

## P260 LFD PROCEDURE PROTOCOL: HAZARDOUS MATERIAL PATIENTS

EMT	AEMT	EMT-I	Paramedic
-----	------	-------	-----------

### A. General

1. Safety of the responders is the number one priority during all incidents.
2. During response to "man down" or other distress of unknown etiology, especially in the scientific, industrial, or transportation setting, keep in mind the possibility of chemically induced problems rather than simple physiological causes. If you take this possibility into account and take the proper precautions and ask the proper questions, it may keep you from being part of the problem rather than part of the solution.
3. Do initial evaluation of suspected hazmat scenes from a safe distance, with binoculars if appropriate.
4. Ambulance personnel lacking proper PPE should not have contact with contaminated victims until they have been decontaminated.
5. Effort must be made to control the scene to the extent that contaminated victims are not allowed to exit the scene and arrive eventually at the ER, contaminating it.

### B. Procedure

1. EMS operations should be staged in the COLD zone.
2. Research of the possible hazards, decontamination agents, PPE necessary for responders, and any other pertinent information should be made prior to patient contact.
3. Contact should be made with the ER as soon as the product has been identified (both to alert the ER and to initiate the use of their TOMES program for reference.) Contact should be made also on the inbound trip conveying patient condition, decon and treatment given, level of suspected remaining contamination, and other information requested by the ER staff.
4. All reasonable effort should be made to remove or isolate unneeded medical equipment from the patient compartment and to shield the inside of the patient compartment from contamination during transport.
5. Treatment for patients of hazmat incidents is largely symptomatic in nature and should be dictated by the appropriate LFD protocols and through ER contact.
6. Extreme hygiene is necessary when dealing with these patients, especially when considering invasive procedures (i.e., thorough decon of I.V. site prior to introduction of catheter to prevent injection of contaminants across the dermal barrier.)
7. Ambulances transporting potentially contaminated patients will remain out of service until the ambulance has been decontaminated to the satisfaction of the Duty Chief. It is the responsibility of the ambulance crew to provide for the decontamination and to contact the Duty Chief, providing him with necessary information to make the decision of serviceability