

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

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 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 **without radiation** 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. Radiation contaminated patients with immediate injuries do not require extensive decontamination prior to transport.~~
- E. In general, helicopter transport of these patients is not appropriate.
- F. Involve the receiving hospital early in an incident, so they may prepare to receive victims.
- G. Receiving facility shall be notified of any suspected contaminants.
- ~~H. 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
<b>Airway Irritation</b>	
Supplemental O2 as necessary to maintain SpO2 > 94%. Use the lowest concentration and flow rate of O2 as possible.	<b>Albuterol:</b> 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.
<b>Organophosphate and Carbamate Pesticides</b>	
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: <b>Atropine</b> 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,