


Sierra – Sacramento Valley EMS Agency Program Policy

Hazardous Materials Incidents

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	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish guidelines for the response of EMS prehospital personnel to hazardous materials incidents.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.150, 1797.151, 1797.204, 1797.214, 1798.6.
- B. CCR, Title 22, 100172 and 100175.
- C. OSHA Regulations, CFR 1910.120.
- D. Applicable County Hazardous Materials Response Plans.

DEFINITIONS:

- A. **County Hazardous Materials Response Plan** – County specific plan defining hazardous materials incident types and establishing response protocols/responsibilities of agencies within the county.
- B. **Hazardous Materials (Haz Mat)** – Any material which is explosive, flammable, poisonous, corrosive, reactive, or radioactive, or any combination, and requires special care in handling because of the hazards it poses to public health, safety, and/or the environment.
- C. **Hazardous Materials (Haz Mat) Response Team** – An emergency team that has received specialized training and equipment for the purpose of protecting the public and the environment in the event of an accidental or intentional release of hazardous materials into the environment.
- D. **Decontamination** – The process of removing or neutralizing contaminants that have accumulated on a victim to the extent necessary to prevent/alleviate the occurrence of health and/or environmental effects.

- E. **First Responder Awareness Level** – First responders at the awareness level are individuals who are likely to witness or discover a hazardous substance release and who have been trained to initiate an emergency response sequence by notifying the proper authorities of the release.
- F. **Exclusion Zone (Hot Zone)** – The contaminated area, Immediately Dangerous to Life and Health (IDLH).
- G. **Contamination Reduction Zone (Warm Zone)** – The area where decontamination takes place.
- H. **Support Zone (Cold Zone)** – The uncontaminated area where individuals should not be exposed to hazardous conditions.

TRAINING AND COMPETENCY:

The minimum training for EMS prehospital personnel is Haz Mat First Responder Awareness level. Annual refresher training is required to be provided by the employer to be of sufficient content and duration to maintain competencies or to demonstrate those competencies. Additional training may be required to function at an emergency incident.

POLICY:

- A. Responsibility for Haz Mat containment, identification, decontamination, and victim evacuation rests with the Incident Commander (IC)/Unified Command (UC).
- B. Responding ambulances should stage off-site until the IC/UC provides for safety, a clear assignment and approach to scene.
- C. EMS personnel must avoid contamination and not transport patients until they have been completely decontaminated. (Exception: For radiation contaminated patients that meet immediate triage criteria, treatment and transport should not be delayed for decontamination processes).
- D. EMS personnel shall not enter or provide treatment in the Contamination Reduction Zone (Warm Zone) or Exclusion Zone (Hot Zone) unless specifically trained, equipped and authorized to do so.
- E. EMS personnel shall not use Haz Mat specific personal protective equipment (PPE), including self-contained breathing apparatus (SCBA), unless specifically trained, fit tested and authorized to do so.
- F. EMS personnel shall contact the base/modified base or receiving hospital as soon as possible, so they may prepare to receive victims. The base/modified base hospital may also assist field personnel in determining a decontamination and treatment plan.

DISPATCH:

Ambulances dispatched to a possible hazardous materials incident shall be advised by dispatch of the following additional information when known/available:

- A. On scene wind direction and recommended approach route (coordinated with IC/UC).
- B. Staging area location.
- C. Location of incident command post.
- D. Communication frequencies.
- E. Type of hazardous material(s) involved.
- F. Estimated number of patients.

SCENE MANAGEMENT:

A. Once cleared to respond into the scene (Support Zone/Cold Zone) from staging, ambulance personnel shall follow directions provided by IC/UC or designee.

B. Recognition of a Haz Mat on-scene or during transport:

If ambulance personnel become aware of hazardous materials while on scene or during transport, they shall:

- 1. Consider themselves contaminated and part of the incident (Hot Zone).
- 2. Evacuate to a safe location (if safe/appropriate to do so) to minimize exposure, and consider self-decontamination.
- 3. Isolate the scene and deny entry (keep others away). Move uninvolved victims to a safe zone.
- 4. Confirm Haz Mat using DOT Emergency Response Guidebook and notify appropriate jurisdictional authorities to respond to the scene for site control and decontamination.

PATIENT CARE:

A. EMS personnel shall not render medical care beyond the Support Zone (Cold Zone) unless specifically trained, equipped, and authorized to do so.

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- B. Medical treatment and transportation is secondary to the prevention of spreading the contaminate, and the management of the Haz Mat incident. The IC/UC or designee is responsible for determining the treatment priority for the patient(s). EMS transport personnel may be requested to receive non-ambulatory patients from the Contamination Reduction Zone (Warm Zone) after decontamination has been completed.
 - C. For radiation contaminated patients that meet immediate triage criteria, treatment and transport should not be delayed for decontamination processes.
 - D. Deceased victims shall be left undisturbed at the scene, or moved at the direction of the coroner, IC/UC, or designee.
 - E. The use of HEMS aircraft for the transport of potentially contaminated Haz Mat patient(s) is generally not appropriate. Patient transport by HEMS aircraft shall only occur by direction of the IC/UC or designee. HEMS aircraft may be utilized, at the discretion of the IC/UC or designee, to transport immediate radiation contaminated patients under the same criteria as ground based transportation assets.
 - F. If necessary, request CHEMPACK resources utilizing county specific activation procedures (refer to S-SV EMS Nerve Agent Treatment Protocol E-8).
 - G. Treat patients as directed by applicable S-SV EMS protocols, and/or direction from the base/modified base hospital.