



**Hazardous Material Exposure**

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Approval: Victoria Pinette – Executive Director

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**Refer to S-SV EMS Hazardous Material Incidents Policy (836)**

**Important caveats for medical responders:**

- EMS personnel shall not enter or provide treatment in the Contamination Reduction Zone (Warm Zone) or Exclusion Zone (Hot Zone) unless trained, equipped and authorized to do so.
- EMS personnel shall not use Haz Mat specific personal protective equipment (PPE), including self-contained breathing apparatus (SCBA), unless trained, fit tested and authorized to do so.
- Do not transport pts until they have been completely decontaminated. If transport personnel become contaminated, they shall immediately undergo decontamination.
- Do not delay treatment/transport of immediate pts contaminated with radioactive material.
- Early base/modified base hospital contact, and CHEMPACK activation when appropriate (S-SV EMS Nerve Agent Treatment Protocol E-8 LALS), will maximize assistance from necessary resources.
- Refer to Hazardous Materials Medical Management Reference as appropriate.

**Information that must be obtained by EMS personnel on every hazardous materials incident:**

- Number of pts.
- Material involved or DOT 4-digit placard #.
- Route(s) of exposure for each pt.
- Signs & symptoms for each pt.
- Decontamination procedure completed for each pt.
- Procedure utilized to determine effectiveness of decontamination procedure.
- Risk of secondary exposure to rescuers.
- PPE required to transport pt.

**BLS**

- Establish and secure airway as necessary
- O<sub>2</sub> at appropriate flow rate
- Contact base/modified base hospital for assistance in determining a decontamination/treatment plan
- After patient is fully decontaminated, cover with blankets and/or sheets as appropriate
- If eye exposure occurs, irrigate each exposed eye with NS – ensure contact lenses are removed

**See pages 2 & 3 for additional treatment**



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**Treatment Notes**

- Precautions must be taken to prevent direct contact with secretions of a pt who has ingested organophosphates or carbamate pesticides.

**LALS**

- Cardiac Monitor (**AEMT II**)
- IV NS TKO in non-burned/non-contaminated extremity (may bolus up to 1000 mL)

**Organophosphate/Carbamate**

**Atropine (AEMT II)**

- 2 mg IV if HR < 60
- May repeat every 3 min to HR > 80
- No maximum dose

Refer to Nerve Agent  
Treatment Protocol  
(E-8 LALS)  
if additional treatment is  
necessary



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**Radiation Emergencies**

- Pt care takes priority over radiological concerns - addressing contamination issues should not delay treatment of life-threatening injuries.
- Viable pts are a high priority - rapidly extricate, treat and transport pts who are most critical and likely to survive.
- It is highly unlikely that the levels of radioactivity associated with a contaminated pt would pose a significant health risk to care providers.
- Body substance isolation clothing (gloves, gowns, N-95 masks, protective eyewear, shoe protectors, and head cap) are recommended, including 2-3 pair of disposable gloves.
- Due to fetal sensitivity to radiation, assign pregnant staff to other duties.

**Ambulance Preparation**

- Avoid using internal and external compartments - work out of mobile kits as much as possible.
- Close all internal compartments prior to loading patient.
- Cover radio communication microphones with a rubber glove.
- Cover floor of ambulance with disposable papers or pads.

**Radiation Exposure Haz Mat Pt**

- If O<sub>2</sub> is warranted, use a non re-breather mask (if tolerated) to provide protection from inadvertent respiratory contamination hazards - an N95 mask is appropriate to protect pt from inadvertent respiratory contamination hazards when O<sub>2</sub> is not indicated
- Frequent glove changes will reduce the spread of contamination and should be considered prior to handling the pt or pt care adjuncts
- All medical procedures should be utilized to save an immediate pt

**Limited or no field decontamination**

- Initiate LALS care as necessary
- Keep pt wrapped (cocoon style) to minimize potential for contamination spread - only expose areas to assess and treat
- If necessary, cut and remove the pts clothing away from the body, being careful to avoid contamination to the unexposed skin - contain all removed clothing by placing in a sealable bag
- Continue to reassess/monitor vitals while transporting pt to the appropriate receiving facility
- Contact with pt may result in transfer of contamination - change gloves as necessary

**Field decontamination performed**

- Pts with non life-threatening injuries should have field decontamination prior to removal from the Exclusion (Hot) Zone
- Pts condition permits a more thorough radiological survey prior to continued care
- Conduct a head to toe assessment as appropriate
- Initiate LALS care as necessary
- If pts clothing has not been removed during decontamination, keep pt wrapped (cocoon style) to minimize potential for contamination spread - only expose areas to assess and treat
- Contact with pt may result in transfer of contamination - change gloves as necessary