

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Hazardous Materials
Exposure Protocol**

Injuries from hazardous materials incidents vary depending on the *manner* of exposure (inhalation, ingestion, injection or absorption), the *type* of material involved (acids, ammonia, chlorine, hydrocarbon solvents, sulfides, organophosphates) and the *amount* of exposure (time & concentration).

Harmful products are widely used in home gardening and cleaning, commercial agriculture and cleaning & industrial operations. Civil defense agencies have indicated the increasing threat concerning the use of *Weapons of Mass Destruction* (WMD) as a foreign and domestic terrorist tool. WMD represent an intentional hazardous materials incident.

Due to the magnitude and multiplicity of hazardous materials, this protocol focuses on a general approach to the patient involved in a hazardous materials incident. The substance container may have vital information for resuscitation of an exposed patient. Communication with Medical Control is the best way to obtain rapid and accurate advice on treatment guidelines for specific materials.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock. Remain uphill, upwind, upstream and upgrade of the incident. Stay out of the “Hot Zone” unless trained, equipped and authorized to enter.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Look for possible scene and patient contamination. Follow agency safety procedures.
3. Notify IEMA if needed at 1-800-782-7860.
4. The patient’s clothing should be completely removed to prevent continued exposure and the patient decontaminated **prior to** being placed in the ambulance for transport.
5. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient’s respirations with BVM if necessary.

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BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport. Remain uphill, upwind, upstream and upgrade of the incident. Stay out of the “Hot Zone” unless trained, equipped and authorized to enter.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Look for possible scene and patient contamination. Follow agency safety procedures.
3. Notify IEMA if needed at 1-800-782-7860.
4. The patient’s clothing should be completely removed to prevent continued exposure and the patient decontaminated **prior to** being placed in the ambulance for transport.
5. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient’s respirations with BVM if necessary.
6. **Proventil (Albuterol):** 2.5mg in 3mL of normal saline via nebulizer over 15 minutes if the patient has been exposed to an irritant gas (acids, ammonia, chlorine, carbon monoxide). May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**).
7. Initiate ALS intercept if needed and transport as soon as possible.
8. **Contact Medical Control** and make sure the receiving hospital is aware of (**prior to arrival at the facility**) the patient’s exposure to hazardous materials and what decontamination procedures were followed at the scene.

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ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport. Remain uphill, upwind, upstream and upgrade of the incident. Stay out of the "Hot Zone" unless trained, equipped and authorized to enter.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Look for possible scene and patient contamination. Follow agency safety procedures.
3. Notify IEMA if needed at 1-800-782-7860.
4. The patient's clothing should be completely removed to prevent continued exposure and the patient decontaminated **prior to** being placed in the ambulance for transport.
5. **Oxygen**: 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
6. **Proventil (Albuterol)**: 2.5mg in 3mL of normal saline via nebulizer over 15 minutes if the patient has been exposed to an irritant gas (acids, ammonia, chlorine, carbon monoxide). May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**).
7. **Atropine**: 2mg IV or IM (**with Medical Control order only**) if suspected organophosphate poisoning (OPP) and signs & symptoms of "SLUDGE" are present (salivation, lacrimation, urination, defecation, gastroenteritis & emesis). Early indications of OPP include: headache, dizziness, weakness & nausea. Repeat Atropine 2mg IV or IM every **5 minutes** (**with Medical Control order**) or until signs & symptoms of "SLUDGE" subside.
8. Initiate ALS intercept and transport as soon as possible.
9. **Contact Medical Control** and make sure the receiving hospital is aware of the patient's exposure to hazardous materials (**prior to arrival at the facility**) and what decontamination procedures were followed at the scene.

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ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport. Remain uphill, upwind, upstream and upgrade of the incident. Stay out of the "Hot Zone" unless trained, equipped and authorized to enter.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Look for possible scene and patient contamination. Follow agency safety procedures.
3. Notify IEMA if needed at 1-800-782-7860.
4. The patient's clothing should be completely removed to prevent continued exposure and the patient decontaminated **prior to** being placed in the ambulance for transport.
5. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.
6. **Proventil (Albuterol):** 2.5mg in 3mL normal saline mixed with **Ipratropium (Atrovent):** 0.5mg via nebulizer over 15 minutes if the patient has been exposed to an irritant gas (acids, ammonia, chlorine, carbon monoxide). Repeat Albuterol 2.5mg with Atrovent 0.5mg every **15 minutes** as needed.
7. **Atropine:** 2mg IV or IM if suspected organophosphate poisoning (OPP) and signs & symptoms of "SLUDGE" are present (salivation, lacrimation, urination, defecation, gastroenteritis and emesis). Early indications of OPP include: headache, dizziness, weakness & nausea. Repeat Atropine 2mg IV or IM every **5 minutes (with Medical Control order)** or until signs & symptoms of "SLUDGE" subside.
8. Transport as soon as possible.
9. **Contact Medical Control** if needed and make sure the receiving hospital is aware of the patient's exposure to hazardous materials (**prior to arrival at the facility**) and what decontamination procedures were followed at the scene.