

OHS Registration #: _____

Expiration Date: _____

**STANDARD OPERATING PROCEDURE/APPROVAL FORM
FOR CARCINOGENS AND HIGHLY TOXIC MATERIALS**

Instructions: Please complete this form to request approval to use and possess highly toxic or carcinogenic material from the University Chemical Hygiene Committee as required by Chapter 12 of the University Chemical Hygiene Plan and University Policy 7-37.

Submit a separate form for each chemical. Copies of the current guidelines and Chemical Hygiene Plan are available at the DOHS web site: <http://www.udel.edu/OHS/>. For questions, please contact the University Chemical Hygiene Officer at 831-2103.

Section I – Information

1. Principal Investigator(s): _____
2. E-Mail Address: _____
3. Department: _____
4. Address: _____
5. Phone Number: _____
6. Fax Number: _____
7. Lab(s) to be Used: _____
8. Chemical: Metallic Mercury and Inorganic Mercury Compounds

Section II – Use and Storage

A. Purchasing

All purchases of this material must have approval from the Principal Investigator (PI) or authorized personnel before ordering. The user is responsible to ensure that a current Material Safety Data Sheet (MSDS) is obtained unless a current one is already available within the laboratory. Quantities of this material will be limited to _____, and/or the smallest amount necessary to complete the experiment.

B. Authorized personnel

Please select the general categories of personnel who could obtain approval to use this material:

1. Principal Investigator
2. Graduate Students
3. Undergraduates
4. Technical Staff
5. Post Doctoral Employees
6. Other (Describe): _____

Please list the specific personnel and their approval level (Attach an addendum to this form for additional personnel):

NOTE: The Principal Investigator must be aware of all purchases of this material. The Principal Investigator must assure there is not an exceedance of the quantity limits.

1. _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Use the Material
2. _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Use the Material
3. _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Use the Material
4. _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Use the Material
5. _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Use the Material

The Principal Investigator will update this section when any personnel changes occur. If changes occur, document the changes (include the record of training of additional personnel) in the laboratories files and submit an addendum to the University Chemical Hygiene Officer with all training documentation.

C. Storage

Materials will be stored according to compatibility and label recommendations in a designated area.

1. Please list compounds that this chemical is incompatible with: AAvoid reaction with oxidising agents and acids.
2. Please list special storage requirements (I.E.: Refrigerated, Inert Atmosphere, Desiccated, etc.):

3. Please list specific storage area (This Area Must be Marked and Labeled): _____

Storage areas will be inspected by laboratory personnel on a regular basis. Personnel will check for safety concerns such as improper storage, leaking/damaged container(s), damaged labels, quantities in excess of approved limits, theft/disappearance of material, etc. The inspector will also determine if an inventory reduction is possible. The Principal Investigator will designate one individual to complete this inspection.

4. Please select an inspection frequency:

- Weekly Biweekly
 Bimonthly Monthly

D. Use location:

Materials shall be used only in the following designated areas.

Check all that apply:

1. Demarcated Area in Lab (Describe): _____
2. Fume Hood 3. Glove Box
4. Other (Describe): _____

Section III – Personnel Safety and Protection

A. Training requirements:

All users must demonstrate competency and familiarity regarding the safe handling and use of this material prior to purchase. The Principal Investigator is responsible for maintaining the training records for each user of this material. Training should include the following:

1. Review of current MSDS
2. Review of the OSHA Lab Standard
3. Review of the Chemical Hygiene Plan
4. Special training provided by the department/supervisor (Right to Know)
5. Review of the departmental safety manual if applicable
6. Safety meetings and seminars
7. One-on-One hands-on training with the Principal Investigator or other knowledgeable laboratory personnel.

B. Personal Protective Equipment:

All personnel are required to wear the following personal protective equipment whenever handling this material:

1. Proper Laboratory Attire (Pants or dresses/shorts below the knees, sleeved shirt, close-toe shoes)
2. Safety Glasses
3. Lab Coat

Personnel may be required to wear other Personal Protective Equipment when working with this material. The Principal Investigator should contact the University Chemical Hygiene Officer to discuss the selection of chemical protective clothing (aprons, suits and gloves) and respirators. Please check all that apply:

1. <input type="checkbox"/> Chemical Safety Splash Goggles	2. <input type="checkbox"/> Face Shield
3. <input checked="" type="checkbox"/> Chemical Protective Gloves (Describe): <u>Silver Shield</u>	
4. <input type="checkbox"/> Chemical Protective Clothing (Describe): _____	
5. <input type="checkbox"/> Chemical Protective Splash Apron (Describe): _____	
6. <input type="checkbox"/> Respirator (Type): _____	
7. <input type="checkbox"/> Other (Describe): _____	

