, for example, commonly appears within 1-3 months, but can occur as soon as 2 weeks or as long as 6-9 months after infection.

Human Immunodeficiency Virus (HIV)

AIDS, or acquired immune deficiency syndrome, is caused by a virus called the human immunodeficiency virus, or HIV. Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

Estimates on the number of people infected with HIV vary, but some estimates suggest that an average of 35,000 people are infected every year in the US (in 2000, 45,000 new infections were reported). It is believed that as of 2000, 920,000 persons were living with HIV/AIDS in the United States. These numbers could be higher, as many people who are infected with HIV may be completely unaware of it.
The HIV virus is very fragile and will not survive very long outside of the human body. It is primarily of concern to employees providing first aid or

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medical care in situations involving fresh blood or other potentially infectious materials. It is estimated that the chances of contracting HIV in a workplace environment are only 0.4%. However, because it is such a devastating disease, all precautions must be taken to avoid exposure.

AIDS infection essentially occurs in three broad stages. The first stage happens when a person is actually infected with HIV. After the initial infection, a person may show few or no signs of illness for many years. Eventually, in the second stage, an individual may begin to suffer swollen lymph glands or other lesser diseases, which begin to take advantage of the body's weakened immune system. The second stage is believed to eventually lead to AIDS, the third and final stage, in all cases. In this stage, the body becomes completely unable to fight off life-threatening diseases and infections.

Symptoms:

Symptoms of HIV infection can vary, but often include weakness, fever, sore throat, nausea, headaches, diarrhea, a white coating on the tongue, weight loss, and swollen lymph glands.

If you believe you have been exposed to HBV or HIV, especially if you have experienced any of the signs or symptoms of these diseases, you should consult your physician or doctor as soon as possible.

Modes of Transmission

Bloodborne pathogens such as HBV and HIV can be transmitted through contact with infected human blood and other potentially infectious body fluids such as:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Amniotic fluid

- Saliva (in dental procedures), and
- Any body fluid that is visibly contaminated with blood.

It is important to know the ways exposure and transmission are most likely to occur in your particular situation, be it providing first aid to a student in the classroom, handling blood samples in the laboratory, or cleaning up blood from a hallway.

HBV and HIV are most commonly transmitted through:

- Sexual Contact
- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids
- Accidental puncture from contaminated needles and other sharps can result in transmission of bloodborne pathogens.

In most work or laboratory situations, transmission is most likely to occur because of accidental puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. For example, if someone infected with HBV cut his or her finger on a piece of glass, and then you cut yourself on the now infected piece of glass, it is possible that you could contract the disease. Anytime there is blood-to-blood contact with infected blood or body fluids, there is a slight potential for transmission.

Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood can enter your system through:

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Bloodborne pathogens may also be transmitted through the mucous

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membranes of the

- Eyes
- Nose
- Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

Personal Protective Equipment (PPE), Work Practices & Engineering Controls

It is extremely important to use personal protective equipment (PPE) and work practice controls to protect yourself from bloodborne pathogens.

“Universal Precautions” is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, you treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall always be utilized in situations where exposure may occur.

Personal Protective Equipment

Probably the first thing to do in any situation where you may be exposed to bloodborne pathogens is to ensure you are wearing the appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear latex or protective gloves. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin.

To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Rules to follow:

- Always wear personal protective equipment in exposure situations.
- Remove PPE that is torn or punctured, or has lost its ability to function

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as a barrier to bloodborne pathogens.
- Replace PPE that is torn or punctured.
- Remove PPE before leaving the work area.

If you work in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed of, decontaminated, or laundered. It is important to find out where these bags or containers are located in your area before beginning your work.

Gloves

Gloves should be made of latex, nitril, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves. You should always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don't use it! When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them, either. It is important not to cross contaminate by touching yourself or any other person or object once your gloves have come into contact with a potentially hazardous substance.

Goggles

Anytime there is a risk of splashing or vaporization of contaminated fluids, goggles and/or other eye protection should be used to protect your eyes. Again, bloodborne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing could occur while cleaning up a spill, during laboratory procedures, or while providing first aid or medical assistance.

Face Shields

Face shields may be worn in addition to goggles to provide additional face protection. Aface shield will protect against splashes to the nose and mouth.

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Aprons

Aprons may be worn to protect your clothing and to keep blood or other contaminated fluids from soaking through to your skin.

Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

Remember to use universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment. If you find yourself in a situation where you have to come in contact with blood or other body fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel, plastic bag, or some other barrier to help avoid direct contact.

Hygiene Practices

Hand washing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.

Because hand washing is so important, you should familiarize yourself with the location of the hand washing facilities nearest to you. Laboratory sinks, public restrooms, janitor closets, and so forth may be used for hand washing if they are normally supplied with soap. If you are working in an area without access to such facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

If you are working in an area where there is reasonable likelihood of

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exposure, you should never:

- Eat
- Drink
- Smoke
- Apply cosmetics or lip balm
- Handle contact lenses

No food or drink should be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or potentially infectious materials are present.

