

OPP114

CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR INCIDENTS POLICY, PROCESSES AND PROCEDURES



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1. POLICY INTRODUCTION

This policy establishes the standards for National Ambulance (NA) operations when responding to known or suspected Chemical, Biological, Radiological or Nuclear incident. It includes the procedures to follow if the NA crew becomes aware of an exposure after arriving on scene and coming into contact with an exposed patient or staff member. The policy reflects the National Ambulance (NA) response to Chemical, Biological, Radiological and Nuclear incidents.

Hazardous materials will be defined as any substance or product that has the ability to harm a person or the environment. This includes, but is not limited to, compressed gasses, sharps, cleaning materials, fuel, medications, and vehicle fluids.

CBRNE Incident can be an intentional or accidental event, if intentions it may be weaponized or non-weaponized. Weaponized materials can be delivered using convention bombs, improvised explosive materials and enhanced blast weapons. Non weaponized materials are referred to as Hazardous materials.

This policy is relevant to the Leadership and Commitment, Organizational Roles and Responsibilities, Risk Evaluation and Management, Policies and Objectives and Management System Components.

2. SCOPE

This policy includes comprehensive actions and procedures for the potential events as described above, as well as the use of the NH 15 escape hood for non CICPA situations (covered in H2S Gas Policy). NA has adopted the Step 1-2-3 procedure for indications for use of the escape hood. The policy applies to all members of NA staff who have the potential for direct contact with CBRN situations.

3. ROLES AND RESPONSIBILITIES

3.1 CHIEF OPERATIONS OFFICER

- Overall responsibility for the development and revision of CBRN Policy;
- Ensure policy is implemented and effective by monitoring and appropriate use of metrics;
- Ensure sufficient resources to enable effective use of the policy.

3.2 CHIEF ADMINISTRATIVE AND MEDICAL DIRECTOR

- Responsible for any elements of this policy in relation to clinical governance including oversight of any relevant training materials.

3.3 OPERATIONS MANAGERS

- Ensure the Policy and procedure is communicated and followed;
- Work as a team to follow the CBRN policy;
- Feedback any issues they are aware of to senior management;
- Issue all staff Aide memoire on STEP 1, 2, 3 actions.

3.4 Operational Staff

- Responsible for understanding and adhere to this policy and procedure and any related policies and procedures.
- Undertake any relevant training and remain competent.
- Report any issues to your manager as soon as they are identified and assisting with investigations resulting from this;
- Complete relevant documentation such as QHSE Report form;
- Wear always issued aide memoire on ID holder in the work environment.

3.4 EDUCATION DEPARTMENT

- Will Ensure that staff meet the training requirements.
- Develop and have approved training materials with regard to this policy and procedure;
- That re-currency training is completed;
- Review annually the Operational equipment to ensure it is still compliant with international standards.

4. POLICY STATEMENT

4.1. COMMUNICATIONS

Ambulance Communications Centre (ACC) will perform the following actions in accordance with their access to information:

- Obtain a Methane Report from the Scene;
- Provide an appropriate Rendezvous Point;
- Dispatch appropriate Resources;
- Providing support for crews as needed
- Inform and dispatch Duty/Area managers;
- Maintain a log of all communications;
- Inform DOH Operations Centers or other designated authority.

4.2. RECOGNITION OF A HAZARDOUS MATERIAL (ON-SCENE OR DURING TRANSPORT):

NA personnel may become aware of a hazardous material while on scene. If such a situation occurs, NA personnel will take the following measures:

- 1) NA personnel should consider themselves potentially contaminated.
- 2) Evacuate to a safe location (minimize exposure to self and others);
- 3) Notify NA Ambulance Communications Centre (ACC) and advise them of the potential contamination.
- 4) NA personnel will follow the direction of NA Communications Centre/Civil Defence/Police or any other delegated authority when they arrive or are in touch.

4.3. PATIENT CARE

- NA personnel shall not attempt to enter any HazMat scene or render medical aid beyond the warm zone.
- Medical treatment and transportation is secondary to the possibility of spreading the contaminate, and the management of the HazMat incident.
- Management of the hazardous material and the prevention of further exposure take precedence over patient care.
- NA personnel may be requested to receive non-ambulatory patients from the Contamination Reduction Zone after decontamination has been completed. The hazardous materials response team may initiate patient care within the inner perimeter of the exposure area(s).
- NA personnel may only provide and/or initiate patient care after the patient has been transferred to them in the designated area (support zone) after decontamination considerations have been addressed.