C. Safe Work Practices

The following safe work practices should be employed when using this material:

1. Wear all required personal protective equipment
2. Cover open wounds
3. Wash hands thoroughly when work with the material is completed
4. No mouth pipetting

5. Use of sharps, such as glass Pasteur pipettes, needles, razor blades, etc. should be avoided or minimized
6. Must not work alone in the laboratory
7. Please list any other safe work practices: Avoid breathing vapours and contact with skin and eyes. Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. Avoid breathing mist and vapour . Avoid physical damage to containers. Wear personal protective equipment when handling. Use in a well-ventilated area . Handle and open container with care. When handling, DO NOT eat, drink or smoke. Keep containers securely sealed when not in use. until atmosphere has been checked. Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required. Wash hands with soap and water after handling. Work clothes should be laundered separately: NOT at home. .

D. Personnel Decontamination

For most exposures, decontamination should occur as follows:

1. Small Skin Exposures –
 - a. Wash contaminated skin in sink with tepid water for 15 minutes
 - b. Have buddy locate the MSDS
 - c. Wash with soap and water
 - d. Contact Occupational Health and Safety at 831-8475 for further direction
2. Eye Exposure –
 - a. Locate the emergency eye wash
 - b. Turn eye wash on and open eyelids with fingers
 - c. Rinse eyes for 15 minutes
 - d. Have buddy contact 911 for the Newark Campus, 911 for all others and locate the MSDS
 - e. Notify OHS
3. Large Body Area Exposure –
 - a. Locate the emergency safety shower
 - b. Stand under shower and turn it on
 - c. Rinse whole body while removing all contaminated clothing
 - d. Have buddy contact 911 for the Newark Campus, 911 for all others and locate the MSDS
 - e. Rinse body for 15 minutes
 - f. Notify OHS

Please list any special decontamination procedures: _____

E. Exposure Symptoms and Treatment

Please list the emergency procedures to be followed in the event of an exposure. These will be found in the MSDS for the compounds:

1. Skin/eye contact:
 - a. Symptoms: EYE: The material can produce chemical burns to the eye following direct contact. Vapors or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage. The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. SKIN: Skin contact with the material may be

harmful; systemic effects may result following absorption. Skin contact with the material may produce severely toxic effects; systemic effects may result following absorption and these may be fatal. The material can produce chemical burns following direct contact with the skin. Bare unprotected skin should not be exposed to this material. Toxic effects may result from skin absorption. Exposure limits with "skin" notation indicate that vapor and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapor inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

- b. First Aid: Rinse with water in a emergency eye wash or safety shower while removing contaminated clothing for 15 minutes. Seek emergency medical care by dialing 911.

2. Ingestion:

- a. Symptoms: Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual. The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. The material is considered to be harmful by all exposure routes. Symptoms of ingestion within the first few minutes may include pain, profuse vomiting and severe purging and the victim may die within a few hours from peripheral vascular collapse secondary to fluid and electrolyte loss. Primary gastroenteritis may subside spontaneously within a few days but severe haemorrhagic inflammation of the colon (colitis) has occurred as late as 9 days following ingestion. A second phase developing over 1-3 days is characterised by stomatitis (lesions of the mouth parts), membranous colitis and kidney damage (tubular nephritis). This second phase is associated with a slow and prolonged excretion of mercury by salivary glands, the gastrointestinal mucosa and kidneys. Death in this phase usually occurs as a result of kidney failure. The alimentary effects of many mercury compounds are so rapid that the course and outlook is largely determined by events within the first 5-10 minutes. Acute systemic mercurialism may be lethal within a few minutes or death may be delayed for 5-12 days. The ionisable salts are corrosive and tissue damage occurs almost immediately in the mouth, throat and oesophagus.
- b. First Aid: If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Immediately give a glass of water. : Seek immediate medical attention by calling 911.

3. Inhalation

- a. Symptoms: Harmful by inhalation. Very toxic by inhalation. If inhaled, this material can irritate the throat and lungs of some persons. The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.
- b. First Aid: Move to fresh air. Seek emergency medical care by dialing 911. Provide CPR if necessary.

4. Injection

- a. Symptoms: May be fatal
- b. First Aid: Seek emergency medical care by dialing 911.

The ChemWatch MSDS, which is available at <http://www.udel.edu/OHS/> oftentimes, has treatment information for Emergency Room Personnel and Doctors to follow. Please list any information that can be provided to assist with the treatment:

NOTES TO PHYSICIAN

Within a group of workers there is a relatively good correlation between the level of exposure and the concentration of metal in the blood and urine. There is no specific antidote for chronic poisoning.

