



Idaho State Police Forensic Services

HEALTH AND SAFETY MANUAL

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Revision History

Revision #	Description of Changes
1	Original Qualtrax Version – updated sections 2.4.1, 2.5, 14.1.1, 18.1, 19.2.2, 19.3.5, and corrected clerical errors
2	Removed chemical approval list
3	Updated 3.27, 3.29, 4.2 and 19.3.5
4	Updated 2.1.2.2, 3.15, 3.21, 4.3, 5.3, 8.1, 11.2, 13.5, 13.10, 15.1, 15.5.1.2, 17.1.1, 17.3, 18.8, 19.3.2, 19.4. Added section 3.30, 15.1.4. Removed 7.3, 13.9, references to chemical approval list (throughout)
5	Updated 2.1.1, 3.27 and 14.4
6	Updated 2.1.2.1, 3.9, 3.11, 3.25, 3.27, 3.29, 4.4.1, 5.6, 6.2, 6.3.1. 8.3 Added section 8.3.1, 8.3.2, 9.8, 9.8.1
7	Updated 2.1.2.1, added section 3.23, added section 6.2.1, added section 6.8, added section 8.4, updated numbering for 8.5, added section 14.2 added section 14.6, updated numbering 14.2-14.7, 15.1.1 updated link

1.0 INTRODUCTION

This manual is comprised of a general laboratory safety plan, chemical hygiene plan, and a blood borne pathogen exposure control plan. The goal of this manual is to furnish employees with a safe environment and a place of employment where recognized hazards that cause, or are likely to cause, death or serious physical harm are minimized to the extent possible.

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2.0 RESPONSIBILITIES

- 2.1 **Laboratory Manager** - The Laboratory Manager has the ultimate responsibility for safety within the Forensic Services laboratory and will, with other administrators, provide continuing support for safety training, inspections, equipment, and audits. It is required that this manual be reviewed annually by the staff and that the review be documented. The laboratory manager is responsible for the following:
- 2.1.1 In consultation with the Quality Manager, appointing a Safety Officer and delegating sufficient responsibility and authority to the appointed safety officer to ensure that the policies of the approved Health and Safety manual are implemented and followed (see QM15.5.b3).
 - 2.1.2 Ensuring that the following records (as applicable) are maintained on each employee by either the Laboratory Manager or designee.
 - 2.1.2.1 Emergency contact information, vaccination records, first aid and CPR training, blood borne pathogen training, annual Air-Purifying Respirator (APR) fit test for employees who are required to use APRs, mandatory mental wellness checkups for digital forensic examiners, baseline/biennial hearing tests and required blood lead level tests for staff who regularly test fire weapons. It is recommended that records regarding automated external defibrillation training be maintained also.
 - 2.1.2.2 Completed mishap forms referenced in the Employee Handbook, section 5.03 or the successor document. Mishap forms are used to document accidents and injuries (section 3.22), exposure to allergens/sensitizers, carcinogens, embryo toxins, mutagens, and teratogens (section 15.5), and spills either chemical or biological (sections 16.5 and 20.5). Mishap forms are completed electronically on the ISP Forms website at <https://intranet/ISPForms/>
 - 2.1.3 Providing for vaccinations, post-exposure follow-up programs, and work-related accident and illness reporting.
- 2.2 **Safety Officer** – Safety Officers are responsible for safety in their laboratory. The responsibilities and authority of the safety officer include:
- 2.2.1 Ensuring employees know and follow all health and safety policies; ensuring that protective apparel and safety equipment are available and in working order and appropriate training is provided (e.g., location and use of spill equipment).

- 2.2.2 Providing regular, formal safety and housekeeping inspections including routine inspections of safety equipment.
- 2.2.3 Ensuring the laboratory is in compliance with the department and unit health and safety policies on the safe handling of chemicals, blood borne pathogens, or other hazardous materials employees may come in contact with during laboratory operations.
- 2.2.4 Ensuring Material Safety Data Sheets/Safety Data Sheets (MSDS/SDS) are available in a location accessible to all employees (via Internet is acceptable).
- 2.2.5 Serving as chemical hygiene officer for their laboratory.
 - 2.2.5.1 Providing technical guidance in the development and implementation of the provisions of the Chemical Hygiene Plan, sections 11-18 of the Health and Safety Manual.
- 2.3 **Laboratory Employee** - Each individual has a basic responsibility to himself/herself and colleagues to plan and execute laboratory operations in a safe manner. This includes:
 - 2.3.1 Planning and conducting each operation in accordance with written and practical safety procedures.
 - 2.3.2 Consulting the appropriate procedure and considering safety in each step.
 - 2.3.3 Preparing a mental plan for actions that will be taken in the event of an accidental spill, etc.
 - 2.3.4 Developing good personal hygiene habits and using appropriate personal protective apparel and safety equipment.
 - 2.3.5 Using universal precautions by treating all blood and body fluids as infectious for Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), or other blood borne pathogens and treating all chemicals as potentially hazardous.
 - 2.3.6 Treating safety as a first priority. Working safely is a regular, continuing effort, not merely a standby or short-term activity.
 - 2.3.7 Reporting unsafe work conditions and other safety concerns to the Safety Officer or a supervisor.
 - 2.3.8 Warning other personnel if they are entering a hazardous area and providing them with appropriate protective apparel or equipment, if needed, and/or restricting their access to the area.

- 2.3.9 Knowing the physical properties and potential health hazards of the chemical(s) they are working with.
- 2.4 **Laboratory Safety Committee** – The Safety Officers from all three laboratories and the Quality Manager comprise this committee. The Safety Officers may solicit assistance from other laboratory sections to perform their duties. The Laboratory Safety Committee has responsibilities, which include:
- 2.4.1 Reviewing the Health and Safety Manual for potential updates.
- 2.4.2 Coordinating with each other to resolve health and safety issues on a statewide basis.
- 2.5 **The Quality Manager**- The Quality Manager shall chair the Laboratory Safety Committee, coordinate the annual safety audit of each laboratory, and update the Health and Safety Manual and Safety Audit Document as needed.

