Worker Protection Requirements

Robin Tutor, MPH, OTR/L
NC Agromedicine Institute
Handlers experiencing sensory irritation must....

stop work and leave the area

or

use air purifying respirators

* Does not apply to formulations with less than 20% chloropicrin
Irritation may include....

• Teary eyes
• Stinging sensation in the eyes or throat
• Difficulty breathing or tightness of the chest.
• Abdominal pain
• Vomiting
• Diarrhea
• Skin irritation
• Local redness or tissue damage
An air-purifying respirator is.....

A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.
An air purifying respirator with the appropriate cartridges must be available for each handler who will wear a respirator.
All handlers who will wear a respirator must be….

- fit-tested
- trained and
- medically examined to ensure they do not have health problems such as a heart or respiratory condition that could make use of a respirator dangerous
Note:

• Due to pre-existing medical condition, some individuals may not be cleared to use an air purifying respirator but may be able to use a powered air purifying respirator (PAPR). EPA currently has no guidance out on this issue.

• By industry standard, PAPRs do not require medical clearance or fit testing.

• Cost of units is ~$1000-$1500.

• Some people prefer PAPRs as steady air flow assists with heat issues.
PERSONAL PROTECTION EQUIPMENT (PPE) REQUIREMENTS

All handlers must wear:
- Long-sleeved shirt and long pants;
- Shoes and socks.

When handling liquid, all handlers must wear:
- Coveralls over short-sleeved shirt and short pants;
- Chemical-resistant gloves;
- Chemical-resistant apron;
- Chemical-resistant headgear for overhead exposure;
- Protective eyewear (Do NOT wear goggles);
- Chemical-resistant footwear and socks.
# Handler Information

<table>
<thead>
<tr>
<th>Handler Name, Address, and Phone Number</th>
<th>Employer Name, Address, and Phone Number</th>
<th>Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)</th>
<th>PPE (check all that apply)</th>
<th>Respirator Information (leave blank if “no respirator” is checked under PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10</td>
<td>□ Long-sleeved shirt/long-pants, shoes, socks</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Chemical-resistant apron</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Chemical-resistant footwear and socks</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Protective eyewear (NOT goggles)</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Chemical-resistant gloves</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Full-face air-purifying respirator</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self contained breathing apparatus</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ No respirator</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PPE training date:</td>
<td>Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:</td>
</tr>
</tbody>
</table>

☐ The above handler has received Fumigant Safe Handling information within the past 12 months.

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*1. Loaders, drivers, tractor co-pilots, shovelers, cross-ditchers, or other direct application participants
2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application
3. Tasks with liquid contact potential
4. Installing, perforating, removing, repairing, or monitoring tarp until:
- 14 days after the application is complete if tarp is not perforated and removed during those 14 days,
- Tarp removal is complete if tarp is both perforated and removed less than 14 days after the application, or
- 48 hours after tarp perforation is complete if tarp will not be removed within 14 days after application.
5. Taking air samples (breathing zone)
6. Handling or disposing of fumigant containers
7. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues
8. Installing, repairing, operating, or removing irrigation equipment in the application block
9. Performing scouting, crop advising, or monitoring tasks in the application block
10. Performing other WP5 handling tasks

Comments/notes:
Medical Evaluation

May be completed:

- on-line in conjunction with an Agromedicine coordinated event (requires pre-registration); lung function and blood pressure completed on-site

- on-line medical questionnaire reviewed by a physician OR

- by a visit to the physician as long as information reviewed is the same as that included in the medical questionnaire
OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

Part A. Section 1 (Mandatory) Employees selected to use any type of respirator must provide the following information:
1. Today’s date: [Date]
2. Your name: [Name]
3. Your age (in nearest year): [Age]
4. Sex (check one): [Male] [Female]
5. Your height: [ft] [in]
6. Your weight: [lbs]
7. Your job title: [Job Title]
8. A phone number where you can be reached by the health care professional who will review this questionnaire: [Phone Number]
9. The best time to phone you at this number: [Time]
10. Your Social Security Number: [SSN]

Part B. Section 2 (Mandatory) Questions 1 through 10 below must be answered by every employee who has been selected to use any type of respirator (please check “yes” or “no”).