- Moderate adsorption of inorganic mercury compounds through the gastro-intestinal tract (7-15%) is the principal cause of poisoning. These compounds are highly concentrated (as the mercuric (Hg (2+) form) in the kidney; acute ingestion may lead to oliguric renal failure. Severe mucosal necrosis may also result from ingestion.
- Chronic effects range from proteinuria to nephrotic syndrome. Chronic presentation also involves dermatitis, gingivitis, stomatitis, tremor and neuropsychiatric symptoms of erethism.
- Absorbed inorganic mercury does not significantly cross the blood-brain barrier.
- Emesis and lavage should be initiated following acute ingestion.
- Activated charcoal interrupts absorption; cathartics should be administered when charcoal is given.
- The use of British Anti-Lewisite is indicated in severe inorganic poisoning. Newer derivatives of BAL (e.g. dimercaptosuccinic acid, [DMSA] and 2,3-dimercaptopropane-1-sulfonate [DMPS]) may prove more effective. [Ellenhorn and Barceloux: Medical Toxicology]

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens from a healthy worker exposed at the Exposure Standard (ES or TLV).

<u>Determinant</u>	<u>Index</u>	<u>Sampling Time</u>	<u>Comments</u>
<u>1. Total inorganic mercury in urine</u>	<u>35 ug/gm</u>	<u>Preshift</u>	<u>B</u>
<u>2. Total inorganic mercury in blood</u>	<u>15 ug/L</u>	<u>End of shift at end of workweek</u>	<u>B</u>

B: Background levels occur in specimens collected from subjects NOT exposed.

F. Spills

The laboratory should be prepared to clean up minor spills (25 ml/25 g or less) of highly toxic/carcinogenic materials should they occur in a properly operating fume hood. Chemical spill clean up guidance can be found at <http://www.udel.edu/OHS/chemspillkit/chemspillkit.html>. Laboratory personnel cleaning up a spill will wear all personal protective equipment listed above and manage all cleanup debris according to the waste disposal section. Notify OHS of any spills, even if the lab staff handled the clean-up.

Please list the following:

1. Location of Spill Cleanup Materials for a small spill: _____
2. Any special measures/cleanup material required to cleanup a spill: Environmental hazard - contain spillage. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Contact OHS. Collect solid residues and place in tightly sealed, clean, dry containers.

If a spill is large or occurs outside of a fume hood, the laboratory occupants should immediately vacate the laboratory, close all doors and contact Occupational Health & Safety at 831-8475 during working hours or 911 after hours. If the laboratory personnel determine that the spill is not contained to the lab or could cause harm to people outside the laboratory, they should pull the building fire alarm and go to the Emergency Gathering Point to await the University Police and Emergency Responders. The responsible/knowledgeable person should provide the University Police and the Emergency Responders with the following:

1. Common Name of the Material Involved
2. A copy of a MSDS, if possible
3. Any pertinent information related to the emergency, such as location in the lab, other hazards in the lab, etc.

G. Emergency Phone Numbers:

Below are a list of emergency numbers to contact in the event of an emergency:

1. Police, Fire or Medical Emergency, call – 911 on the Newark Campus, 9-911 for all others
2. Occupational Health & Safety – X8475

Please provide a list of other emergency phone numbers, such as after hour contacts for laboratory personnel or any other important phone number, to be used in the event of an emergency: _____

H. Other Special precautions

Please list any other special precautions or procedures not listed in the above sections. Please be as specific as possible:

CHRONIC HEALTH EFFECTS

Danger of cumulative effects. There is some evidence that inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population. There is limited evidence that skin contact with this product is more likely to cause a sensitization reaction in some persons compared to the general population. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. This has been demonstrated via both short- and long-term experimentation.

Primary route of exposure is usually by skin contact/absorption. Mercury easily crosses the placenta and causes birth defects. Chronic exposure results in excess saliva production, loss of appetite, stomach upset, vague abdominal discomfort and mild diarrhea. The kidneys are rarely involved. Chronic mercury poisoning usually shows itself mainly as effects on the nervous system, especially the central nervous system. There may be tremors involving the hands and fingers, eyelids, cheeks, legs and tongue. Motor control may be impaired, leading to slurred or scanning speech and inco-ordinated walking. Disturbance with seeing or hearing may occur There may be behavior changes such as depression, despondency and fearfulness, often accompanied by sleep disturbance, headache and fatigue. Advanced cases show memory loss, hallucinations and deterioration in mental function. Other symptoms include a constant metallic taste, and various levels of gum inflammation, leading to periodontal disease and loosening of teeth. A dark blue line may occur along the gum margins. Uncommonly, a syndrome known as acrodynia ("pink disease") may occur, of which the major symptom is itchy scaling of the hands and feet. Sensitization may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitized persons should not be allowed to work in situations where exposure may occur. Dentists with moderate long term mercury exposures show subtle behavioural changes, tiredness, short term memory loss and impaired nerve conduction. Tremor is regarded as indicator of long term, low level exposures. Fine tremor of fingers, hands, arms, occasionally eyelids, lips and whole body. [CHEMINFO 322]