3.0 BEST PRACTICES

- 3.1 Use common sense when working with or around any area where chemicals are being used or stored.
- 3.2 Be aware of electrical hazards from equipment and other power sources. Many chemicals are efficient conductors of electricity.
- 3.3 All containers, containing chemicals, must be properly labeled. Chemicals that are transferred to secondary containers within the laboratory must be labeled consistent with the chemical and reagent labeling guidelines in section 14 of this manual.
- 3.4 Keep a maximum of 100ml, or 25g of each hazardous chemical at the workstation. Incompatible chemicals for use at the workstation and in these limited quantities are allowed to be stored together.
- 3.5 Store all chemicals and samples in appropriate closed containers and in their designated place (i.e. acid storage cabinet).
- 3.6 Separate stored chemicals by category, spaced to prevent reactions (i.e. acids, bases, flammables, etc.).
- 3.7 When chemicals that would present a serious hazard if spilled (ex. concentrated sulfuric acid) are hand carried for any distance, the container shall be placed in a safety bottle carrier.
- 3.8 Use appropriate personal protective equipment, such as gloves, safety glasses, face shields, etc., when working with corrosive/hazardous chemicals or potentially infectious materials. Corrosive chemicals have a pH greater than 12 or less than 2. For this procedure, hazardous chemicals are defined as having an NFR/NFPA hazard warning for health and/or reactivity of 3 or greater. This is not intended to include final reagents/buffers that pose little or no health risk.
 - 3.8.1 Eye and/or face protection must be worn at all times while handling corrosive/hazardous chemicals and/or forensic evidence that poses a splash or projectile hazard or when in close proximity to others performing similar analysis. Eyeglasses with side shields shall be worn at a minimum, safety glasses, full-face shields, and splash goggles will be available for use in each laboratory. Splash goggles or full-face shields are highly recommended when handling/transporting corrosive/hazardous liquids over 100 ml in breakable containers, or when using vacuum apparatus within the laboratory. Eye protection may be removed to perform visual analysis (i.e. microscope use).
 - 3.8.2 Gloves shall be worn when analyzing evidence or DNA database samples. Exceptions: Accessioning DNA database samples, weighing

methamphetamine quantitation samples, and processing firearms and firearms evidence provided the item has been thoroughly decontaminated (see 3.11 for additional exceptions).

- 3.9 Lab coats or other protective apparel shall be worn while working in the laboratory and by evidence staff when receiving/returning evidence (breath testing instruments are exempted, as well as the firearms laboratory when chemical testing is complete). In certain cases, disposable clothing, crime scene outerwear, and/or specialized eye, ear, and body protection are also available.
- 3.10 Keep chemicals and potentially infectious materials off desks and out of non-laboratory areas such as the break room.
- 3.11 The only acceptable areas within the laboratory facility for evidence are the front counters in the evidence receipt/return area, the evidence vault, evidence lockers, refrigerators/freezers designated for evidence storage, and laboratories where evidence is analyzed. *Exceptions: Latent lift cards, offender thumbprint cards, photographic evidence, firearms, and ammunition (fired or unfired) are permitted for use in the designated firing range and may be compared at the examiner's desk provided they are not biologically or chemically contaminated.*
- 3.12 No oral pipetting of any substance is permitted.
- 3.13 No food will be stored in the analytical areas or in an evidence or chemical storage refrigerator or freezer.
- 3.14 Spilled chemicals shall be safely cleaned up immediately and disposed of properly (i.e. acids shall be neutralized prior to disposal).
- 3.15 Do not taste chemicals for identification. If analytical material is to be used orally (i.e. – mouthwash for breath alcohol), it should be stored away from other chemicals and hazards.
- 3.16 Smell chemicals only when necessary and only by wafting a small amount of vapor towards the nose.
- 3.17 Cover all open cuts and sores before working with evidence or in the laboratory.
- 3.18 Avoid working alone in a laboratory if the procedures being conducted are hazardous. If you must work alone, notify someone of your whereabouts.
- 3.19 Know the location and operation of all eyewashes, fire extinguishers, first aid kits, showers, and fire alarms in the laboratory. Become familiar with all exits from the laboratory and the building.
- 3.20 Provide adequate ventilation so harmful levels of chemical vapors are not achieved.

- 3.21 When working with hazardous materials it is essential to know about their physical properties and their potential health hazards. Consult Laboratory Chemical Safety Summaries (Supplement 10 for “Prudent Practices in the Laboratory – Handling and Management of Chemical Hazards” Copyright 2011), MSDS/SDS, reference books, periodicals, and other reliable resource materials.
- 3.22 Report all accidents and injuries to your laboratory manager and safety officer as soon as possible and follow the procedure for documenting the injury in section 2.1.2.2 of this manual. In addition, section 5.03 of the agency Employee Handbook contains additional policies for dealing with employee injuries that must be followed when employees are injured on the job.
- 3.23 Practice good personal hygiene by not eating, drinking, smoking or vaping in areas where evidence or chemicals are present. Keep items that may be contaminated, i.e. hands, pens, or other instruments, away from the face at all times.
- 3.24 Wash hands frequently. It is recommended hands be washed before leaving the laboratory. Protective apparel shall be removed before leaving areas where evidence is analyzed and when working at personal desks. Lab coats may be worn when transporting evidence between the evidence receiving and laboratory areas, provided that the individual passes directly through the hallways and does not enter offices or other common areas. Workers in the evidence receipt/return area where sinks are not closely available shall be provided with disposable moist towelettes, or hand sanitizer for use. It is recommended that hands be washed with soap and water as soon as possible.
- 3.25 The evidence receiving areas and all laboratory areas will be maintained in a clean and sanitary condition. These areas shall be cleaned and disinfected, where appropriate, with either freshly prepared 10% bleach solution or a comparable substitute.
- 3.25.1 The counters in the evidence receiving area should be disinfected at least weekly.
- 3.25.2 The areas and surfaces in the laboratories where biohazards are processed shall be disinfected at the conclusion of sampling and/or testing.
- 3.26 Spills of liquid blood or other body fluids shall be cleaned up and the area shall be disinfected immediately. Keep in mind each time a piece of evidence is removed from its container and examined, the possibility of contamination of the hands and work area exists.

