	J. J. White, Inc. Training Toolbox Talk	Doc Type:	TBT - Training
		Issue Date	Week 16 – 4/16/2019
Lead Awareness		Revision Date:	4/9/2019
		Revision No.	0
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Preparation: V.P. HSE	Authority: President	Issuing Dept: Safety	Page: Page 1 of 2

Purpose

The J.J. White, Inc. Lead Safety & Health Program can be found in the J.J. White, Inc. Safety Awareness Manual and outlines the procedures for the implementation of a Lead Safety and Health Program as required by the Occupational Safety and Health Administration's (OSHA's) Construction Industry Standard 29 CFR 1926.62. Compliance with the provisions outlined in the following section is mandatory for all J. J. White employees to ensure the protection of workers' health and adherence to federal regulations.

Responsibilities

Under NO circumstances may a J. J. White Supervisor direct employees, or allow employees, to be occupationally exposed to lead. If there is a suspicion that a material contains or is coated with lead, it is J. J. White's obligation to get a definite answer, either from the Owner or through proper testing procedures, performed by and paid for by the Owner, as to whether this containment is present. Until that determination is made, no one is permitted to handle the suspect material.


General

Lead is a heavy, bluish metal, which occurs naturally in the earth. It is usually combined with two or more elements to form compounds. It is resistant to corrosion, it is easily molded and shaped, and can be combined with other metals to form alloys.

It can be found in many commercial uses, such as storage batteries, paints and dyes (as those found in older structural steel, pipe, and interior surfaces), and lead soldered joints. You may sustain occupational exposure to lead in various ways, for instance, in the demolition or salvage of walls and structures; in the removal or encapsulation of materials; in new construction or alteration, repair, or renovation of houses; or in any emergency cleanup of lead containing materials. You may also be exposed to lead if it is found in the soil, usually around roadways, older houses, mining areas, and industrial sites like incinerator plants, power plants, and landfills.

Lead can affect numerous body systems, and causes forms of health impairment and disease which arise after periods of exposure. Chronic overexposure to lead may result in severe damage to your blood-forming, nervous, urinary, and reproductive systems. Some common symptoms of chronic overexposure include loss of appetite, metallic taste in the mouth, anxiety, constipation, nausea, pallor, excessive tiredness, weakness, insomnia, headache, nervous irritability, muscle and joint pain or soreness, fine tremors, numbness, dizziness, hyperactivity, and colic.

The most common method of entry is through the inhalation of lead dust. Lead-based paint and other lead-containing materials are not always an immediate hazard. In fact, if lead-containing materials can be maintained in good condition, it is recommended that they be left alone with periodic surveillance performed to monitor their condition. It is only when lead-containing materials are disturbed or the materials become damaged that they become a hazard. When the materials become damaged, the lead-containing dust may then become airborne and inhaled or swallowed. When the materials can no longer be maintained in good condition, they pose a health risk. Removal may become the only option.

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Do not sand, scrape, burn, remove, or drill into walls, ceilings, or floors where lead might be present. To avoid lead exposure, never attempt to handle damaged lead-containing materials.

All work involving removal, repair, maintenance, or cleanup of lead-containing material should be conducted by trained and certified workers in accordance with federal OSHA state, and local EPA regulations. Adherence to these regulations is important to assure protection of our health and the environment.

Respiratory Protection

To provide adequate respiratory protection, respirators will be donned before entering the work area and will not be removed until the worker has left the area, or as part of a decontamination procedure. Management will assure that the respirator issued to the employee is properly selected and properly fitted so that it exhibits minimum face piece leakage. Respirators will be supplied at no cost to employees. Qualitative or quantitative fit tests will be performed at the time of the initial fitting and at least semiannually thereafter.

When respirators are provided, a respirator protection program in accordance with the OSHA standard on respirator protection, 29 CFR 1910.134 will be implemented.

Medical Surveillance

When employee is exposed to lead at or above the action level of 30 g/m³ on any one day in a calendar year, management shall provide the employee with an initial medical surveillance consisting of biological monitoring in the form of blood sampling and analysis for lead and zinc protoporphyrin levels.

The use of chelating drugs as a prophylactic measure (i.e. to prevent a detectable rise in blood lead) is an unacceptable medical practice. Chelation will be used by a qualified physician only for diagnostic or therapeutic reasons (that is, to diagnose or treat the signs and symptoms of severe lead toxicity).

Recordkeeping

Management will maintain any employee exposure and medical records to document ongoing employee exposure, medical monitoring and medical removal of workers. This data provides a base to properly evaluate employee's health.

Cases will be recorded on the OSHA Form 300 when the worker:

- Has a blood lead level that exceeds 50 g/dl;
- Has symptoms of lead poisoning, such as colic, nerve damage, renal damage, anemia, or gum problems; or
- Receives medical treatment to lower blood lead levels or for lead poisoning.