Section VI – Waste Disposal

The authorized person using this material is responsible for the safe collection, preparation and proper disposal of waste unless otherwise stated below. Waste shall be disposed of as soon as possible and in accordance with all laboratory and University procedures. All personal must obtain chemical waste disposal training via DOHS.

Specific instructions:

Collect solid waste material in a 7mil polyethylene bag and label with an orange chemical waste label. Collect liquid waste in a "Justrite" container provided by DOHS. Label with a hazardous waste label. Use proper laboratory ventilation such as a fume hood to manage both liquid and solid wastes. Contact DOHS for removal. Do not put in the normal trash or pour any solutions down the drain.

Section V – Signature and Verification

Your signature below indicates that you have completed this form accurately to the best of your knowledge, you acknowledge all requirements and restrictions of this form and that you accept responsibility for the safe use of the material.

1. Prepared By: _____

Date: _____

Signature: _____

2. Principal Investigator: _____

Date: _____

Signature: _____

Section VI – Approval Process

A. University Chemical Hygiene Officer Approval

The Principal Investigator should have this form completed as accurately as possible. Please e-mail or fax this form to the University Chemical Hygiene Officer at eich@udel.edu or 831-1528. The Chemical Hygiene Officer will review and verify the form and make any necessary changes or updates.

1. University CHO: _____ Date: _____

Signature: _____

B. Conditional Approval to Purchase and Use

This form will then be e-mailed or faxed to a member of the University Chemical Hygiene Committee (CHC), usually from the same department as the requesting PI. The Committee Member will meet with the Principal Investigator or designee and discuss the form and the use of the material. If the Committee Member finds the procedure acceptable, they can offer a conditional approval for purchase and use of this material.

2. CHC Member: _____ Date: _____

Signature: _____

C. Full Approval

A signed copy of the form will be sent, via campus mail, to the University Chemical Hygiene Officer, who will bring it up at the next Chemical Hygiene Committee Meeting for full approval. All approvals will be good for two years. The complete, signed approval form will kept on file with Occupational Health & Safety and a copy will be sent to the Principal Investigator to keep on file.

3. Acceptance: _____ Date: _____

CHC Chair: _____

Signature: _____

D. Approval Expiration

The approval for use and purchase of this material will expire should any of the approved information change, with the exception of Section II, B and C, Authorized Personnel and Storage Location, or two years after CHC approval. If, at the end of two years, the procedure is substantially the same, the Principal Investigator can complete a renewal form and send it to the University CHO, who can approve the renewal for an additional two years.

CHECKLIST FOR POSSESSION AND USE OF CARCINOGENS AND HIGHLY TOXIC MATERIALS

The checklist is provided to assist a researcher with the approval process for possession and use of carcinogens and highly toxic materials. This form may be kept on file in the laboratory with the SOP to serve as documentation. The complete procedure can be found in the University Chemical Hygiene Plan in Chapter 12.

Date and Initial	
_____	1. Complete a Standard Operating Procedure/Approval Form For Carcinogens and Highly Toxic Materials and submit this form to OHS for review
_____	2. Review and make OHS's changes and recommendations
_____	3. Meet with a member of the University Chemical Hygiene Committee to review the approval form and the use of the material.
_____	4. Submit (via campus mail) the completed and signed form back to the University Chemical Hygiene Officer for conditional approval to purchase and use the material. The University Chemical Hygiene Committee will review this form at the next scheduled meeting for full approval.
_____	5. Complete a Job Hazard Analysis (JHA) for each experiment in which this compound is used. These JHAs must be kept on file in the laboratory and updated every 5 years or when a process changes.
_____	6. Provide and document training for every worker who will use the material. Training shall include hands-on instruction as well as review of the JHA, SOP and the University Chemical Hygiene Plan; specifically Chapter 12.
_____	7. Conduct a trial run with OHS present.
_____	8. Have OHS present the first time a process using this material occurs.