

HAZARDOUS MATERIALS INCIDENTS - EMS RESPONSE

The information contained in this policy is based on guidelines contained in EMSA #231 - Hazardous Materials Medical Management Protocol

1. **INTRODUCTION:** Individuals who respond to and function within the **Exclusion Zone** (Hot Zone) or **Contamination Reduction Zone** (Warm Zone) must be members of specially trained HazMat teams, trained in the use of self contained breathing apparatus, selection of appropriate chemical protective suits and how to function in them. Other rescuers should be trained in accordance with **Federal OSHA** standards identified in OSHA 29 CFR 1910.120 and **California OSHA** as defined in the California Code of Regulations, Title 8, Section 5192
2. **EMS interface with HazMat teams**
 - 2.1 The Incident Command System (ICS) shall be used for on scene management
 - 2.2 The Medical Branch Supervisor shall make contact with the Incident Commander, face-to-face or by radio, who will direct the Medical Branch Supervisor to the Hazardous Materials Group Supervisor
 - 2.3 Pertinent information will be relayed to the Medical Branch Supervisor including, patient information (number requiring transport and injuries) and the type of exposure (chemical name and information about the chemical [**SPELL CHEMICAL NAME**])
 - 2.4 The Medical Branch Supervisor shall make Base contact in order to obtain recommendations regarding decontamination and patient treatment
 - 2.5 Once cleared by the Site Access Leader, EMS personnel may proceed to the end of the "Contamination Reduction Corridor" to receive patients. Any secondary treatment by EMS personnel should be done in the "Support Area"
3. **Definitions**
 - 3.1 **Exclusion Zone** (Hot Zone) - Area that encompasses all known or suspected hazardous materials
 - 3.2 **Contamination Reduction Zone** (Warm Zone) - Area between the "Exclusion Zone" and the "Support Area". "Safe Refuge Area" and "Contamination Reduction Corridor" are set up within this area
 - 3.3 **Contamination Reduction Corridor** - An area within the "Contamination Reduction Zone" where the actual decontamination takes place. EMS personnel, once cleared, receive patients at the end of the "Contamination Reduction Corridor" and move them to the "Support Area" for secondary treatment
 - 3.4 **Support Zone** (Cold Zone) - Clean area outside "Contamination Reduction Zone" where equipment and rescue personnel are staged to receive and treat decontaminated patients. Secondary exposure to hazardous materials is not expected in this area and special clothing is not required

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4. Patient Management

- 4.1 Follow the Multi-casualty Incident (MCI) Plan – page 161, if appropriate
- 4.2 For nerve gas/cyanide exposure:
 - **Patient exposure:**
Cyanide Poisoning – page 154
Nerve Agent Treatment - page 166, (HazMat trained paramedics only)
 - **Rescuer exposure:** Nerve Agent Autoinjector Administration – page 163
- 4.3 Paramedics should **contact the Base Physician** early in the incident regarding treatment for other specific exposures
- 4.4 EMTs and paramedics may only render care within their scope of practice

5. Scene Management Responsibilities Specific to HazMat Incidents

- 5.1 Police Responsibilities
 - 5.1.1 Evacuations ahead of hazard area. Evacuation plans developed under unified command
 - 5.1.2 Traffic control in and around effected area(s)
 - 5.1.3 Incidents on State/Federal Highways joint command is with CHP
- 5.2 Fire Department Responsibilities
 - 5.2.1 Incident Stabilization
 - 5.2.2 Rescue and medical treatment (all paramedics may provide treatment in Cold Zone)
 - 5.2.3 Assistance to responsible party or agency with development of appropriate cleanup/disposal plan. May include the assistance of other agencies, (i.e. environmental health, etc.)