

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Hazardous Material Incident		Policy Number: 607
APPROVED: Administration:	ST Cll Steven L. Carroll, Paramedic	Date: July 1, 2022
APPROVED: Medical Director	DZ S/mo Daniel Shepherd, MD	Date: July 1, 2022
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I. PURPOSE: This policy establishes guidelines for the response of pre-hospital care providers to incidents involving hazardous materials.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 & 1798. California Code of Regulations, Title 22, Division 9, Section 100175.

III. POLICY: The Incident Commander assumes responsibility for "functional" control within a hazardous materials incident. Functional control includes all operations within all zones and control of any contamination.

The responding Emergency Medical Services personnel assume responsibility for patient care and transportation after release and/or decontamination by the Hazard Incident Response Team (HIRT). The EMS personnel and/or treatment team shall coordinate treatment/transport efforts with HIRT so as not to jeopardize scene integrity, causing unnecessary spread of contamination to ambulance, equipment, EMS personnel and hospital personnel or citizens.

IV. PROCEDURE:

A. INITIAL NOTIFICATION

1. The responding EMS unit shall be notified by the Fire Department as soon as possible on all hazardous material incidents in order to facilitate their entry into the scene. Necessary information should include:
 - a. Radio channel/frequency for the incident
 - b. Estimated number of patients or potential patients
 - c. Approach to the incident
 - d. Location of the staging area

- e. Identification (radio designation) of the Incident Commander
 - f. Request for specialized equipment needed
2. While enroute, the EMS unit shall make radio contact with the Incident Commander or FCC and verify location, best access and staging information prior to their arrival on-scene.

3.

B. ARRIVAL ON-SCENE

1. Upon arrival at the scene, the ambulance unit shall notify the base hospital or receiving hospital affected as to the number of patients, description of hazard, actions performed related to victim decontamination, and any other pertinent information relative to hospital needs. (Note: the IC or HIRT should provide this information upon request).
2. If the scene has been secured, the first-in ambulance unit should enter the staging area and report to the Incident Commander, or designee, for direction.

C. PATIENT DECONTAMINATION

1. Patients contaminated by a hazardous substance or radiation shall be appropriately decontaminated by HIRT or fire resources, despite the urgency of their medical condition, prior to being moved to the triage area for transportation.
2. The HIRT shall determine the disposition of all contaminated clothing and personal articles.
3. The transfer of the patient from the contaminated zone to the support zone must be accomplished by trained personnel in an appropriate level of protective clothing and carefully coordinated so as not to permit the spread of contamination.
4. Contaminated clothing and personal articles shall be properly prepared for disposal by the HIRT.
5. Every effort shall be made to preserve, protect and return personal articles.

D. TRANSPORTATION

1. Any equipment, including transportation units, found to have been exposed and contaminated by a hazardous substance shall be taken

out of service pending decontamination and a second ambulance unit responded to transport patients to the hospital when available.

2. At no time shall ambulance personnel transport contaminated patients. If during transport a patient off-gasses a strong odor or vomits what is believed to be toxic emesis, personnel/patient shall vacate ambulance and request assistance from the Incident Commander.
3. Prior to transportation of patients to the hospital, the ambulance unit shall notify the hospital of the following:
 - a. number of patients
 - b. materials causing contamination (if known)
 - c. extent of patient contamination
 - d. decontamination actions taken
 - e. patient assessment, including injuries
 - f. pertinent information related to scene or incident
 - g. ETA
4. Deceased victims shall be left undisturbed at the scene

E. ARRIVAL AT EMERGENCY ROOM

1. Transport of patients that have not been at least grossly decontaminated is prohibited. Ideally, patients will be thoroughly decontaminated at the scene. Patients who have been transported should be considered exposed and treated accordingly.
2. All hospitals should develop a plan for receiving patients who have been decontaminated and those patients who may need additional decontamination and a contingency plan for mass decontamination.
3. If additional decontamination resources are needed, the HIRT decontamination equipment and personnel may be requested through the Ventura County Regional Dispatch Center.

F. EMERGENCY PERSONNEL DECONTAMINATION

1. All treatment team members coming in contact with contaminated patients or contaminated materials shall take appropriate measures to insure proper decontamination and elimination of cross contamination.

- Secondary decontamination is recommended which includes taking a shower and changing clothes whenever necessary.
2. Clothing, bedding, instruments, body fluids, etc. may be considered extremely hazardous and must be handled with care, contained and disposed of properly.
 3. Emergency medical responders who are accidentally contaminated at the hazmat incident scene shall not board the ambulance until they have been at least grossly decontaminated at the scene. Ideally, responders will be thoroughly decontaminated at the scene. Responders presenting with symptoms secondary to exposure to a contaminant should be considered patients.
 4. If medical responders identify that they are contaminated during any transport, they shall immediately stop at the closest safe location, notify FCC that they are contaminated and request a hazardous materials response. Responders presenting with symptoms secondary to exposure to a contaminant should be considered patients.
 5. Follow-up monitoring of all personnel shall be conducted as deemed necessary by the Medical Director.