

## Procedures for Medical Emergencies and Symptomatic Employees

### Medical Emergencies

In the event of a medical emergency involving formalin exposure, begin the appropriate first aid and emergency response procedures immediately. For inhalation (breathing) emergencies, first aid will include getting the person to fresh air. Skin and eye contact emergencies will require the flushing of the affected area with water for at least 15 minutes.

**Note:** Not all exposures may require emergency medical treatment. Some guidelines to use in determining if treatment is necessary are the following:

- A medical provider should evaluate any eye contact with liquid formalin as soon as possible. Consider an ambulance if product actually enters the eyes. Flush eyes for 15 minutes.
- A medical provider should evaluate skin contact with liquid formalin if there are any chemical burns to the skin. If the skin area is large, call an ambulance. Flush affected area with water for 15 minutes.
- A medical provider should evaluate inhalation exposure to formalin if immediate removal to fresh air does not clear up any breathing difficulties. Call an ambulance for transport to the nearest emergency room.
- Any ingestion of formalin requires transport by ambulance to nearest ER.
- When in doubt, call an ambulance to transport to the nearest emergency room.
- Employees who have been grossly overexposed to formalin and are displaying acute symptom should be transported by ambulance as soon as possible to the nearest ER,. The hospitals or clinics that are used for other emergencies should be used in these instances.
  - Provide the treating medical staff with the names of the occupational physician listed in this attachment. Request that the treating staff contact one of these physicians to determine if there is any other follow-up that should be provided at the time of emergency treatment.
  - If the treating staff does not contact the occupational physicians, then the employee should contact them if able. The employee should advise the physician of the type of exposure, treatment given, and check on the need for any follow-up that may be needed. Also report this information to the ODFW Safety and Health Manager.

### Symptomatic Employees

In the event employees who work with or around formalin are experiencing symptoms that may be attributable to formaldehyde exposure, the following procedures should be followed:

1. The affected employee will stop using the formalin and/or leave the area where formalin is used.
2. The employee will notify their supervisor that they are experiencing symptoms that may indicate an adverse exposure to formaldehyde. These symptoms may include:
  - a) Irritation to the eyes and upper respiratory tract (may or may not be a medical emergency);
  - b) Breathing difficulty (medical emergency);
  - c) Dermatitis (e.g. drying, cracking, scaling, and hardening of the skin);
  - d) Skin sensitivity (e.g. itching or hives) when working with or around formalin.

**Note:** Minor, transient irritation when working with or around formalin is expected. Simply smelling formaldehyde does not mean one has an adverse health problem caused by formaldehyde exposure. However, if the above listed symptoms persist after the employee stops using formalin and/or leaves the area where it is used, they should be reported to their supervisor.

Contact the occupational physician listed at the end of this attachment as soon as possible. The physician will discuss the specific situation with the employee and provide them with a medical questionnaire similar to the one in this attachment. The affected employee will complete the questionnaire, keep a copy for their records, and send a copy directly to the physician. The information in the questionnaire is confidential and will remain between the employee and the physician.

Upon reviewing the questionnaire, the physician will determine what actions, if any, are medically necessary and provide that information to the employee, their supervisor, and the ODFW Safety and Health Manager.

### **Occupational Physician**

The following occupational physician should be contacted if an employee has been involved in a medical emergency involving formalin exposure, or if they are experiencing symptoms that may be attributable to formalin exposure.

**Note: The physician is only available Monday through Friday between 8:00 am and 5:00 pm. If an employee needs prompt medical attention, do not delay treatment; contact your local emergency medical facility or urgent care clinic.**

Carol E Gunn MD LLC  
Occupational Medicine  
9370 SW Greenburg Rd Suite 423  
Portland, OR 97223-5442

(503) 542-0080  
Fax (503) 542-0083

## Formaldehyde Medical Surveillance Questionnaire

The attached questionnaire taken from the OR-OSHA Formaldehyde standard (OAR 437-2/Z-1910.1048). The format of the actual questionnaire supplied by the occupational physician may be different, but its content will be essentially the same as the attached.

### APPENDIX D TO §1910.1048 – NONMANDATORY MEDICAL DISEASE QUESTIONNAIRE

#### A. Identification

Plant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: (PRINT) \_\_\_\_\_

S.S. #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

#### B. Medical History

1. Have you ever been in the hospital as a patient? Yes  No

If yes, what kind of problem were you having?

2. Have you ever had any kind of operation? Yes  No

If yes, what kind?

3. Do you take any kind of medicine regularly? Yes  No

If yes, what kind?

4. Are you allergic to any drugs, foods, or chemicals? Yes  No

If yes, what kind of allergy is it?

What causes the allergy?

5. Have you ever been told that you have asthma, hay fever, or sinusitis?

Yes  No

6. Have you ever been told that you have emphysema, bronchitis, or any other respiratory problems?

Yes  No

7. Have you ever been told you had hepatitis? Yes  No

8. Have you ever been told that you had cirrhosis? Yes  No

9. Have you ever been told that you had cancer? Yes  No

10. Have you ever had arthritis or joint pain? Yes  No

11. Have you ever been told that you had high blood pressure? Yes  No

12. Have you ever had a heart attack or heart trouble? Yes  No

**B-1. Medical History Update**

1. Have you been in the hospital as a patient any time within the past year? Yes  No

If so, for what condition?

