

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8029.12
	<u>PROGRAM DOCUMENT:</u> Hazardous Materials	Draft Date:	05/15/95
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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for EMT and Paramedics in treating patients exposed to hazardous materials in the prehospital setting.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. Avoid contamination of Emergency Medical Service (EMS) providers and EMS transport equipment - accept only decontaminated patients for transport.
- B. Do NOT enter the exclusion zone. A Paramedic will not use specialized protective equipment / breathing apparatus unless they have been specifically trained in its use prior to the incident.
- C. ALL patients will undergo primary decontamination at the scene. There are no indications to transport non decontaminated patients. Radiation contaminated patients with immediate injuries do not require extensive decontamination prior to transport.
- D. In general, helicopter transport of these patients is not appropriate.
- E. Involve the receiving hospital early in an incident, so they may prepare to receive victims.
- F. Incident Command (IC) shall notify the Control Facility (CF) of suspected Contaminants.
 - 1. The CF shall immediately notify all receiving hospitals of suspected contaminants.

Protocol:

BLS	ALS
Airway Irritation	
Supplemental O2 as necessary to maintain SpO2 > 94%. Use the lowest concentration and flow rate of O2 as possible.	Albuterol: IF wheezing is present, 2.5 mg (3 ml unit dose) may be repeated as needed based on reassessment.
	Cardiac Monitoring.
Airway adjuncts as needed.	Transport.
Organophosphate and Carbamate Pesticides	
Supplemental O2 as necessary to maintain SpO2 > 94%. Use the lowest concentration and flow rate of O2 as possible.	Establish Intravenous (IV) access with saline lock, or connect Normal Saline (NS) and titrate to a systolic blood pressure (SBP) of 90 - 100 mm Hg.
	Cardiac Monitoring.
Airway adjuncts as needed.	If copious secretions: Atropine 2 mg IV push, repeat every 3-5 min. until secretions improve.
	Transport.

CROSS REFERENCE: PD#8826-Medication Administration, MARK I Nerve Agent Antidote Kit, PD#8836-Medication Administration; DuoDote Auto-Injectors,