4.4. PATIENT TRANSPORTATION

- In HAZMAT situations any Deceased victims shall be left undisturbed at the scene.
- Transport of contaminated patients is **prohibited**. Patients that have been decontaminated should be considered exposed and treated accordingly.
- The type of transport- (air ambulance, ground ambulance, mass transportation, POV) should take into account the type of exposure and the potential for secondarily exposing health care providers or private citizens.
- Any response personnel should be consulted regarding the potential for secondary exposure of medical care personnel or response personnel can communicate through the ACC if they are unsure of the situation.
- Transport crews shall notify receiving hospital of the patient's exposure and that the patient has received decontamination prior to transport (if decontamination was necessary).

If, during patient transport, personnel become aware of information that indicates that the patient may be a victim of hazardous material exposure or contamination, they shall immediately notify NA ACC who shall communicate as their procedure detailed above (4.1).

The transport unit shall immediately discontinue the transport and find the nearest safe and appropriate location to stop and evacuate themselves and the patient from the ambulance.

The crew shall then do the following:

- 1) Don personal protection equipment, as appropriate and available;
- 2) Prepare for emergency decontamination;
- 3) Provide supportive care for the patient, as necessary;
- 4) The patient is not to be moved into the hospital until cleared by appropriate fire or HazMat personnel.



After the patient is transferred, the emergency crew must leave all equipment, waste material, contaminated clothing. etc., in the ambulance and lock its doors.

NA personnel shall not leave the area, eat or drink and should consider self-decontamination (if decontamination has not already occurred).

The ambulance will remain out of service until it has been evaluated for contamination and cleared by the Department of Health (DOH).

4.5. QHSE INCIDENT REPORTING

A QHSE report must be created and submitted if a crew becomes aware that they are transported a contaminated or potentially contaminated patient.

National Ambulance (NA) staff are not trained or equipped to work within the inner cordon of a CBRN incident.

4.6. CBRN INCIDENT COMMAND

NA does not have authority to command or lead a CBRN event; Police, Armed Forces and Civil Defence are the only organisations that have such authorisation and will direct NA regarding desired activity.

All NA staff should adopt the universal Step 1-2-3 precautions when attending an incident or an event and have any grounds for suspicion of a CBRN incident.

All National Ambulance vehicles are equipped with NH15 escape hoods and staff are trained in their use and deployment.



NA accepts that it must take all reasonable steps to protect its staff in the risks associated with exposure to Chemical, Biological Radiological and Nuclear Agents in an emergency situation.

Whenever NA staff suspect a CBRN event they must notify ACC in order for them to inform the relevant organisation to take control of the scene.

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in HP109 Legal Register.



Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

6. PROCEDURES

PROCEDURE FOR ONE COLLAPSED CASUALTY

STEP 1 – One collapsed casualty:

- Approach using normal PPE requirements for the scene – CBRN contamination unlikely

PROCEDURE FOR TWO COLLAPSED CASUALTIES AT ONE LOCATION – CBRN CONTAMINATION POSSIBLE

- Approach with caution
- Consider all options
- Report on arrival
- Update ACC

If CBRN possible or suspected follow the advice for STEP 3

PROCEDURE THREE OR MORE COLLAPSED CASUALTIES AT ONE LOCATION

- Do NOT approach
- Withdraw after donning NH15 Escape Hood, remain uphill / upwind
- Contain
- Report
- Isolate yourself and send for specialist help/contact ACC
- Do not compromise your own safety or that of your colleagues or the public
- Provide a METHANE report

MAJOR INCIDENT

1. Windscreen SITREP
2. Methane SITREP

Major Incident Confirmation
Exact Location
Type of Incident
Hazards Identified
Access Via
Number & Priority of Injured
Emergency services/resources required

STEP 1-2-3, when the cause of an incident is unknown, emergency personnel should use these safety triggers

STEP 1
• One casualty – Approach using normal procedures

STEP 2
• Two casualties Approach with caution
• Consider all options
• Report on arrival
• Update ACC

STEP 3
• Three or more casualties
• Do NOT approach
• Withdraw after donning NH15 Escape Hood
• Contain
• Report
• Isolate yourself and send for specialist help
• Do not compromise your own safety or that of your colleagues or the public
• Provide a METHANE report as soon as possible
• Remember that the emergency services have staff trained and equipped to deal with these types of incidents.

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

9. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Chief Operations Officer

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Version No.	Date	Change
V1	September 2014	New Policy
V2	March 2014	Comprehensive additions, clarity of language and updated with photos of current CBRNE equipment.
V3	January 2018	Due to review no changes
V4	January 2019	Minor changes for titles Removal of Hazmat suits
V5	September 201	No Changes due to review After Policy review Committee Change MD to CAMO

CEO Approval

Board Member Verification



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