- 3.27 General clothing considerations: While in the laboratory, shoes with non-slip soles shall be worn (many dress shoes do not meet this criteria); shoes must be close-toed and cover the tops and sides of feet (if wearing a medical clog style shoe, socks must be worn to cover the heel); In the context of handling chemicals or examining evidentiary materials, attire must adhere to the ISP dress code, with clothing ensuring full coverage of the skin from ankle to wrist. Long hair and loose-fitting clothing shall be secured; and ties shall not be worn. When worn in the laboratory, State Police identification tags shall be secured inside of one's lab coat to prevent personal injury or contamination. (Dedicated breath testing calibration rooms as well as the firearms laboratory when chemical testing is complete, are exempt from the laboratory general clothing considerations and are considered as an office and/or laboratory common area.)
- 3.28 "Universal precautions" means treating all blood and body fluids as infectious for Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), or other blood borne pathogens and treating all chemicals as potentially hazardous.
- 3.29 When working in the laboratory, personal music devices and cell phones used as a personal music device will be secured under the laboratory coat or placed in a designated "clean" area when used in the laboratory. Use of these items in the lab poses a contamination risk and should be cleaned as needed. Due to the risk of distraction, cell phones are not to be used for non-emergency texting or phone calls while working in the laboratory. At no time should these devices be handled when wearing gloves or when actively working with evidence. Cell phones may be used to obtain technical support or to assist in maintenance on instruments and equipment in the laboratory.
- 3.30 When unique items, including evidence, are received that may present additional safety hazards above and beyond what is normally expected, consult with the lab safety officer, lab manager, and/or discipline lead to determine what additional PPE and precautions may be needed and to determine the most appropriate way to handle the items/evidence.

4.0 SAFETY TRAINING

- 4.1 The laboratory will provide educational materials to inform personnel regarding hazardous substances, harmful physical agents, and infectious agents.
- 4.2 Training will include the review of this manual to ensure knowledge of chemical hazards and blood borne pathogens. Training on blood borne pathogens and chemical hygiene shall be provided annually and is organized by the Quality Manager. Documentation of the successful completion of the annual training is maintained electronically in the laboratory's document management system.
- **BBP training required per OSHA 1910.1030(g)(2)(ii)(A) and 1910.1030(g)(2)(ii)(B)**
- 4.3 It is recommended the staff review the book entitled *Prudent Practices in the Laboratory – Handling and Management of Chemical Hazards (Copyright 2011)*, a publication of The National Research Council for general laboratory safety including basic electrical safety. A copy of this book shall be maintained by Forensic Services in an accessible location for use by the laboratory staff. An electronic copy of the book and all supplemental materials is maintained on the network at: I:\International Management System\Safety Training\Prudent Practices in the Laboratory
- 4.4 First Aid/CPR Training:
- 4.4.1 It is the laboratory's desire to have as many people trained in First Aid and CPR as possible. The laboratory will make this training available on an as-requested basis. This training will be conducted during working hours and at the laboratory's expense.
- 4.5 The Safety Officer shall provide safety briefings to the staff on various topics such as the location and use of all protective apparel and safety equipment in the laboratory.

5.0 EVACUATION AND RELOCATION PROCEDURES

- 5.1 The Safety Officer of each lab shall draft, post, and keep current an Emergency Evacuation and Relocation Plan for fires, bomb threats, utility failures, hazardous materials, and other emergencies. This plan may be as simple as a map of the facility showing evacuation routes and the location of a safe meeting place. Evacuation procedures shall be reviewed with all staff annually and documented by the Safety Officer.
- 5.2 If the extent of the emergency may jeopardize other employees in the building, they will be notified to evacuate. Activate the fire alarm if appropriate.
- 5.3 If there is time and personal safety is not jeopardized, turn off all lights and unnecessary electrical appliances, close the doors, and secure evidence appropriately.
- 5.4 There shall be adequate and unobstructed emergency exits.
- 5.5 The Laboratory Manager, temporary designee, or Safety Officer shall be responsible for safe evacuation of all laboratory occupants. A suggested way to accomplish this is by a roll call at the post-evacuation meeting place.
- 5.6 In the event of a hazardous materials incident involving highly toxic materials, the Lab Manager, temporary designee, or the Safety Officer should be notified and may provide guidance to contain or clean the spill.
- 5.7 No employee shall return to the evacuated area or building until the Lab Manager, temporary designee, or the Safety Officer, has established that it is safe to return to the area or building.

6.0 PERSONAL PROTECTIVE APPAREL AND SAFETY EQUIPMENT

- 6.1 The proper use of specialized clothing and safety equipment will minimize or eliminate exposure to hazards associated with many laboratory operations.
- 6.2 The laboratory will provide and maintain a first aid kit(s), spill response equipment, fire extinguishers, emergency eye wash station(s), emergency shower(s), lab coats, protective gloves (i.e. non-latex, Viton, etc.), safety glasses, particulate masks, and hand washing facilities or a suitable substitute (i.e. anti-bacterial wipes). Other protective apparel and safety equipment may be provided and/or purchased with the approval of Laboratory Management. This equipment shall be maintained by the individual to whom it is issued (i.e. APR, Nomex suits, and safety boots).

6.2.1 APR Fitness Testing

6.2.1.1 Requirement for Fit Testing

Individuals issued an Air-Purifying Respirator (APR) must undergo a fit test to ensure the respirator properly seals to their face, providing the necessary protection against hazardous substances. A successful fit test confirms that the respirator forms an adequate seal, minimizing exposure to airborne contaminants.

6.2.1.2 Frequency of Fit Testing

Fit testing must be performed:

- *Annually* to ensure continued effectiveness of the respirator fit.
- *Whenever there are changes* in the wearer's physical condition (e.g., significant weight gain or loss, dental work, facial surgery, or scarring) that could affect the fit of the respirator.

