



## Prehospital Care Policy Change Advisory

**Notice: April 16, 2009**

The EMS Agency is providing notification of an open comment period for the following proposed policy revision. A copy of the revision draft has been provided for your review. The stakeholder comment period will be open until May 22, 2009.

***Please email your comments to John Blain at [john.blain@hhs.sccgov.org](mailto:john.blain@hhs.sccgov.org). Comments and suggestions are due by May 22, 2009.***

<p><b>Policy 610</b> <b>Private EMS Response /</b> <b>Hazardous Materials</b></p>	<ul style="list-style-type: none"><li>▪ <u>Section IV; Added subsection “C” which states:</u>  “Prior to arrival at the hospital, and in the course of conducting a hospital notification report, the transport crew will provide additional information advising the receiving hospital of the hazmat incident details, including suspected agent, decontamination method used, and then inquire as to the hospital’s instructions for arrival, which will either be:<ul style="list-style-type: none"><li>• Standby outside of emergency department to have hospital personnel perform patient decontamination;</li><li style="text-align: center;">or</li><li>• Take patient into emergency department.”</li></ul></li></ul>
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County of Santa Clara  
Emergency Medical Services Agency  
**DRAFT REVISION-Policy 610**

**PRIVATE EMS RESPONSE / HAZARDOUS MATERIALS**

**Effective Date** January 22, 2007  
**Replaces** August 1, 2004

**Resources**

[Emergency Response Guide \(DOT\)](#)  
[Santa Clara County Multi-Casualty Incident Plan](#)  
[FIRESCOPE](#)

**I. Purpose**

The purpose of this policy is to provide guidelines for private emergency responders who may respond to HAZMAT incidents. All emergency responders must be alert at HAZMAT incidents because emergency responders, patients, and equipment may become contaminated with Hazardous Materials if proper procedures are not followed.

Governmental agencies charged with the response, mitigation, and management of hazardous materials shall follow appropriate internal policies.

**II. General Procedures**

**A. Initial Actions**

If emergency medical responders arrive on-scene of a HAZMAT incident, implement the following tactical steps:

Safety

- Size-up
- Protect yourself, others, and your unit (withdraw if necessary)
- Utilize cautionary approach uphill, upwind, and upstream
- Identify if any rescue is needed
- Account for all personnel

### Isolate the Area and Deny Entry

- Keep everyone at least 100 feet away for small incidents and at least 500 feet away for large incidents
- Position vehicle headed away from incident
- Consider possible crime scene
- Notify/Update additional emergency responders by providing a Report on Conditions.

### B. Secondary Actions

If public safety personnel are have not arrived on the scene, implement the following tactical steps:

#### Command

- Establish Command
- Establish and identify location of Command Post
- Establish Safe Refuge Area
- Attempt to separate symptomatic and asymptomatic patients.
- Safely stage incoming emergency response vehicles

#### Identify Hazardous Materials

- Ask bystanders questions such as what did they see, smell, taste, hear, or feel.
- Ask who, what, where, when, and how related to the incident.
- Use binoculars to maintain a safe distance (if possible)
- Look for labels, placards, and markings, etc.
- Refer to DOT Guidebook

### C. Supportive Actions

1. Private EMS providers shall continue to provide support to on-scene public safety organizations. However, only trained public safety HAZMAT or authorized specialized personnel are allowed to enter the “Hot” Zone (Exclusion Zone) or “Warm” Zone (Contamination-Reduction Zone) of a HAZMAT incident.
2. Work with on-scene Hazardous Materials Technical Specialists to provide receiving hospitals with the following information (this information must come from the on-scene public safety authority and approved by the IC prior to releasing to the hospital):
  - Chemical names
  - Decontamination methods used on-scene
  - DOT reference number
  - Any appropriate treatment information/considerations.

### **III. Decontamination**

- A. Only trained HAZMAT responders are allowed to properly decontaminate potentially contaminated patients and any emergency responders in the “Warm” Zone (Contamination-Reduction Zone).
- B. All potentially contaminated patients must be properly decontaminated by the trained HAZMAT responders before emergency medical responders can administer medical treatment or transport the patients to an emergency medical facility.
- C. Decontamination may include (may or may not involve private ambulance service personnel):
  - Removing clothing and fresh air decontamination (in certain situations oxygen may be administered in the warm zone during fresh air decontamination).
  - Removing clothing and gross water rinse followed by mild soap and another water rinse.
  - Removing clothing and gross water rinse followed by a mild neutralization solution (e.g., sodium bicarbonate, etc.) and another water rinse.
  - Equipment may require different decontamination procedures.
- D. The Incident Commander (IC), or their designee, has the final responsibility and decision-making authority of whether the patients are properly decontaminated prior to loading and transporting the patients to an emergency medical facility (as indicated on the triage tag). IC designees may include the HAZMAT Group Supervisor, Safety Officer, or Decontamination Team Leader.

### **IV. Medical Care**

- A. Once patients have been deemed as being properly decontaminated by the IC (or their designee), they will move the patients to a safe area within the “Cold” Zone for medical treatment by the emergency medical responders.
- B. As an extra precaution, emergency medical responders should avoid direct physical skin contact with the patients.

**C. Prior to arrival at the hospital, and in the course of conducting a hospital notification report, the transport crew will provide additional information advising the receiving hospital of the hazmat incident details, including suspected agent, decontamination method used, and then inquire as to the hospital's instructions for arrival, which will either be:**

- **Standby outside of emergency department to have hospital personnel perform patient decontamination;**

**or**

- **Take patient into emergency department.**

#### **IV. Accidental Exposure to Emergency Medical Responders**

- A. Emergency medical responders who are accidentally contaminated at the HAZMAT incident scene SHALL NOT board the transport rig. They will be thoroughly decontaminated at the scene and be treated as additional patients.
- B. Patients and emergency medical responders accidentally contaminated in the transport rigs (e.g. by gastric contents) shall immediately wash off with water and contact the IC for advice on further decontamination.