2. Have you been under the care of a physician during the past year? Yes  No

If so, for what condition?

3. Is there any change in your breathing since last year? Yes  No

Better?

Worse?

No change?

If change, do you know why?

4. Is your general health different this year from last year? Yes  No

If different, in what way?

5. Have you in the past year or are you now taking any medication on a regular basis? Yes  No

Name Rx

Condition being treated:

**C. Occupational History**

1. How long have you worked for your present employer?

2. What jobs have you held with this employer? Include job-title and length of time in each job.

3. In each of these jobs, how many hours a day were you exposed to chemicals?

4. What chemicals have you worked with most of the time?

5. Have you ever noticed any type of skin rash you feel was related to your work? Yes  No

6. Have you ever noticed that any kind of chemical makes you cough? Yes  No

Wheeze? Yes  No

Become short of breath or cause your chest to become tight? Yes  No

7. Are you exposed to any dust or chemicals at home? Yes  No

If yes, explain:

8. In other jobs, have you ever had exposure to:

Wood dust? Yes  No

Nickel or chromium? Yes  No

Silica (foundry, sand blasting)? Yes  No

Arsenic or asbestos? Yes  No

Organic solvents? Yes  No

Urethane foams? Yes  No

**C-1. Occupational History Update**

1. Are you working on the same job this year as you were last year? Yes  No

If not, how has your job changed?

2. What chemicals are you exposed to on your job?

3. How many hours a day are you exposed to chemicals?

4. Have you noticed any skin rash within the past year you feel was related to your work? Yes  No

If so, explain circumstances:

5. Have you noticed that any chemical makes you cough, be short of breath, or wheeze? Yes  No

If so, can you identify it?

**D. Miscellaneous**

1. Do you smoke? Yes  No

If so, how much and for how long?

Pipe

Cigars

Cigarettes

2. Do you drink alcohol in any form? Yes  No

If so, how much, how long, and how often?

3. Do you wear glasses or contact lenses? Yes  No

4. Do you get any physical exercise other than that required to do your job? Yes  No

If so, explain:

5. Do you have any hobbies or "side jobs" that require you to use chemicals, such as furniture stripping, sand blasting, insulation or manufacture of urethane foam, etc? Yes  No

If so, please describe, giving type of business or hobby, chemicals used and length of exposures.

**E. Symptoms Questionnaire**

1. Do you ever have any shortness of breath? Yes  No

If yes, do you have to rest after climbing several flights of stairs? Yes  No

If yes, if you walk on the level with people your own age, do you walk slower than they do? Yes  No

If yes, if you walk slower than a normal pace, do you have to limit the distance that you walk? Yes  No

If yes, do you have to stop and rest while bathing or dressing? Yes  No

2. Do you cough as much as three months out of the year? Yes  No

If yes, have you had this cough for more than two years? Yes  No

If yes, do you ever cough anything up from chest? Yes  No

3. Do you ever have a feeling of smothering, unable to take a deep breath,  
or tightness in your chest? Yes  No

If yes, do you notice that this on any particular day of the week? Yes  No

If yes, what day or the week? Yes  No

If yes, do you notice that this occurs at any particular place? Yes  No

If yes, do you notice that this is worse after you have returned to work after being off for several days? Yes   
No

4. Have you ever noticed any wheezing in your chest? Yes  No

If yes, is this only with colds or other infections? Yes  No

Is this caused by exposure to any kind of dust or other material? Yes  No

If yes, what kind?

5. Have you noticed any burning, tearing, or redness of your eyes when you are at work? Yes  No

If so, explain circumstances:

6. Have you noticed any sore or burning throat or itchy or burning nose when you are at work? Yes  No

If so, explain circumstances:

7. Have you noticed any stuffiness or dryness of your nose? Yes  No

8. Do you ever have swelling of the eyelids or face? Yes  No

9. Have you ever been jaundiced? Yes  No

If yes, was this accompanied by any pain? Yes  No

10. Have you ever had a tendency to bruise easily or bleed excessively? Yes  No

11. Do you have frequent headaches that are not relieved by aspirin or Tylenol? Yes  No

If yes, do they occur at any particular time of the day or week? Yes  No

If yes, when do they occur?

12. Do you have frequent episodes of nervousness or irritability? Yes  No

13. Do you tend to have trouble concentrating or remembering? Yes  No

14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged? Yes  No

15. Does your vision ever become blurred? Yes  No

16. Do you have numbness or tingling of the hands or feet or other parts of your body? Yes  No

17. Have you ever had chronic weakness or fatigue? Yes  No

18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes? Yes  No

19. Are you bothered by heartburn or indigestion? Yes  No

20. Do you ever have itching, dryness, or peeling and scaling of the hands? Yes  No

21. Do you ever have a burning sensation in the hands, or reddening of the skin? Yes  No

22. Do you ever have cracking or bleeding of the skin on your hands? Yes  No

23. Are you under a physician's care? Yes  No

If yes, for what are you being treated?

24. Do you have any physical complaints today? Yes  No

If yes, explain?

25. Do you have other health conditions not covered by these questions? Yes  No

If yes, explain: