Hazardous Material Incident, Medical Management

I. Assessment of Hazardous Materials (HAZMAT) Incidents

a. Maintain a high index of suspicion for hazardous material incidents
b. Prevent secondary contamination
   i. Contact with even lightly contaminated skin or clothing should be minimized prior to decontamination by adequately protected personnel.
c. Evaluate the site for a safe zone and move to that area.
   i. Approach incident from upwind and uphill or upstream.
   ii. Stay clear from spills, vapors, fumes, smoke and potential hazards.
   iii. EMS personnel should not enter the "hot zone" as defined by the Department of Transportation Emergency Response Guidebook (ERG).
d. Medical care should be provided after containment, control and decontamination in most situations.
   i. Critical or lifesaving interventions may be performed prior to decontamination but only by HAZMAT personnel utilizing appropriate personal protective equipment (PPE)

II. Resource and Initial Site Management:

a. First responders to a potential HAZMAT site:
   i. Request assistance:
      1. Pre-identify HAZMAT resources to be requested through regional or agency dispatch
      2. If known substance, consider contact with Poison Control Center (1-800-222-1222) for more information (not a medical direction line).
   ii. Remain behind the safety perimeter until properly protected HAZMAT incident responders arrive, decontaminate, and deliver the patients to the responding EMS personnel at the safety perimeter.

b. EMS personnel responding to an identified HAZMAT site
   i. Report to the staging area and await direction from the Incident Commander.
   ii. HAZMAT responders will direct decontaminated patients to the safety perimeter (cold zone).

III. Communications and Medical Direction

a. Direct Online Medical Direction may be requested
   i. Contact an appropriate base hospital physician
   ii. The base hospital physician or intermediary may then make contact with the Poison Control Center as necessary
   iii. Risk assessment should be made in conjunction with

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HAZMAT response team, Medical Direction, and/or Poison Center.
iv. Transport of patients away from contaminated sites shall be under the control of the Incident Commander

IV. General Patient Management for Hazardous Material Incidents:
   a. EMS responders shall receive the patients on the cold zone of the decontamination station.
   b. Complete patient assessment:
      i. Consider:
         1. BLS and ALS Standing Orders or Administrative Orders
         2. Administration of antidotes or specific treatment by Tox-Medics from approved Tox-Medic drug box (tox-box)
      ii. If needed contact Medical Direction for further direction of medical treatment.

V. Hazardous Material Incident Drug and Antidote Therapy
   a. General:
      i. Paramedics trained in HAZMAT patient management provide rapid on scene assessment and medical care to patients. It should remain the primary responsibility of the HAZMAT responders to evacuate from a hot zone, decontaminate, and deliver patients to the medical station.
      ii. Tox-Medics should respond with approved Tox-Medic drug box (tox-box) to provide support at the HAZMAT scene
   b. HAZMAT Drug & Antidote Therapy
      i. Agents eligible for administration as authorized by the Administrative Medical Director during a hazardous materials incident are set forth by the Arizona Department of Health Services (ADHS)
      ii. The SAEMS Region utilizes the AHLS for Tox-Medics™ Guidelines and recognizes those guidelines as Regional Standing Orders for the care of any patient with a toxic exposure.
      iii. For HAZMAT incidents or toxic material exposures that are not covered by an AHLS for Tox-Medics™ Guideline, medics should obtain on-line Medical Direction as needed.
   c. Control and Access of Drugs and Antidotes:
      i. Documentation, exchange, and accountability for the tox-box and its contents will be consistent with existing regulations for paramedic drug boxes in the state.

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