QMD Protocol℠

BIO RECOVERY SITE RISK ASSESSMENT
Field Operations

Project Name: _____
Project Address: _____
Project City: _____ **State:** _____ **Zip:** _____

Project Manager: _____
Company: _____
Contact Details: _____

Front End Management

1. Type of Loss: **Mycotoxins**
   Other: _____

2. Type of Facility:
   Residential: ☐
   Institutional: ☐
   Municipal: ☐
   Health: ☐
   Commercial: ☐
   Industrial: ☐

3. Are there illnesses? Yes ☐ No ☐
   If yes, How many people? _____

4. Is there Clinical Analysis available? Yes ☐ No ☐
   Is there a diagnosis? _____
   Condition or syndrome name: _____
   Suspected Pathogen/Contamination: _____
   Is there any other documentation? Yes ☐ No ☐

5. Bio Safety/Agent Risk Group: _____

6. Is this a Property Insurance Claim? Yes ☐ No ☐ N/A ☐
   Name of Insurance Company: _____
   Phone Number: _____ Determination of Coverage: _____ Amount: _____
   Deductible: _____ Claim number: _____
   Adjuster's Name: _____ Phone: _____
   E-Mail: _____
   Public Adjuster's Name: _____ Phone: _____
   E-Mail: _____

Step 1: Determine Type of Risks Present (Determination of Risk Group)

Risk Group (RG)	Description (Choose Highest Risk Group level)	Example of Activities
Group 1	Agents are not associated with disease in healthy adult humans.	• Category 3 water damage outside of a health care facility. • Mitigation of an agent that does not present an environmental health risk.
Group 2	Biological agent risk that can cause human disease and might be a hazard to workers; it is unlikely to spread to the community; there is usually effective preventative action or treatment available;	• Blood and Trauma Mitigation • Category 3 water damage inside or downgradient from a health care facility. • Zoonotic Waste Mitigation and Remediation • Diarrhea and loose stool cleanup • Mold Remediation • Mycotoxin Deactivation
Group 3	Biological / Drug agent risk that usually causes serious human or animal disease, or which can result in serious economic consequences but does not ordinarily spread by casual contact from one individual to another, or that can be treated by antimicrobial or antiparasitic agents.	• Blood and Trauma Mitigation • Zoonotic Waste Mitigation and Remediation • Diarrhea and loose stool cleanup • Spore forming bacteria and viruses • Clandestine Labs and Hazardous drugs • CS Riot Control Agent
Group 4	Biological / Drug agent risk that causes severe human disease and is a serious hazard to workers; it may present a high risk of spreading to the community; there is usually no effective preventative action or treatment available.	• Blood and Trauma Mitigation • Zoonotic Waste Mitigation and Remediation • Diarrhea and loose stool cleanup • Bio Terrorism Agents / Toxins and viruses / CN Riot Control Agent • IDLH Clandestine Labs and Hazardous drugs • Exotic Diseases (Example - Hemorrhagic Fevers – Ebola, Hanta)

Step 2: Identify the Area Risk Group

Identify the locations of all groups/spaces that are potentially impacted from the project. This should include all areas surrounding the project. If there is more than one risk group that will be affected, use the higher risk group.

Low Impact Risk Area: No occupancy. No body fluids present. No Demolition. ☐

Medium Impact Risk Area: Space is occupied. Body fluids present. No Demolition - hard surface contamination. ☐

High Impact Risk Area: Source Material Demolition/Contaminated Porous Materials or invasive activities. ☐

Other Risks to consider that may need to be addressed prior to active work:

1. Are there violent/feral animals present? YES ☐ NO ☐
2. Is there Poisonous / Venomous Wildlife? YES ☐ NO ☐
3. Are there Poisonous plants present? YES ☐ NO ☐
4. Is there a risk to neighbors and are they contentious / violent? YES ☐ NO ☐
5. Is and access agreement required from neighboring property owners? YES ☐ NO ☐
6. Are there any hoarding conditions present? YES ☐ NO ☐
7. Have the Contaminated structural materials been screened for Asbestos?[1] YES ☐ NO ☐
8. Have the Contaminated structural materials been screened for Lead? [2] YES ☐ NO ☐

[1]

[2] If yes to either questions 7 or 8**,** and you are positive for either contaminant please research your federal, state, or local solid waste for licensing disposal options and laws. Biological Contaminants normally take priority; however, clearance sampling may be required prior to reconstruction. If no, please consider hiring a qualified third-party consultant to determine if biologically contaminated materials are positive for lead or asbestos.

