

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

SAEMS Pre-Hospital Protocols

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.