6.2.1.3 Fit Test Procedure

Fit testing must be conducted to evaluate the seal and performance of the respirator. This includes:

- *Qualitative Fit Testing (QLFT)*, which relies on the wearer's subjective response to a test agent (e.g., bitter or sweet aerosols).

6.2.1.4 Documentation

All fit test results must be documented and maintained. Laboratory Management is responsible for ensuring that records are accurately kept for each individual issued an APR, including:

- Date of fit test
- Type of fit test performed
- Brand, model, and size of the respirator tested
- *Test results (pass/fail)*

6.3 Exhaust hoods and other ventilation devices are available and shall be used to prevent exposure to airborne substances.

6.3.1 Hoods must have a continuous monitoring device. This does not include powder hoods.

6.4 Absorbent materials are available for chemical spills. Absorbent materials such as gauze pads and paper toweling are available for potentially infectious materials.

6.5 Specific cabinets are provided for the storage of flammable materials.

6.6 Hand trucks with a securing device shall be used when moving compressed gas cylinders more than a few feet. Securing devices must be provided to hold cylinders in an upright position when in storage or in use.

6.7 Appropriate waste containers and bags are available and must be used for the disposal of sharps and infectious waste.

6.8 Approved disinfectants, as described in section 19.3.4.1, are available in areas where potentially infectious materials are handled and examined.

7.0 LABORATORY SAFETY INSPECTIONS

- 7.1 The Laboratory Safety Officer is responsible to ensure laboratory safety equipment (emergency showers) is inspected at least annually. This documentation shall be reviewed and retained by the Safety Officer. First aid kits shall be inspected and restocked if necessary, and the solutions in any wall-mounted emergency eye wash stations shall be replaced if they have expired.
- 7.2 Monthly safety checks of hood performance, fire extinguishers, emergency lighting systems (if feasible), and emergency eye wash station functions, shall be performed and documented. This documentation shall be reviewed and retained by the Safety Officer. An inspection of each biological safety cabinet and fume hood shall be performed annually by an approved provider.
- 7.3 Locations of emergency eye wash stations, fire extinguishers, spill response equipment, and first aid kits shall be marked with signs.
- 7.4 Unsafe conditions/areas and improper use (or non-use) of safety equipment will be brought to the attention of the individual(s) affected, the Safety Officer, and/or their supervisor.
- 7.5 The Safety Officer will assist in correcting problems that exist and/or meet with the necessary individual(s) to facilitate their correction. The Laboratory Manager, with the help of the Safety Officer when appropriate, will address any findings given by the Idaho Department of Building Safety during their laboratory inspections. Forensic Services will not be responsible for findings located in other parts of shared facilities.

8.0 HEALTH HAZARD MONITORING AND SURVEYING

- 8.1 The Hepatitis B vaccination series and a Tetanus vaccination or booster are offered at no charge to all laboratory employees. Immunization titer level will be tested after completion of the Hepatitis B series if available. If a titer is not developed, an additional series or booster shot shall be provided as recommended by the ISP identified physician or other health care professional.
- 8.2 Employees who decline the provided vaccinations/booster shots/titer checks must sign the Vaccination Declination Form, indicating they understand the potential health consequences of not receiving the recommended vaccinations and titer checks.
- 8.3 Employees who conduct test firing of weapons are required to complete hearing and blood lead testing at no cost to the laboratory employee, as defined below:
 - 8.3.1 A baseline hearing test will be provided to staff who test fire weapons. Assessment of hearing levels will be conducted biennially, after a baseline is established.
 - 8.3.2 Blood lead levels will also be assessed for staff that test fire weapons. A baseline lead test will be provided to staff who test fire weapons. Assessment of lead levels will be conducted at five-year intervals after a baseline is established.
- 8.4 Digital Forensic Examiners (DFEs), due to the nature of their work involving exposure to disturbing or extreme content, are required to undergo mandatory mental wellness checkups at no cost to the employee:
 - 8.4.1 Annual checkups will be conducted with a mental health counselor to assess mental fitness and provide support as needed.
 - 8.4.2 Biennial evaluations with a licensed psychiatrist will also be provided to DFEs.
 - 8.4.3 Employees may access additional support through the Employee Assistance Program (EAP) or ISP peer support team as needed.
- 8.5 Results of provided health tests will be made available to the individual at the time they are received and as requested by that individual.

9.0 HANDLING AND USE OF FIREARMS and AMMUNITION

- 9.1 All firearms being submitted or handled will be treated as if they are loaded and each examiner handling a firearm will assume that it is loaded until verifying that it is unloaded.
- 9.2 A safety inspection will be performed after the weapon is received to ensure that the weapon is unloaded. Once an inspection of the weapon has been completed, a sticker shall be affixed indicating the date and initials of the person performing the inspection.
- 9.3 No firearm shall be loaded in the laboratory except in designated test-firing areas. Check the bore of the firearm for obstruction prior to loading.
- 9.4 Eye and ear protection will be worn when test firing.
- 9.5 Test firing shall not be done alone.
- 9.6 There shall be adequate ventilation during test firing.
- 9.7 Safety training shall be provided to any individual who handles firearms evidence unless exempted from the training by the Major/Manager.
- 9.8 Unfired ammunition shall be stored in a cool, dry location away from heat sources, open flames, solvents, and other chemicals.
 - 9.8.1 Reference ammunition will also be stored in a separate location from the Firearms reference collection.

10.0 HANDLING AND USE OF ALTERNATE LIGHT SOURCES

- 10.1 Goggles or other appropriate filters will be used for most examinations to minimize radiation exposure from alternate light sources that may cause eye or skin damage. The operator and any observers must be provided with adequate protection.
- 10.2 Only individuals trained in their use will operate alternate light sources.
- 10.3 Never look directly into the light source aperture when the unit is emitting light. Care must be taken to protect the operator and observers from direct and reflected light.
- 10.4 Do not move optical elements or shiny objects into or out of the light beam while the alternate light source is operating unless barrier filters are being used. Potentially blinding stray reflections may occur.