Step 3: Determine Class (I – IV) of Risk Mitigation Measures Required

Identify Project Type and Risk Mitigation Class

Project Risk Group	Group 1	Group 2	Group 3	Group 4
Low Risk	I	I	II	IV
Medium Risk	I	II	III	IV
High Risk	II	III/IV	III/IV	IV

Step 4: Risk Mitigation Guidelines

Class	Workflow During Project (Examples only – some may not be applicable for Mycotoxins)	Suggested PPE & Controls
Class I	1. Charge single use microfiber cloths with a mild detergent or cleaner. 2. Wipe down surfaces and touch points with single use Microfiber clothes folded in 4 sides. Wipe down 2-3 ft of each side of hard surfaces. 3. Follow up by spraying surfaces and touch points with a disinfectant that has an EPA Registered virucidal claim. 4. Discard cloths when visibly soiled or you have touched 12sf. 5. Remove gloves and wash your hands prior to eating or leaving the site.	**PPE** • Safety Glasses • N-95 Mask • Nitrile Gloves
Class II	1. Set up exclusion zone and start donning PPE. 2. Contain any gross contamination/pooled-up body fluids and apply a solidifier if necessary. 3. Charge single use microfiber cloths with a mild cleaner and disinfectant. 4. Clean up gross contamination and follow steps in Class 1 above for cleaning protocol. 5. Discard cloths when visibly soiled or you have touched 12sf. 6. Examine if any staining has occurred that cannot be removed by chemical or manual labor. (If materials are stained or soaked see Class III.) 7. Follow and clean path of extraction and inspect all surfaces leaving the scene utilizing an ATP luminometer. 8. Follow up with an application of a disinfectant that has an EPA registered virucidal claim. 9. Decontaminate equipment, workers and personnel and doff PPE. 10. Box and manifest all soaked contaminated rags and PPE as medical waste.	**PPE** • APR with HEPA OV Filters • Coverall – ANSI Standard for blood borne pathogens • Inner Nitrile Gloves • Outer Nitrile Gloves • Chemical Resistant Booties **Controls (Check Applicable)** ☐ Exclusion zone ☐ Containment of work area ☐ Install negative air HEPA filtration
Class III	1. Isolate HVAC system in area in consultation with Engineering & Maintenance where work is being done to prevent contamination of duct system or adjacent spaces (Gross Contamination in HVAC – schedule for removal). 2. Set up Exclusion zone and place sticky mat at entrance and exit of work area and replace or clean start donning PPE. 3. Containment Installation - critical barriers i.e. plastic (6 mil poly) or portable containment units, to seal area from non-work area. 4. Maintain negative air pressure (>0.01" water) within work site utilizing HEPA equipped air filtration units or other methods to maintain negative pressure. 5. Re-circulating HEPA units may supplement dust control measures inside the work area. 6. Use only designated route/elevator to transport. 7. Set up designated personnel decontamination area. 8. Charge single use microfiber cloths with a mild detergent or cleaner that deactivates drug residue or registered microbial as applicable. 9. Contain any pooled-up body fluids and apply a solidifier for gross contaminant removal.	**PPE** • APR with HEPA OV Filters or PAPR with HEPA OV Filters (Double Shrouded) • Coverall – ANSI Standard for blood borne pathogens • Inner Nitrile Gloves • Outer Nitrile Gloves • Chemical Resistant Booties