You should also try to minimize the amount of splashing, spraying, splattering, and generation of droplets when performing any procedures involving blood or potentially infectious materials, and you should NEVER pipette or suction these materials by mouth.

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible. Equipment and tools must be cleaned and decontaminated before servicing or being put back to use.

Decontamination should be accomplished by using:

- A solution of 5.25% sodium hypochlorite (household bleach / Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags, then gently pour the 10% solution of bleach over the towels or rags, and leave it for at least 10 minutes. This will help ensure that any bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease the chances of causing a splash when you pour the bleach on it.
If you are decontaminating equipment or other objects (be it scalpels,

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microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave the disinfectant in place for at least 10 minutes before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

Sharps

Too frequently, security officers and others are cut by improperly disposed needles and broken glass. This, of course, exposes them to whatever infectious material may have been on the glass or needle. For this reason, it is especially important to handle and dispose of all sharps carefully in order to protect yourself as well as others.

- Needles must be disposed of in sharps containers.
- Improperly disposed needles can injure housekeepers, custodians, and other people.

Needles

- Needles should never be recapped.
- Needles should be moved only by using a mechanical device or tool such as forceps, pliers, or broom and dustpan.
- Never break or shear needles.

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OSHA Regulations

Infection Control Program and Exposure To Bloodborne Pathogens The

Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor issued as a final rule its Occupational Exposure to Bloodborne Pathogens Standard, which became effective on March 6, 1992. Among other things, this rule is applicable to all healthcare facilities that are required to comply with OSHA regulations. For organizations whose employees provide emergency first aid services, special care and attention must be given in protecting first aid responders from contracting infections which result from the care given to an emergency victim.

Organizations which provide first aid and C.P.R. response to injured employees are not currently mandated to comply with all of the new regulations recently enacted by OSHA, if these employees who provide emergency care are not “paid rescuers”. However, serious consideration should be given to incorporating certain aspects of the new regulation into the overall emergency plan of a facility.

As part of the Emergency Preparedness plan, first aid responders should be advised, in writing, of the steps which will be taken in an effort to minimize exposure to bloodborne pathogens, which include the following:

1. All body fluids should be considered potentially infectious materials and care needs to be given when exposed to these body fluids.

2. Provide personal protective equipment to first aid responders which include protective gloves and face or eye shields/ goggles.

3. If a responder has sustained an exposure, the exposed area should be washed thoroughly and immediately using water on mucosal surfaces, and soap and running water on skin surfaces.

4. Disinfectant material or spray, should be provided to first aid responders to use to clean their hands and equipment after use. Gloves are to be properly disposed of after use.

5. Should a first aid responder be exposed to a possible infection resulting from their actions, medical guidance, evaluation, and where appropriate,

treatment as soon as practical should be provided.

6. All exposures should be recorded in writing as soon as possible after the incident.

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Provided that employees are merely assisting their fellow employees in providing first aid or C.P.R., the new OSHA regulations pertaining to an Infection Control Program do not apply. However, as a practical manner, and since it is likely that in the future, OSHA may address first aid responses and infection control, organizations should implement the practical precautions outlined in this section. Organizations which have taken the time to properly prepare and identify these concerns will head-off any undue stress or concern on the part of those employees who receive first aid and C.P.R. training and who are asked and expected to come to the aid of their fellow employees during an emergency.

Chemical Spills

In recent years, environmental protection has received increased attention from most businesses as well as local, state and federal regulatory agencies. With various “Right to Know” laws designed to protect employees, visitors, and emergency response personnel, most organizations have taken the necessary pre-emergency planning steps to minimize chemical leaks and or spills. However, accidents and incidents will occur and often security personnel will be required to be involved in the emergency response to a chemical spill.

The first consideration for security personnel is to learn as much information as possible and which is available on the various chemicals and other materials used at the facility. Material Safety Data Sheets (MSDS), are required to be available at various locations at a facility for employees to review if they desire. These MSDS’s provide information on a particular chemical or material such as:

- Whether the material is flammable
- How corrosive the material is to skin
- What to do if the material touches the skin, mouth eyes, etc..
- What to do if the material is inhaled
- Whether personal protective equipment such as gloves, face shields, boots, coats, aprons, and self-contained breathing apparatus are

required to be worn by a person when handling the material
- What to do if a spill occurs

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It is extremely important for security personnel to know where the Material Safety Data Sheets are stored. In the event of an emergency which does not involve a spill, but may involve a fire, emergency responders will want to know precisely what chemicals are used at the facility and their exact location.

Usually if a spill occurs during normal operations, security personnel will be basically responsible for notifying emergency response units and for directing them to the spill location. However, if a spill or leak is discovered over a weekend, holiday or otherwise facility shutdown time, on-duty security personnel will need to implement the Emergency Preparedness Plan.