11.0 ORDERING OF CHEMICALS

- 11.1 For the purposes of this manual, a chemical will be defined as a substance used in analysis for extraction, dilution, or because it is a part of or causes a chemical reaction.
- 11.2 When purchasing a chemical that is not currently in use by the laboratory, the laboratory manager/discipline lead shall determine if sufficient control measures are available to minimize employee exposure, whether supplies are available to handle potential spills, whether the chemical is necessary, or if a less hazardous alternative is available.
- 11.3 Dry chemicals are ordered in the smallest quantity practical.
- 11.4 Solvents are ordered in the smallest quantity practical or what can be used in approximately 18 months.

12.0 CHEMICAL RECEIPT

- 12.1 Individual containers will be checked for content, breakage, or leaks, and intact label(s). Do not retain containers that are broken, leaking, unlabeled, having unreadable labels, or chemicals that were not ordered. Contact the supplier to have these items picked up. If possible, do not take responsibility for the disposal of rejected chemicals and/or containers.
- 12.2 Chemical containers shall be marked with the date they were received. See Section 14: CHEMICAL AND REAGENT LABELING

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13.0 CHEMICAL STORAGE

- 13.1 All chemicals shall be stored in properly labeled, closed containers in a cool (if possible) and dry location.
- 13.2 Utmost care must be exercised to ensure that incompatible chemicals cannot come in contact with each other. Chemicals in Column A are incompatible with the chemical directly across in Column B (table below) and shall be kept separate.

CLASSES OF INCOMPATIBLE CHEMICALS

Column A (incompatible with)	Column B
Acids	Bases
Alkali and alkali earth metals (i.e., sodium)	Water
Carbides	Acids
Hydrides	Halogenated organics
Hydroxides, oxides, and peroxides	Oxidizing agents *
Inorganic azides	Acids
Heavy metals and their salts	Oxidizing agents *
Inorganic cyanides	Acids, strong bases
Inorganic nitrates	Acids, metals, nitrites, sulfur
Inorganic nitrites	Acids, oxidizing agents *
Inorganic sulfides	Acids
Organic compounds	Oxidizing agents *
Organic acyl halides	Bases, organic hydroxy compounds
Organic anhydrides	Bases, organic hydroxy compounds
Organic halogen compounds	Aluminum metal
Organic nitro compounds	Strong bases
Powdered metals	Acids, oxidizing agents *

(*Oxidizing agents: Chromates, dichromates, halogens, halogenating agents, peroxides, hydrogen peroxide, nitric acid, nitrates, chlorates, perchlorates, permanganates, persulfates).

- 13.3 Quantities of flammable liquids in excess of one (1) liter shall be stored in a flammable liquid cabinet.
- 13.4 Refrigerated flammable liquids shall be stored only in explosion proof refrigerators. Reference materials of 5ml or less are exempt from this requirement and can be stored in a standard refrigerator.
- 13.5 Strong acids or strongly acidic solutions shall be stored in glass or stored in the container in which the laboratory received the chemical. Dilute acid solutions may be stored in plastic.

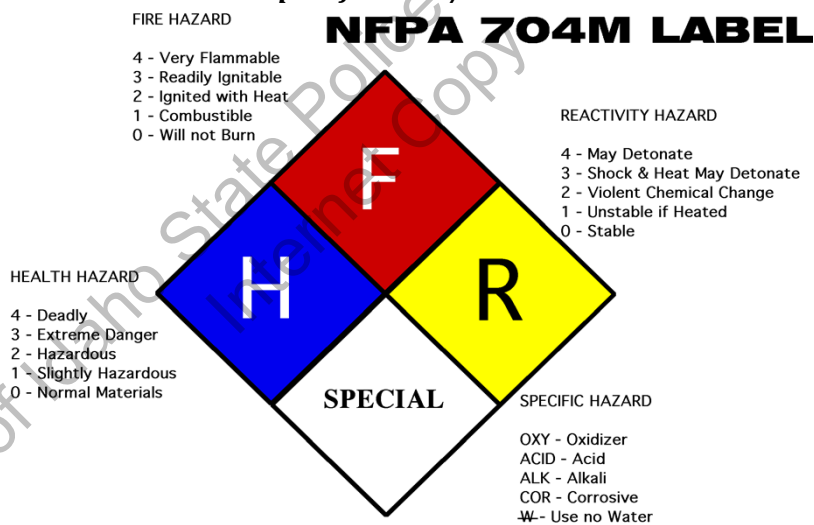
- 13.6 Liquids in quantities larger than one-half (1/2) liter shall not be stored higher than the lowest shelf of an above counter storage cabinet.
- 13.7 Return chemicals to their proper storage location after use.
- 13.8 Whenever possible, substitute for highly carcinogenic chemicals mentioned in procedures with a safer alternative chemical if it will not affect the quality of the procedure (Example - use toluene instead of benzene as a TLC solvent).
- 13.9 Chemicals that are no longer utilized shall be disposed of.
- 13.10 Chemicals in damaged or altered containers shall either be transferred to another container or disposed of. Prior to disposal they shall be packaged as necessary to prevent contamination of their surrounding environment and other chemicals. If their suitability for use is potentially compromised, they shall be disposed of.
- 13.11 Hazardous chemicals that have some likelihood of escaping into the laboratory atmosphere in significant amounts shall be stored in an operating hood or contained.

14.0 CHEMICAL AND REAGENT LABELING

14.1 Chemicals or reagents, not in the original shipping container, will be labeled with the following information:

- 14.1.1 Chemical or reagent name. An abbreviation of the name or the chemical formula may be used in lieu of the full name so long as the nomenclature is commonly understood.
- 14.1.2 Appropriate NFR/NFPA or GHS hazard warnings. Reagents containing more than one chemical will be labeled with both the reagent name (i.e., Marquis) as well as the NFR/NFPA health, flammability, and reactivity or GHS hazard warning of the most hazardous component (determined by information from the original shipping container or MSDS/SDS sheet). For example, if the most hazardous chemical in a reagent is sulfuric acid, the bottle shall be labeled with the NFR/NFPA or GHS warnings for sulfuric acid. Standards for controlled substances, toxicology, and fire debris analysis are exempted from this labeling requirement.

