HAZARDOUS MATERIAL INCIDENT, GENERAL MANAGEMENT ADMINISTRATIVE 1.15

Immediately upon the responder's arrival at an identified hazardous materials incident, an approved Incident Command System will be utilized for the command and incident management structure.

I. RECOGNITION OF POTENTIAL HAZARDOUS MATERIALS INCIDENTS

A. Maintain a high index of suspicion to recognize environmental hazards, i.e.

1. Incidents with more than one ill patient/animal/livestock
2. Incidents at industrial sites for ill or contaminated workers
3. Fires, explosions
4. Incidents involving commercial transport vehicles (semi-tractor/trailers, trains, etc.)
5. Identify placarding, labels, reports from shipper, carrier, or workers on site
   NOTE: Patient care may be secondary concern to containment/control of a highly toxic site. EMS personnel should avoid becoming a part of the problem, and should not enter the "hot zone".

B. Evaluate the site for a safe zone and communicate needs for appropriate back-up resources to control/contain the hazard

1. Personnel needs/equipment needs
2. Time concerns
3. Safety perimeter - EMS personnel, Public Safety Officers, civilians
4. Evacuation needs
5. Consider need for on-scene physician assistance

II. RESOURCE AND INITIAL SITE MANAGEMENT BY EMS RESPONDERS TO A POTENTIAL HAZARDOUS MATERIALS INCIDENT

A. EMS personnel who are first responders to incident and identify a potential Haz Mat site

1. Consider the need to approach a suspicious scene with caution, uphill and upwind
2. Request assistance
   a. Pre-identify available Haz Mat site control resources and request their assistance through dispatch
3. Avoid entering the "hot" areas unprotected
4. It is best to remain out in the safety perimeter until properly protected Haz Mat incident responders arrive, decontaminate and deliver the patients to the responding EMS personnel at the safety perimeter for further triage and care.

B. EMS personnel responding to an identified Haz Mat site

1. EMS personnel dispatched to an identified Haz Mat site shall report to the incident staging area and await direction from the scene commander.
2. Haz Mat responders should identify ingress and egress areas/control points from the hot zone to the decontamination area to the safety perimeter.
3. Haz Mat responders should decontaminate and deliver patients in need of EMS care to the safety perimeter.

C. Communications and Medical Direction:

1. Medical control will be through a Base Hospital physician.
2. "Medical Command" shall request a patch with a Base Hospital.
   a. Patient orders should be provided through a base hospital physician.
   b. The Base Hospital physician will then make contact with the Poison Control Center for toxicologic information as necessary.
3. EMS personnel shall communicate toxicologic history information as soon as possible to Medical Direction and the Poison Center.
4. EMS personnel should be properly positioned and attired. Risk assessment should be made in conjunction with Medical Control, Poison Center and/or Haz Mat response team.
5. Transport of patients away from contaminated sites shall be under the control of the Incident Commander in consultation with the Base Hospital physician and, when appropriate, the Poison Control Center.

III. PATIENT HISTORY AND ASSESSMENT SPECIFIC TO HAZ MAT SUBSTANCES.

A. In addition to standard patient history and assessment information

1. Assess for specific concerns in consultation with Medical/Poison Control as indicated by known substance exposure
2. Assess for specific indicators of toxicity when substances are mixed or unknown

B. Toxicologic history

1. What substances were potentially involved?
   Obtain spelling of substance involved
2. How contaminated and for how long before decontamination?
3. How much substance, via what routes of exposure?
4. How many patients are involved?
5. What symptoms have occurred?
7. How long ago was the exposure?

C. Toxicologic physical assessment

1. Consider primary and secondary target sites on body systems. (Airway, Breathing, Circulation, Disability, Exposure)
2. Secondary survey
   a. Vital signs
   b. Toxic syndromes, i.e., Narcotic, cholinergic, anticholinergic, generalized CNS depression, etc.
   c. Complications of poisoning
   d. Underlying disease states, associated trauma

D. Associated Medical Problems:

1. Injury
2. Past medical history
3. Current pregnancy
4. Current medications
5. Allergies

IV. GENERAL PATIENT MANAGEMENT FOR HAZARDOUS MATERIALS INCIDENTS

A. Recognize environmental hazards and ensure rescuer is fully protected.

B. Haz Mat technician shall remove patient(s) from the contaminated area and begin decontamination. EMS responders shall receive the patients on the cold zone of the decontamination station.

C. Complete patient assessment and report information to Medical Control for further direction of medical treatment.

D. Treatment considerations

1. Antidote/Alter Absorption
   a. Antidotes: existence, availability, timeliness
      i. Oxygen
      ii. Naloxone
      iii. Antidotes available through Haz Mat paramedic or industrial sites. (See "Hazardous Material Incident, Drug and Antidote Therapy" protocol.)

iv. Antidotes available in emergency departments (chelating compounds, etc.)

2. Basic Life Support and Advanced Life Support
   a. Respiratory considerations
   b. Cardiovascular considerations
   c. Neurologic considerations
3. Change Catabolism
4. Distribute Differently
5. Enhance Elimination

V. SPECIAL NOTES

Containment of the materials, evacuation and decontamination will generally take priority at the hazardous materials incident. Haz Mat responders should usually contain the area, decontaminate and deliver patients in need of EMS care to the safety perimeter, where EMS responders can safely render care and prepare to package and transport ill/injured patients.

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