1. Have you ever used a respirator? [YES] [NO]
   a. Has respirator use caused any of the following:
      i. Eye irritation when using a respirator? [YES] [NO]
      ii. Skin allergies or rashes when using a respirator? [YES] [NO]
      iii. Anxiety, choking, or hyperventilation (over-breathing) while using a respirator? [YES] [NO]
      iv. General weakness or fatigue when using a respirator? [YES] [NO]
      v. Any other problem that interferes with your use of a respirator? [YES] [NO]

2. Do you currently smoke tobacco, or have you ever smoked? [YES] [NO]
   a. Do you currently smoke tobacco, or have you ever smoked?
   b. Do you still smoke?
   c. Number of years smoked?
   d. Number of packs of cigarettes smoked per day?

Have you ever had any of the following conditions?
3. Seizures? [YES] [NO]
   a. Within the last two (2) years? [YES] [NO]
   b. Are you currently under the care of a MD for your seizures? [YES] [NO]
   c. Are your seizures under control? [YES] [NO]

4. Diabetes (sugar disease)? [YES] [NO]
   a. Are you currently under the care of a MD for diabetes? [YES] [NO]
   b. Is your diabetes under control? [YES] [NO]
   c. How do you control your diabetes? [YES] [NO]

5. Allergic reactions that interfere with your breathing? [YES] [NO]
   a. Does wearing a respirator cause your asthma or hay fever? [YES] [NO]

6. Claustrophobia (fear of closed-in places)? [YES] [NO]
   a. Does wearing a respirator cause your claustrophobia? [YES] [NO]

7. Trouble smelling odors? [YES] [NO]
8. Unexplained loss of consciousness? [YES] [NO]
   a. Within the last two (2) years? [YES] [NO]

Have you ever had any of the following pulmonary or lung problems?
9. Asthma? [YES] [NO]
   a. Treated within the last two (2) years? [YES] [NO]
   b. Are you currently taking an asthma medication? [YES] [NO]

10. Chronic bronchitis? [YES] [NO]

11. Pneumonia? [YES] [NO]

12. Are you currently receiving treatment for pneumonia? [YES] [NO]
   a. Has it been resolved? [YES] [NO]

13. Tuberculosis? [YES] [NO]
   a. Have you received treatment? [YES] [NO]
   b. Has it been resolved? [YES] [NO]

14. Silicosis? [YES] [NO]

15. Pneumonitis (collapsed lung)? [YES] [NO]
   a. Have you received treatment? [YES] [NO]
   b. Has it been resolved? [YES] [NO]

16. Lung cancer? [YES] [NO]

17. Lung disease? [YES] [NO]

18. Heart disease? [YES] [NO]

19. Have you received treatment? [YES] [NO]

20. Has it been resolved? [YES] [NO]

21. Any chest injuries or surgeries? [YES] [NO]
   a. Have you received treatment? [YES] [NO]
   b. Has it been resolved? [YES] [NO]

22. Any other lung problems that you are aware of? [YES] [NO]

Do you currently have any of the following symptoms of pulmonary or lung illness?
23. Shortness of breath? [YES] [NO]
   a. While walking fast on level ground or walking up a slight hill or incline? [YES] [NO]
   b. While climbing stairs? [YES] [NO]
   c. While walking with other people at an ordinary pace on level ground? [YES] [NO]
   d. Have to stop for breath when walking at your own pace on level ground? [YES] [NO]
   e. Shortness of breath when washing or dressing yourself? [YES] [NO]
   f. Shortness of breath that interferes with your job? [YES] [NO]
   g. Persistent cough (most days for three or more months per year)? [YES] [NO]
   h. Coughing that produces phlegm (thick sputum)? [YES] [NO]
   i. Persistent phlegm (most days for three or more months per year)? [YES] [NO]
   j. Coughing that wakes you early in the morning? [YES] [NO]
   k. Coughing that occurs mostly when you are lying down? [YES] [NO]
   l. Coughing up blood in the last month? [YES] [NO]
   m. Wheezing? [YES] [NO]
   n. Wheezing that interferes with your job? [YES] [NO]
   o. Chest pain when you breathe deeply? Any other symptoms that you think may be related to lung problems? [YES] [NO]

Have you ever had any of the following cardiovascular or heart problems?
28. Heart attack? [YES] [NO]
   a. What was the date of your heart attack? [Date]

29. Stroke? [YES] [NO]
   a. If yes, has your MD medically cleared you to perform a job requiring a respirator? [YES] [NO]

30. Angina (chest pain)? [YES] [NO]

31. Heart failure? [YES] [NO]

32. Swelling in your legs or feet (not caused by walking)? [YES] [NO]

33. Heart arrhythmia (irregular heartbeat)? [YES] [NO]

34. High blood pressure? [YES] [NO]
   a. Are you under the care of a MD for high blood pressure? [YES] [NO]
   b. Is your blood pressure under control with medication? [YES] [NO]