Example of an NFR/NFPA label:



GHS Hazards:

<p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

14.1.3 Reagent preparation date (and/or lot number if desired).

14.1.4 Reagent expiration date (if appropriate).

14.2 The date the container is first opened must be clearly marked on the label.

14.3 Consumer products in their original containers (i.e., hand soap) are considered acceptably labeled.

14.4 Immediate-use containers, such as test tubes, beakers, graduated cylinders, need not be labeled, with the provision they are not used to store chemicals for longer than one day.

14.5 Autosampler vials, solvent rinse vials, and reagent holders for screening instruments need not be labeled.

14.6 Plain water (plain tap water, distilled water, etc.) with no additives does not require a hazard label. This must still be marked or identified as “water” to ensure proper identification. When water is mixed with any chemical substance the resulting solution must be assessed to determine its hazards, and a label indicating those hazards must be applied.

14.7 Employees with questions concerning the appropriate information to use on a label shall contact the Safety Officer. If desired, NFPA wall charts can be ordered for a quick reference guide to proper labeling.

15.0 HANDLING AND USE OF CHEMICALS

15.1 Individuals are responsible for knowing the physical properties and potential health hazards of the chemical(s) they are working with. This information is found on the Material Safety Data Sheets/Safety Data Sheets (MSDS/SDS) available in the laboratory, on the internet, from the manufacturer, in the Laboratory Chemical Safety Summaries (Supplement 10) in Prudent Practices in the Laboratory: Handling and Management of Chemical Hazards, Copyright 2011 or NFR/NFPA or GHS warnings.

15.1.1 MSDS/SDS Internet sites:

<http://www.ilpi.com/msds/index.html>

<https://chemicalsafety.com/sds-search/>

<https://sdsmanager.com/us/search/>

15.1.2 Assume all chemicals are hazardous. Treat any mixture of chemicals as if it is more hazardous than the most dangerous component.

15.1.3 It is recommended that chemical spot tests be performed in a fume hood or a well-ventilated area.

15.1.4 Sodium percarbonate (the active ingredient in OxiClean) has been shown to break down fentanyl molecules and may be used to clean hard surfaces that have been potentially contaminated with fentanyl. If using a sodium percarbonate solution to clean a surface, it should be prepared fresh with each use.

15.2 ACIDS AND BASES (Corrosives)

15.2.1 Corrosive: pH greater than 12 or less than 2.

15.2.2 Corrosive chemicals will irritate or burn the skin, eyes, and respiratory tract. Severe exposure can cause permanent damage.

15.2.3 Add acids or bases to water not vice versa.

15.2.4 Always pour the acid or base slowly to avoid splashing or superheating. If necessary, pour down a glass rod to prevent splashes and spills.

15.2.5 Always make sure there is a source of water in the area when working with corrosive chemicals in case there is an emergency.

15.3 ORGANIC LIQUIDS

- 15.3.1 Organic liquids shall be used in a fume hood or a well-ventilated area if there is a likelihood of contamination of the laboratory atmosphere. Small amounts of methanol, ethanol, or isopropanol may be used at the bench for analysis or to clean the laboratory.

15.4 FLAMMABLE LIQUIDS

- 15.4.1 Flash point is the temperature at which enough vapor is given off to form an ignitable mixture with air. Chemicals with a flash point of less than 100°F are classified as flammable.
- 15.4.2 Whenever flammable vapors are present there are fire and explosion hazards. It is the vapor, not the liquid that can burn. Workers must be aware of the hazards of flammable liquids and must take positive measures to eliminate the risk of injury.
- 15.4.3 Use extreme caution when using open flames in conjunction with flammable liquids.
- 15.4.4 Avoid prolonged or repeated skin contact.
- 15.4.5 Use non-sparking electrical equipment in areas where flammable liquids are stored, handled, and used.
- 15.4.6 Flammable solvent transfers shall be carried out only in fume hoods or in other areas where ventilation is sufficient to avoid a buildup of flammable vapor concentrations.

15.5 ALLERGENS/SENSITIZERS, CARCINOGENS, EMBRYO TOXINS, HIGHLY ACUTE TOXINS, MUTAGENS, AND TERATOGENS:

15.5.1 DEFINITIONS:

- 15.5.1.1 Allergen/Sensitizer (OSHA DEFINITION): “a chemical that causes a substantial proportion of exposed people or animals to develop an allergic reaction in normal tissue after repeated exposure to the chemical.” The condition of being sensitized to a chemical is also called chemical hypersensitivity.

- 15.5.1.2 Carcinogens: "...substance capable of causing cancer." "Compounds that are known to pose the greatest carcinogenic hazard are referred to as 'select carcinogens,'" Prudent Practices in the Laboratory Handling and Management of Chemical Hazards, c. 2011, section 4.C.3.6. Select carcinogens shall be the primary substances designated as carcinogens. However, other substances may also be designated as carcinogens as appropriate.
- 15.5.1.3 Embryo toxin: poisonous to an embryo (without necessarily poisoning the mother).
- 15.5.1.4 Highly acute toxins: substances that possess the characteristic of highly acute toxicity can cause injury after a single or short-term exposure. The immediate toxic effects on human health range from irritation to illness and death. Hydrogen cyanide, phosgene, and nitrogen dioxide are examples of substances with highly acute toxicity. The lethal oral doses for an average human adult of highly toxic substances range from one ounce to a few drops.
- 15.5.1.5 Mutagen: causing a heritable change in the gene structure.
- 15.5.1.6 Teratogen: producing a malformation of the embryo.
- 15.5.2 PROTECTIVE MEASURES:
- 15.5.2.1 Allergens/sensitizers, carcinogens, embryo toxins, highly acute toxins, mutagens, and teratogens: handle these substances in a hood if there is an opportunity for these substances to become airborne. Wear protective apparel to prevent skin contact. Employees shall be extremely cautious when using these hazardous chemicals.
- 15.5.2.2 Immediately notify the Lab Manager and Safety Officer of all incidents of exposure and a determination will be made as to whether a medical evaluation is needed. Follow the procedure for documenting the exposure in section 2.1.2.2 of this manual.

