

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

EMERGENCY MEDICAL SERVICES AGENCY

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POLICY MEMORANDUM 6200

DATE: June 30, 2006

REVIEWED & APPROVED BY:

A handwritten signature in red ink, appearing to read "Richard C. Lotsch", written over a horizontal line.

RICHARD C. LOTSCH, DO, EMS MEDICAL DIRECTOR

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MICHAEL FRENN, EMS AGENCY ADMINISTRATOR

SUBJECT: AMBULANCE RESPONSE TO HAZARDOUS MATERIALS SPILLS

AUTHORITY: CODE OF FEDERAL REGULATIONS, PART 3, DEPT OF LABOR,
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION; CALIF. HEALTH & SAFETY
CODE, DIVISION 2.5, 1797.220

PURPOSE/POLICY:

To establish guidelines to manage the prehospital scene of HAZ-MAT spills.

I. INTRODUCTION

Be alert for hazardous materials when responding to every call. Hazardous materials can be obvious (i.e., noxious fumes, gasoline or corrosive liquid spills), or they can be hidden (odorless but poisonous and/or flammable vapors and liquids, radiation). If a vehicle has a diamond shaped placard or an orange numbered panel on the side or rear, the cargo **should be assumed to be hazardous**. Assume the cargo is leaking and take immediate precautions. Unfortunately, not all hazardous materials will be that clearly marked. For example, grocery trucks and United Parcel trucks regularly carry hazardous materials that can be released in a collision. Judgment should be used when weighing the risks of delay in the care of a patient with serious injury against the degree of risk of hazardous materials contamination of yourself or others., i.e., a situation where hazardous materials exposure to yourself can be controlled by wearing gloves versus a situation where exposure of any type is determined to be extremely dangerous.

II. INITIAL AMBULANCE RESPONSE

- A. Unless otherwise directed, park upwind and uphill from any incident where you suspect hazardous materials.
- B. Do not drive or walk through any spilled material.
- C. If first-in responder, confirm that fire and police have been notified and are aware that hazardous materials might be involved.
- D. If first-in responder, first priority is scene isolation. **KEEP OTHERS AWAY!**
KEEP UNNECESSARY EQUIPMENT FROM BEING CONTAMINATED.

III. APPROACH AND TREATMENT OF VICTIMS

- A. Do not approach any victims without permission of Incident Commander.
 - B. Do not approach anyone coming from contaminated areas (particularly those potentially contaminated) until given permission by the Incident Commander (vapors can be trapped in clothing and carried out of contaminated area!).
 - C. Follow Incident Commander's instructions regarding victim decontamination. Fire department is responsible for initial decontamination.
 - 1. Insure all potentially contaminated patient clothing and belongings have been removed. Do not transport clothes and belongings along with patient unless Incident Commander directs otherwise.
 - 2. Insure irritated skin has been flushed with water for a minimum of 15 minutes. Insure irritated eyes are rinsed for a minimum of 15 minutes. Use saline solution if available.
- 3. DECONTAMINATION TAKES PRIORITY OVER TREATMENT AND/OR TRANSPORT.**
- D. Avoid contact with contaminants. Wear disposable gloves as minimum protection and use protective clothing as appropriate.
 - E. Utilize "kerlex" type bandages rather than adhesive bandages in treating wounds.
 - F. Provide oxygen by mask for any victim with respiratory problems.
 - G. Continue to rinse irritated eyes with water while enroute to hospital and be alert for respiratory distress. **USE BASINS TO SAVE THE WATER USED FOR RINSING.**
 - H. Cover entire gurney, including pillow, with a disposable (plastic lined) blanket.
 - I. Cover patient compartment floor with a disposable (plastic lined) blanket. Do this either before initially arriving or before you re-enter vehicle in order to minimize contamination from shoes. Not necessary in all cases (e.g., gas exposure).
 - J. Write down the name of the involved chemicals, if identified, before leaving the scene.

- K. If source is available, ask for advice on decontaminating vehicle and personnel once patient is released to the hospital (Environmental Health on-scene representative, Incident Commander's representative, etc).
- L. Provide maximum fresh air ventilation to patient and driver's compartment regardless of the presence or absence of odors.
- M. Specific ALS Treatments for common hazardous materials are detailed in Attachment A. Use the appropriate Protocol as indicated.
- N. Unless Multi-Casualty Plan communications are in effect, follow normal radio procedures with receiving hospital but in addition give the name of the chemical involved.

IV. ARRIVAL AT HOSPITAL

- A. Patient attendant would remain in vehicle with patient until driver has personally advised emergency room personnel of the situation and has handed them the written identification of the chemical involved.
- B. The patient should not be brought into the emergency room before the attendants receive permission from the emergency room staff.
- C. Once the patient has been released to the hospital, double bag (in plastic) the blankets off the floor and gurney. Double bag equipment you believe contaminated.
- D. Decontaminate ambulance and personnel before returning to incident scene. Agencies or fire departments can receive advice on decontamination from the County Environmental Health Officer.
- E. If not returning to scene, keep contaminated articles sealed until given further instructions by the Incident Commander or your agency. Do not go back into service without rigorous decontamination of vehicle.

HAZARDOUS MATERIALS FLOW CHART

IS POLICE SECURITY LINE ESTABLISHED?