35. Any other heart problems that you are aware of? [YES] [NO]
Have you ever had any of the following cardiovascular or heart symptoms?  
46. Frequent pain or tightness in your chest? □ YES □ NO  
   a. Within the last two years? □ YES □ NO  
47. Pain or tightness in your chest during physical activity? □ YES □ NO  
   a. Within the last two years? □ YES □ NO  
48. Pain or tightness in your chest that interferes with your job? □ YES □ NO  
   a. Within the last two years? □ YES □ NO  
49. In the past two years, have you noticed your heart skipping or missing a beat? □ YES □ NO  
   a. Have you seen a MD for this condition? □ YES □ NO  
   b. Has your MD medically cleared you to perform a job requiring a respirator? □ YES □ NO  
50. Heartburn or indigestion that is not related to eating? □ YES □ NO  
   a. Within the last two years? □ YES □ NO  
51. Any other symptoms that you think may be related to heart or circulation problems (describe):  
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Do you currently take medication for any of the following problems?  
52. Breathing or lung problems? □ YES □ NO  
53. Heart trouble? □ YES □ NO  
54. Blood pressure? □ YES □ NO  
55. Seizures (fits)? □ YES □ NO  
56. Diabetes (shot or pill)? □ YES □ NO  

Miscellaneous  
57. Have you seen a doctor in the last year for a medical problem? □ YES □ NO  
58. Have you ever lost vision in either eye? □ YES □ NO  
   a. Was it permanent? □ YES □ NO  
59. Do you currently have any of the following vision problems? □ YES □ NO  
   a. Wear contact lenses? □ YES □ NO  
   b. Wear glasses? □ YES □ NO  
   c. Are you required to wear glasses while wearing a respirator? □ YES □ NO  
   d. Color blind? □ YES □ NO  
60. Any other eye or vision problem? □ YES □ NO  
61. Have you ever had an injury to your ears, including a broken ear drum? □ YES □ NO  
   a. Is your ear drum still currently ruptured? □ YES □ NO  
62. Do you currently have any of the following hearing problems? □ YES □ NO  
63. Difficulty hearing? □ YES □ NO  
64. Wear a hearing aid? □ YES □ NO  
65. Any other hearing or ear problem? □ YES □ NO  
66. Have you ever had a back injury? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO

Do you currently have any of the following musculoskeletal problems?  
67. Weakness in any of your arms, hands, legs, or feet? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
68. Back pain? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
69. Difficulty fully moving your arms and legs? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
70. Pain or stiffness when you lean forward or backward at the waist? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
71. Difficulty fully moving your head up or down? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
72. Difficulty fully moving your head side to side? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
73. Difficulty bending at your knees? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
74. Difficulty squatting to the ground? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO  
75. Climbing a flight of stairs or a ladder carrying more than 25 pounds? □ YES □ NO  
   a. Does this currently make use of a respirator difficult? □ YES □ NO

Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

The above answers have been supplied by me and are true to the best of my knowledge.

Employee Signature __________________________ Date __________________________
Medical Clearance Resources

- Occupational Safety & Health Clinics
  - May or may not offer medical clearance and respirator fit testing requiring that medical clearance and fit testing be obtained in different locations
  - Do not supply respirators
  - Some offer mobile services (daily minimum charge of $825-$2200)
  - May or may not be familiar with agriculture

- Physician’s office

- On-line & mail-in medical questionnaires
  [http://solutions.3m.com/wps/portal/3M/en_US/Health/Safety/Products/One/](http://solutions.3m.com/wps/portal/3M/en_US/Health/Safety/Products/One/)

- On-line medical questionnaire services
  [http://www.ohsinc.com/respirator_certification_respirator_medical_certification_online.htm](http://www.ohsinc.com/respirator_certification_respirator_medical_certification_online.htm)
Medical Evaluation

• Required initially before beginning to use a respirator
• Additional medical evaluations are required when:
  – Employee reports medical signs/symptoms related to ability to use respirator
  – Medical professional, program administrator or supervisor recommends evaluation
  – Information from the respirator program, including observations made during fit testing & program evaluation indicates a need
  – Change occurs in workplace conditions that may substantially increase physiological burden on employee
  – Annual review of medical status is not required
Fit Testing

Fit testing is required:

• prior to initial use
• whenever a different respirator face piece is used
• at least annually thereafter
Fit Testing

Fit testing may be:

• Qualitative
  – using a hood with bitrix, saccharin, or banana oil
  – used primarily with half face respirators

• Quantitative
  – Using a machine to test seal integrity
  – used primarily with full face respirators
Respirator Fit Testing Record

