

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8029.13
	<u>PROGRAM DOCUMENT:</u> Hazardous Materials	Initial Date:	05/15/95
		Last Approved Date:	05/01/16
		Effective Date:	05/01/18
		Next Review Date:	01/01/20

 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

Special Note:

EMS providers should not enter any contaminated area if there is any suspected Hazardous materials contamination, EMS providers should immediately activate a Fire Hazmat Response by contacting the Sacramento Regional Fire/EMS Communications Center (SRFECC).

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.
- D. Radiation contaminated patients with immediate injuries do not require extensive decontamination prior to transport.
- E. In general, helicopter transport of contaminated patients is not appropriate.
- F. Identify the suspected contaminant and notify the receiving hospital as soon as possible, so they may prepare to receive victims.

Protocol: OLD VERSION (SEE LAST PAGE)

BLS

Airway Irritation / Organophosphate and Carbamate Pesticides:

Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible. Airway adjuncts as needed.

- Transport.

ALS

Airway Irritation:

Albuterol: If wheezing is present, 2.5 mg (3 ml unit dose) may be repeated as needed based on reassessment.

- Cardiac Monitoring
- Transport

Organophosphate and Carbamate Pesticides:

Establish Intravenous (IV) access: with saline lock or connect Normal saline (NS) and titrate to systolic blood pressure (SBP) of 90-100 mm Hg.

- Cardiac Monitoring

Atropine: If copious secretions push Atropine 2 mg IV push, repeat every 3-5 minutes until secretion improved.

- Transport

CROSS REFERENCE:

PD#8826-Medication Administration, MARK I Nerve Agent Antidote Kit,

PD#8836-Medication Administration; DuoDote Auto-Injectors,

SUGGESTED NEW FORMAT