Class III	10. Wipe down surfaces and touch points with single use Microfiber clothes folded in 4 sides. Wipe down 2-3 ft of each side of hard surfaces. Starting at the back of the room to the front of the room. 11. Discard cloths when visibly soiled or you have touched 12sf. 12. Cut out all body fluid-soaked materials or OPIM in pieces small enough to fit into a Biohazard Waste Box and stage for transportation. 13. Follow and clean path of extraction and inspect all surfaces leaving the scene utilizing an ATP luminometer. 14. Follow up with an application of a disinfectant that has a TB or 6-Log sporicidal claim if necessary or proper application chemical for drug or Riot Control Agent deactivation (Follow the instructions according to EPA registration). 15. Decontaminate all equipment used on site (Validate your Procedures-Lab Analysis). 16. Box and manifest all soaked contaminated rags and PPE as medical waste.	**Controls (Check Applicable)** ___Exclusion zone ___Containment of work area ___Install negative air HEPA filtration ___Containment should be checked prior to shift starting and after the shift is over ___Pressure differential monometer should be used to constantly monitor with alarm to notify unprotected personnel of containment failure
Class IV	1. Isolate HVAC system in area in consultation with Engineering & Maintenance where work is being done to prevent contamination of duct system or adjacent spaces (Gross Contamination in HVAC – schedule for removal). 2. Set up Exclusion Zone and place sticky mat at entrance and exit of work area install three stage personnel decontamination unit with disinfection - start donning PPE. 3. Containment Installation - critical barriers i.e. plastic (6 mil poly) or portable containment units, to seal area from non-work area. 4. Install Biological/Chemical Indicators for sterilization assurance 1 per 100 sf of dwelling space to address biological decontamination. 5. Maintain negative air pressure (>0.01" water) within work site utilizing HEPA equipped air filtration units or other methods to maintain negative pressure to prevent air-borne cross-contamination. Note: Static conditions will be required for 6-log sterilization cycles see section 12. 6. Re-circulating HEPA units may supplement dust control measures inside the work area if demolition is required. 7. Use only designated route/elevator to transport. 8. Contain any body fluids and apply a solidifier for removal. Follow Cleaning protocol in Class 1 Above. 9. Cut out all body fluid-soaked materials or OPIM in pieces small enough to fit into a Biohazard Bag/Waste Box and stage for transportation 10. Follow and clean path of extraction and inspect all surfaces leaving the scene. 11. Decontaminate all equipment prior to leaving the exclusion zone. Leave equipment within the exclusion zone for sterilant application step 12. 12. Follow up with an application of a 6-Log EPA registered sporicide for room space sterilization or proper application of chemical for IDLH Toxin, drug, or Riot Control Agent deactivation (Follow the instructions according to the EPA registration). 13. Exit the exclusion zone via the three-stage decontamination chamber. A decontamination attendant will walk you through each stage. 14. Box and manifest all soaked contaminated rags and PPE as medical waste. 15. Upon confirmation of sterilization via Biological Indicator analysis, re-enter the space to remove all remaining equipment.	**PPE** • Infectious Disease Hooded PAPR with HEPA or HEPA OV AG Filters (Double Shrouded) • SCBA/Level A (Site Assessment) • Inner - Coverall – ANSI BBP rated • Outer Coverall – Tychem TK for liquid splashes. • Inner Nitrile Gloves • Outer Nitrile Gloves 12 mil • Chemical Resistant Booties **Controls (Check Applicable)** ___Exclusion zone ___Containment of work area ___Install negative air HEPA filtration ___Containment should be checked prior to shift starting and after the shift is over ___Pressure differential monometer should be used to constantly monitor with alarm to notify unprotected personnel of containment failure

Step 5: Life Safety Assessment

Life Safety Assessment	Answer (Yes, No)	Alternative Measures If "Yes", alternative life safety measures must be indicated
1. Will a Confined Space Entry Permit be required	Yes ☐ No ☐	
2. Will any existing exit signs need to be covered; removed or relocated?	Yes ☐ No ☐	
3. Will new exit signage be required due to rerouting of a path or egress?	Yes ☐ No ☐	
4. Will fire suppression system (wet/dry/pre-action sprinklers) be impaired during any part of planned work?	Yes ☐ No ☐	
5. Will any component of a fire alarm system be impaired during any part of planned work?	Yes ☐ No ☐	
6. Will any existing fire/smoke rated separation be impacted by planned work?	Yes ☐ No ☐	
7. Will existing fire extinguishers be removed from the space during planned work?	Yes ☐ No ☐	
8. Will Heat Stress be monitored for the workers for this project?	Yes ☐ No ☐	
9. Are there any fall protection risks regarding this project?	Yes ☐ No ☐	

Step 6: Sign-Off:

Project Team/Hiring Department Supervisor must complete this form to document the results of the assessment of the planned work/construction project. The completed form must be submitted to EHS.

Project Name: _____

Bio Safety Risk Group (1-4):
Risk Group Classification (Low-Medium-High):
Risk Mitigation Guidelines Class (I – IV):
Have any life safety issues been identified through the Life Safety Assessment? Yes ☐ No ☐

Work cannot commence until the plan is approved by both the Client and the Project Manager.

Sign-Off:
Project Manager: _____ Date: _____

Client: _____ Date: _____

Worker Sigh Off

By sign off on this document the signee understands the risks associated with this project and has been briefed on the strategies outlined for the purposes of mitigating the threats associated within this **Bio Recovery Risk Assessment**.
By signing this document, I attest that I have been properly trained to handle the hazards of the job. I have been made aware of the symptoms of exposure such as:

- Heat Stress and Heat Stroke
- Drug and or Chemical Exposure
- Biological Exposure

Print Name	Title	Signature	Date