Employee Name: ___________________________ Date: ______________
Employee ID Number: ________________ Job Title: ___________________________
Employer: ___________________________ Location: ___________________________

Medically Cleared: YES NO
Respirator Type Selected: ___________________________
Manufacturer: ___________________________ Model: ___________________________ Size: __________

CONDITIONS WHICH COULD AFFECT RESPIRATOR FIT:
Clean Shaven _____ Facial Scar _____
Facial Hair _____ Dentures Absent _____
Glasses _____ Other _____

COMMENTS: _____________________________________________________________

FIT CHECKS:
Negative Pressure PASS ___ FAIL ___ NOT DONE ___
Positive Pressure PASS ___ FAIL ___ NOT DONE ___

FIT TESTING:
Quantitative FIT FACTOR ___________________________
Qualitative ISOAMYL ACETATE PASS ___ FAIL ___
(BANANA OIL)
SACCHARIN (# of Squeezes ______) PASS ___ FAIL ___
BITREX (# of Squeezes ______) PASS ___ FAIL ___
SMOKE PASS ___ FAIL ___

COMMENTS: _____________________________________________________________

EMPLOYEE ACKNOWLEDGEMENT of RESULTS:

Employee Signature: ___________________________
Test Conducted By: ___________________________
Date: ___________________________

Respirator Fit Test Card
Name: ___________________________ Test Date: ________________
ID #: ___________________________ Next Test Date: ________________
Respirator Make/Model: ___________________________
Pass or Fail: ________________

Fit Test Provided by The EI Group - 800.747.3472
Additional fit testing is required whenever the employee reports, or the employer or medical professional makes visual observations of changes in the employee’s physical condition that could affect respirator fit:

– facial scarring
– dental changes
– cosmetic surgery
– or obvious change in body weight
Respirator Use

• Tight fitting respirators cannot be worn by employees who have facial hair or any condition that interferes with the face to face seal or valve function.
Respirator Use

- Individuals who need glasses to see while using a full face respirator will need to purchase a spectacle adapter kit. Cost is ~$65-80 plus cost of lens
Maintenance & Care of Respirators

Respirators must be cleaned after each fumigant use and prior to storing to:

- ensure that there is no residual fumigant that could result in exposure at the next use
- to protect integrity of respirator as facial oils will cause seal material to deteriorate faster
Maintenance & Care of Respirators

- At the end of the fumigation day, remove and discard cartridges
- Submerse & agitate respirator in 5 gallon bucket of hot water
- Discard water
- Refill bucket with hot water and soap
- Submerse & agitate respirator well
- Rinse respirator well to remove soap
- Dry and store in separate location from chemicals, oils, and other contaminants
Risk Mitigation Measures Project

- Funded by the NC Tobacco Trust Fund
- Project guided by members of Soil Fumigant Workgroup
  - NC Agromedicine Institute, NCDA – Pesticide Section, NCSU Plant Pathology, NC Division of Public Health, the El Group, NC Strawberry Growers Association, NC Farmworker Health Program, NCSU Horticulture, and registrants with input from growers
- Provides 50% cost share for medical clearance (including spirometry & blood pressure)
- Provides 50% cost share for purchase of respirators & cartridges already discounted by vendors 10-40% *
- Services & products may be obtained through Project or through physician/vendor of choice. If using own physician/vendor, please contact us for more details regarding reimbursement.

* does not currently include SCBA
## Cost Savings Example

<table>
<thead>
<tr>
<th>Service or Equipment</th>
<th>Approximate Retail Cost</th>
<th>NC Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-line medical clearance w/physician review</td>
<td>25.00</td>
<td>12.50</td>
</tr>
<tr>
<td>Respirator fit testing</td>
<td>25.00</td>
<td>12.50</td>
</tr>
<tr>
<td>Spirometry/blood pressure (optional)</td>
<td>25.00</td>
<td>12.50</td>
</tr>
<tr>
<td>3M full face respirator</td>
<td>112.07</td>
<td>45.95</td>
</tr>
<tr>
<td>P100 OV/Acid gas cartridges (pair)</td>
<td>18.38</td>
<td>7.54</td>
</tr>
<tr>
<td>Total</td>
<td>205.45</td>
<td>90.99</td>
</tr>
</tbody>
</table>
Cost Share

- Immediately available through Agromedicine coordinated events

- Available otherwise through submission of cost share form provided by Agromedicine

[Image of a form titled SOIL FUMIGANT RISK MITIGATION MEASURES COST SHARE REIMBURSEMENT REQUEST]

- Cost Share level is 50:50
- Medical Clearance may be completed by a physician, nurse practitioner, or physician’s assistant; on-line medical clearance by recognized provider will also be accepted
- Respirator & cartridges must comply with label of fumigant being applied.
- Original itemized paid receipts must be returned to the North Carolina Agromedicine Institute within 60 days of medical clearance, respirator fit testing, and purchase of respirator(s) cartridges

Please complete the itemized list of medical clearance and respirator fit test services requested on the reverse side of this application.