15.6 REACTIVE CHEMICALS

- 15.6.1 Reactive chemicals are unstable chemicals that can react violently with other chemicals or water to produce heat or dangerous gases. Some reactive chemicals burn when exposed to air or water. Oxidizers may provide extra

oxygen in a fire. Consult the NFR/NFPA or GHS information to find out the reactivity of a specific chemical.

- 15.6.2 Prior to mixing chemicals of unknown compatibility, a compatibility test shall be performed by mixing a small quantity of the chemicals in a fume hood with the sash down as far as possible and while wearing proper protective equipment.
- 15.6.3 Diethyl ether shall be stored in the original container or in metal containers with non-metal lids. Use extreme caution when evaporating ether to dryness during analytical procedures. Be very cautious of explosive peroxide formation.

15.7 CHEMICALLY CONTAMINATED EVIDENCE

- 15.7.1 Evidence that has received a chemical treatment, that may leave a potentially dangerous chemical residue, must be marked with a warning label before being returned to the agency.

16.0 CHEMICAL SPILLS: IMMEDIATE SPILL RESPONSE PROCEDURES

- 16.1 **Evaluate** - If necessary, use the safety shower, eyewash, and/or sink to decontaminate eyes and skin (flush thoroughly for 15 minutes).
- 16.2 **Evacuate** - Clear employees from the area. Remove all sources of ignition if the spilled material is ignitable.
- 16.3 **Contain** - Control and contain liquid spills using absorbent materials. Prevent liquids from traveling into sewage systems. Utilize appropriate personal protective apparel and safety equipment.
- 16.4 **Clean-up** - Wear and use appropriate personal protective apparel and safety equipment. Collect spilled waste and absorbent material into a leak-proof closable container. Doubled, heavy-duty plastic bags are sufficient for most spills. Label and dispose of properly. Decontaminate areas where the spill occurred. Neutralize acid and base spills. Wash all potentially exposed skin areas thoroughly after completing the cleanup.
- 16.5 **Notify** - Notify the Lab Manager and Safety Officer as soon as possible that a spill has occurred. The Laboratory Manager will document the spill and evaluate if any further steps are necessary. Follow the procedure for documenting the spill in section 2.1.2.2 of this manual.

17.0 HAZARDOUS WASTE DISPOSAL

17.1 GENERAL CHEMICAL WASTE HANDLING

- 17.1.1 See section 8.D of Prudent Practices in the Laboratory – Handling and Management of Chemical Hazards (copyright 2011) for more in-depth procedures for laboratory-scale treatment of surplus and waste chemicals.
- 17.1.2 The proper disposal of chemical substances is the responsibility of all laboratory personnel.
- 17.1.3 All chemical waste containers must be labeled as “waste.”

17.2 CHEMICAL DISPOSAL TO THE SEWER SYSTEM

- 17.2.1 DO NOT discharge into the sewer any combustible, flammable, or explosive solids, liquids, or gases which by their nature or quantity will or are likely to cause, either alone or by interactions with other substances, a fire or explosion.
- 17.2.2 Strong acids and bases must be diluted with cold water and neutralized to pH 7. Once acids and bases are neutralized, they can be poured into the sewer system.
- 17.2.3 DO NOT discharge highly toxic, malodorous, or lachrymatory (causes eyes to water) chemicals down the drain (consult MSDS/SDS).

- 17.3 BATTERIES: It is recommended that lithium batteries be collected and appropriately disposed of (i.e., at the local landfills when they are collecting hazardous chemicals and batteries).

18.0 COMPRESSED GASES

- 18.1 This section refers to the large compressed gas cylinders for supplying carrier gases for analytical instruments. The small ethyl alcohol cylinders for use in breath testing shall be stored in the laboratory, according to the manufacturer's recommendations.
- 18.2 Cylinders will be stored in an upright position. Chain or otherwise secure them so they cannot be upset, fall, or strike each other.
- 18.3 Cylinders will be stored in the designated gas storage area when not in use. Whenever possible, store empty cylinders spaced away from the full cylinders.
- 18.4 Close all cylinder valves before moving, and when being stored (empty or full). Except when in use, the valve protection device must always be in place. Mark empty cylinders as empty. Cylinders on an automatic tank switching system do not need to be marked as empty.
- 18.5 Extreme care shall be used when handling compressed gas cylinders. Do not drop, jar, or expose them to temperatures above 50°C (120°F). All cylinders shall be handled as if they are full.
- 18.6 Do not use the valve or valve cap to lift or move cylinders. When moving a cylinder always use a hand truck with a securing device when moving the gas cylinder more than a few feet. Do not roll cylinders to move them unless the cylinder is only being moved a few feet.
- 18.7 Check cylinder labels before use. Color-coding is not a standardized means of identification.
- 18.8 When installing or changing tanks, check cylinders for rust or dents and make sure there are no visible issues. Particularly check around the neck of the cylinder (including the screw threads) and at the bottom. If there is doubt about a cylinder's structural strength or the possibility of leakage contact the supplier.
- 18.9 Use fittings, gauges, and regulators suitable for the particular gas being used. Safety valves, gauges, and regulators shall be securely mounted and shall not be used if they are bent or damaged.
- 18.10 Protect cylinders from sparks, flames, and contact with energized equipment.
- 18.11 Connections on cylinders shall be tightened or loosened carefully. Do not tamper with safety release devices or cylinder valves. If there is a problem with a cylinder, promptly notify the supplier indicating the type of problem and the

cylinder's serial number. Follow the supplier's instructions and/or have the cylinder replaced.

