

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8029.13
	<u>PROGRAM DOCUMENT:</u> Hazardous Materials	Initial Date:	05/15/95
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Signature on File

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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

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. When possible identify the suspected contaminant and notify the receiving hospital as soon as possible, so they may prepare to receive victims.
- D. In general, helicopter transport of contaminated patients is not appropriate.
- E. ALL patients without radiation will undergo primary decontamination at the scene.
- F. Radiation contaminated patients with immediate injuries do not require extensive decontamination prior to transport.

BLS

- Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use lowest concentration and flow rate of O2 as possible.
- Airway adjuncts as needed.
- Cover patient with blankets or sheets as appropriate.
- Transport

ALS

- Cardiac Monitor
- Consider establishing Intravenous (IV) access with saline lock or connect Normal Saline (NS) and titrate to systolic blood pressure (SBP) of 90-100 mm Hg

Airway Irritation

Organophosphate or Carbamate Pesticides

Wheezing present?

ALBUTEROL:
2.5 mg (3 ml unit dose) may be repeated as needed based on reassessment

- Assess for SLUDGE**
- Salivation
 - Lacrimation
 - Urination
 - Diaphoresis/diarrhea
 - Gastric Hypermobility
 - Emesis/eye (small pupils and/or blurry vision)

YES

Transport

- ATROPINE**
- 2 mg IV push, repeat every 3-5 minutes until secretions improve

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