If a security officer discovers a possible spill, it is critical that they use extreme caution in attempting to evaluate the seriousness of the situation. To simply enter a spill area without personal protective equipment or without knowledge of the source of the spill is extremely foolish and puts not only the health and safety of the security officer at risk but also further endangers the facility!
If a spill is suspected, attempt to first determine what might be the source? Are you familiar with the material used in the area? Can you see the container or pipes near the spill? Can you read any warning signs or numbers? Can you smell anything? What does it smell like? Can you see condensation or a fog-like mist? What can you hear?

If you are still uncertain as to the source of the spill or you know for certain what material has spilled, notify the key management officials responsible for controlling a spill, immediately! Continue to contact management personnel until you have received appropriate instructions. At some facilities, security personnel may be required and expected to notify outside emergency services prior to contacting local management. However, it is advisable, that if in doubt, security personnel should first attempt to notify a key management official.
Once a management official has been notified, security personnel may be expected to attempt to contain the spill or leak. Never attempt to contain a significant spill or leak unless you have been properly trained in the use of

personal protective equipment including self-contained breathing apparatus. However, if properly trained, security personnel may be able to contain the spill by using a clay-like substance or other absorbing material which will serve to absorb the material.

Security personnel may be instructed by the management representative or, if outlined in writing in the Emergency Preparedness Plan, to contact the local fire department or Hazardous Material Response team. At this time, an evacuation of the facility and adjacent homes and businesses may be ordered. Again, each facility's emergency response to a chemical spill will vary depending upon the material which has been spilled, the amount of the spill, the toxicity of the material, and the instructions detailed in the pre-emergency planning stages.

At all times, the safety of personnel is the single most important element in responding to a chemical spill. Failure to use personal protective equipment has injured and killed many emergency responders who failed to evaluate the situation prior to entering the contaminated area. Even if a rescue of another person is necessary, be certain that appropriate safeguards are taken into consideration before rushing into an emergency.

Material Safety Data Sheet (MSDS)

What Is a Material Safety Data Sheet (MSDS)?

A Material Safety Data Sheet (MSDS) is designed to provide both workers and emergency personnel with the proper procedures for handling or working with a particular substance. MSDS's include information such as physical data (melting point, boiling point, flash point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures. These are of particular use if a spill or other accident occurs.

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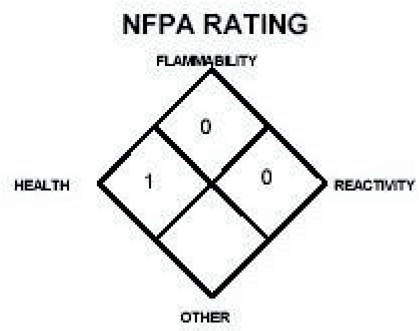

Who Are MSDS'S For?

MSDS's are meant for:

- Employees who may be occupationally exposed to a hazard at work.
- Employers who need to know the proper methods for storage etc.
- Emergency responders such as fire fighters, hazardous material crews, emergency medical technicians, and emergency room personnel.

MSDS's are not meant for consumers. An MSDS reflects the hazards of working with the material in an occupational fashion. For example, an MSDS for paint is not highly pertinent to someone who uses a can of paint once a year, but is extremely important to someone who does this in a confined space 40 hours a week.

Where Can I Get MSDS'S?

There are several places you can get them:

1. Your laboratory or workplace should have a collection of MSDS that came with the hazardous chemicals you have ordered (don't throw them away!)

2. Most universities and businesses have a collection somewhere on site. Check with your Environmental or Occupational Health Office or science librarian. Some organizations use commercial services to obtain printed, FAX or on-line copies of MSDS's.

3. You can get them from the distributor that sold you the material. If you can't find them then contact the manufacturer's customer service department

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What Agencies or Regulations Require Us To Keep MSDS's?

OSHA

The U.S. Government's Occupational Safety and Health Administration (OSHA) is responsible for the Hazard Communications Standard 29 CFR 1910.1200. The purpose of this standard is "to ensure that the hazards of all chemicals produced or imported are evaluated, and that information concerning their hazards is transmitted to employers and employees. This transmittal of information is to be accomplished by means of comprehensive hazard communications programs, which are to include container labeling and other forms of warning, material safety data sheets and employee training."

The Hazard Communication Standard (HCS) specifies the required elements that must be on an MSDS among other important data. It is a very readable document, and we suggest that anyone involved with MSDS management print out a hard copy for future reference.

EPA

Other regulations address MSDS's as well. For example, the U. S. Government's Environmental Protection Agency's (EPA) "Community Right to Know Law (SARA Title III)" is another set of regulations you'll want to consult.

State and Local Agencies

Many state laws may require or govern the content of MSDS's. Some of these are state Right to Know Laws. California, unlike many states, has its own OSHA, known as CalOSHA, and its own EPA, known as CalEPA. IN California, the Right to Know Law is known as Proposition 65, which mandates, among other things, the warning you see in front of many building about the presence of potentially hazardous or cancer-causing materials.

Your client and/or your security employer will brief you on any laws or regulations you need to know about to perform your duties.