- 18.12 To prevent contamination of instruments and gas lines, discontinue use of high-pressure cylinders when the pressure approaches 30 psi. Do not bleed cylinders completely empty. Leave a slight pressure to keep contaminants out.

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19.0 HANDLING AND STORAGE OF INFECTIOUS MATERIALS

- 19.1 “Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions all human blood and body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. As a part of Universal Precautions, engineering controls and workplace practice controls are designed to minimize worker exposure to infectious materials and potentially infectious materials.
- 19.2 “Engineering Controls” are controls (e.g., biological safety cabinets, fume hoods, sharps disposal containers, etc.), that isolate or remove the blood borne pathogen hazards from the workplace by physical or mechanical means.
- 19.2.1 Hand washing facilities are located throughout the laboratory and are readily accessible to employees. When the provision of hand washing facilities is not feasible (i.e., crime scenes, evidence receiving areas, etc.) either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels, or antiseptic wipe will be provided.
- 19.2.2 Ventilation: Biological safety cabinets and/or fume hoods offer protection for the laboratory worker from contamination by body fluids and other potentially infectious materials.
- 19.2.3 Waste containers used for the collection of contaminated infectious waste materials for disposal will be leak proof, closable, sealable, and marked as a biohazard.
- 19.3 “Work Practice Controls” are controls that reduce the likelihood of exposure by altering the way a task is performed (e.g., use of personal protective equipment, one-handed needle recapping method).
- 19.3.1 Handling: Specimens of blood or other potentially infectious materials must be placed in a container, which prevents leakage during handling, processing, storage, transport, and shipping.
- 19.3.2 Apparel: Cover and bandage all cuts, wounds, and abrasions prior to gloving or covering with protective clothing and before performing any work-related duties involving infectious materials. Analysts will wear gloves, lab coats/gowns, or other protective clothing when handling items containing body fluids or other potentially infectious materials (see 3.8, 3.9, and 3.27 for additional requirements). Supervisors and/or Discipline Leads may determine additional precautions to be used.

- 19.3.3 Opening Blood Tubes: Blood tubes will be opened wearing gloves and lab coat and either:
- 19.3.3.1 Within a biological safety cabinet with the sash lowered, or
 - 19.3.3.2 Within a fume hood with the sash lowered, or
 - 19.3.3.3 Wearing a face shield, or
 - 19.3.3.4 Wearing safety glasses and a facemask.
- 19.3.4 Decontamination: Employees will wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. It is recommended that hands be washed before leaving the laboratory.
- 19.3.4.1 Contaminated work areas shall be cleaned using freshly prepared 10% bleach solution or a comparable substitute.
- 19.3.5 Sharps: Sharps, should not be bent, recapped, or removed except as noted below. Shearing or breaking of needles is prohibited.
- 19.3.5.1 Contaminated needles and sharps will not be recapped or removed unless no alternative is feasible.
 - 19.3.5.2 Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
 - 19.3.5.3 Sharps for disposal must be placed in containers that are:
 - 19.3.5.3.1 Puncture resistant.
 - 19.3.5.3.2 Marked either "Biohazard" or "Sharps."
 - 19.3.5.3.3 Leak-proof on the sides and bottom.
 - 19.3.5.3.4 Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
 - 19.3.5.3.5 Maintained upright throughout use.
 - 19.3.5.3.6 Replaced routinely and not allowed to overfill.
 - 19.3.5.4 Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

- 19.3.5.5 Contaminated reusable sharps will be placed, immediately or as soon as possible after use, into appropriate containers until properly disinfected.
- 19.3.6 Laundry: Contaminated laundry shall be handled as little as possible with a minimum of agitation. Do not allow sharps to be placed into laundry containers.
 - 19.3.6.1 Laundry contaminated with excessive amounts of blood or other potentially infectious materials will be placed into a leak proof "biohazard" bag and the bag tied closed at the location where it was used.
 - 19.3.6.2 Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.
- 19.4 Warning labels (i.e., "Biohazard" stickers) shall be affixed to containers used to store or transport, blood or other potentially infectious materials. When these materials are shipped, the inner container should contain a biohazard sticker and the outer packaging shall be labeled with an "Exempt Human Specimen" sticker. Warning labels shall also be affixed to containers of regulated waste and refrigerators and freezers containing blood or other potentially infectious material.

20.0 INFECTIOUS MATERIAL SPILLS: IMMEDIATE SPILL RESPONSE PROCEDURES

- 20.1 **Evaluate** - If necessary, use the safety shower, eyewash, and/or sink to decontaminate eyes and skin (flush thoroughly for 15 minutes).
- 20.2 **Evacuate** - Warn employees in the immediate area of the spill. If appropriate, clear employees from the area.
- 20.3 **Contain** - Control and contain liquid spills using absorbent materials. Wear appropriate clothing and equipment (a minimum of Nitrile gloves or comparable and lab coat, gown or other protective outer garment). Goggles and facemasks and/or shoe coverings may also be appropriate.
- 20.4 **Clean up** - Use appropriate personal protective apparel and safety equipment. Collect spilled waste and absorbent material into an infectious waste container. Contaminated broken glass shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps. Label and dispose of properly following waste procedures. Decontaminate areas where the spill occurred, and the equipment used to clean up the spill with freshly prepared 10% bleach solution or a comparable substitute.
- 20.5 **Notify** - Notify the Lab Manager and Safety Officer that a spill has occurred, how it was cleaned up and the generation of any infectious waste as soon as possible. The Laboratory Manager will document the spill and evaluate if further steps are necessary such as an incident review. Follow the procedure for documenting the spill in section 2.1.2.2 of this manual.

21.0 HANDLING AND DISPOSAL OF INFECTIOUS WASTE

- 21.1 Liquid blood may be discharged to the sewer system only after autoclaving or by adding 10 ml undiluted bleach per 100 ml of blood. Urine may be discharged into the sewer system.
- 21.2 Infectious waste may also be removed by a contracted hazardous waste handler.
- 21.3 Decontaminate sinks and other work surfaces as soon as feasible. Decontaminate reusable containers prior to reuse.

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