RETURN THIS COMPLETED APPLICATION FORM TO:

NORTH CAROLINA AGROMEZINE INSTITUTE
ATTN: ROBIN TUTTLE
GREENVILLE, NORTH CAROLINA 27834

For Office Use Only: Approved by __________________ Date ______
Submitted for payment by: __________________ Date ______
Self-Contained Breathing Apparatus (SCBA)

• Currently, EPA is requiring that 1 air rescue device (e.g. SCBA) is on-site in case of emergency

• Cost is ~$1500-$2500 per unit

• Label does not specify requirements for fit testing and training
• Risk Mitigation Measures project is working with vendors to identify most reasonably cost SCBA, resources and resources for training

  – Sources: Airgas: Bill Hendershot bill.hendershot@airgas.com
          (800) 943-0333
  – Safeware: Chris Szucs cszucs@safewareinc.com
          (240)478-7433

• Other Solutions....
Things to be aware of......

• Farmers may have never used a respirator, don’t know how to put one on, know how to put on/change cartridges or know how to clean & store the respirator

• One size respirator doesn’t it all - farmers may not fit into the respirator supplied by their chemical dealer

• Farmers need to know where they can easily access replacement cartridges; best if the same manufacturer’s respirator is used by everyone on the farm required to use a respirator

• Just because a farmer has a respirator already,

• doesn’t mean it will pass fit testing
Personal Protective Resources

Personal Protective Equipment

- NC Agromedicine Institute - Robin Tutor, 919.880.4225 tutorr@ecu.edu
- AgriSafe of CommWell Health – Barb Gallagher, 910.567.7159 bgallagher@commwellhealth.org
- AgriSafe Network www.agrisafe.org click ‘safety store’
- Airgas www.airgas.com; Bill Hendershot bill.hendershot@airgas.com (800) 943-0333
- Safeware; Chris Szucs cszucs@safewareinc.com (240)478-7433
- Gemplers www.gemplers.com
- Chemical dealers
- Farm supply and hardware stores
Heat Cramps
Affect workers who sweat a lot during strenuous activity. Sweating depletes the body's salt and moisture levels.

Symptoms
- Muscle cramps, pain, or spasms in the abdomen, arms or legs

First Aid
- Stop all activity, and sit in a cool place.
- Drink clear fluid or a sports beverage, or drink water with food.
  - Avoid salt tablets.
- Do not return to strenuous work for a few hours after the cramps subside.
- Seek medical attention if you have the following heat problems, are on a low-sodium diet, or if the cramps do not subside within one hour.

Protect Yourself
Avoid heavy exertion, extreme heat, sun exposure, and high humidity when possible. When these cannot be avoided, take the following preventative steps:

- Monitor your physical condition and that of your coworkers for signs or symptoms of heat illnesses.
- Wear light-colored, loose-fitting, breathable clothing such as cotton.
  - Avoid non-breathable synthetic clothing.
- Gradually build up to heavy work.
- Schedule heavy work during the coolest parts of the day.
- Take more breaks when doing heavier work, and in high heat and humidity.
  - Take breaks in the shade or a cool area.
- Drink water frequently. Drink enough water that you never become thirsty.
- Be aware that protective clothing or personal protective equipment may increase the risk of heat-related illnesses.

Heat Exhaustion
The body's response to an excessive loss of water and salt, usually through sweating.

Symptoms
- Rapid heart beat
- Heavy sweating
- Extreme weakness or fatigue
- Dizziness
- Nausea, vomiting
- Irritability
- Fast, shallow breathing
- Slightly elevated body temperature

First Aid
- Rest in a cool area.
- Drink plenty of water or other cool beverages.
- Take a cool shower, bath, or sponge bath.
A Word About Take Home Exposure

• Leave boots/shoes outside
• Designate a special place in or outside the house for changing clothes
• Shower immediately after applying fumigants
• If case of splash, clothes should be changed immediately
• Wash clothes separately from the remainder of the family laundry
• Don’t pick up children/pets or hug the wife until clothes have been changed
• Wash hands before eating, smoking, chewing, or using the restroom
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