Contact Medical Alert Center (MAC) for all MCIs prior to transport otherwise notify the receiving hospital.

1. Secure area, establish incident site, and don protective equipment/gear appropriate for hazardous material exposure according to the provider agency protocol

2. If MCI, begin triage (Ref. 519.2 and Ref. 519.5) Provide MAC with the following incident information: properties of contaminant, type of decontamination performed, signs/symptoms, and smells

3. Remove patient from source if safe to do so, and move to decontamination area prn

4. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)

5. Administer Oxygen pm (MCG 1302)

6. Remove patient’s clothing

7. Flush skin, eyes and mucous membranes with copious amounts of water For eye involvement, irrigate with Normal Saline 1L during transport; allow patient to remove contact lenses if possible.

8. Initiate cardiac monitoring (MCG 1308) Perform 12-lead ECG pm For patients with dysrhythmias, treat in conjunction with TP 1212, Cardiac Dysrhythmia- Bradycardia or TP 1213, Cardiac Dysrhythmia- Tachycardia

9. Establish vascular access prn (MCG 1375)

10. Assess for signs of trauma If traumatic injury suspected, treat in conjunction with TP 1244, Traumatic Injury

11. For poor perfusion: Normal Saline 1L IV rapid infusion Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops For persistent poor perfusion, treat in conjunction with TP 1207, Shock/Hypotension

12. Consider contacting the Poison Control Center in conjunction with the Base Hospital for assistance with management of toxins (Ref. 805)

NERVE AGENT EXPOSURE

13. If multiple symptomatic patients with > 50 victims involved, request EMS Chempack from the MAC (Ref. 1108)
14. For SEVERE EXPOSURE: ❷
   Begin treatment immediately (concurrent with decontamination) and transport after
decontamination procedures are completed
   DuoDote (Atropine 2.1mg and Pralidoxime Chloride 600mg) IM x3
   (Atropine 2mg and Pralidoxime Chloride 600mg) IM x3, one after another

   For seizure, treat in conjunction with TP 1231, Seizure

15. For MODERATE EXPOSURE: ❷
   Ensure decontamination procedures are completed before treatment or transport to facility
   DuoDote IM x2, one after another

16. For MILD EXPOSURE: ❷
   Ensure decontamination procedures are completed before treatment or transport to facility
   DuoDote IM x1

17. If symptoms in MILD or MODERATE exposures progress after initial evaluation, administer
   additional DuoDote IM for a total of 3 doses

ORGANOPHOSPHATE EXPOSURE

18. For heart rate < 60bpm, hypotension, respiratory depression and/or extreme salivation
   Atropine 2mg (20mL) IV/IM ❸
   May be repeated every 5 min until patient is asymptomatic

   For seizure, treat in conjunction with TP 1231, Seizure

RADIOLOGIC EXPOSURE

19. If radiation is suspected, confirm by using appropriate detection devices available through
   Department of Public Health (DPH), Radiation Management at (213) 989-7140

20. If radiation present, identify the cause of the contamination ❹
   Internal Radiation is exposure through open wound, ingestion or inhalation of radioactive
   materials
   External Radiation is exposure through a Radiological Dispersal Device (RDD), Radiological
   Material Release (RMR) or Radiological Exposure Device (RED)

21. For External Radiation:
   If a RDD is used and in the absence of any other information, evacuate 1,650 feet in all
   directions from the detonation site and then contact the MAC ❹
   Notify DPH Radiation Management at (213) 989-7140 if departmental HAZMAT team is not
   available and prolonged exposures are expected ❺

22. For patients with a life threatening condition:
   Treat using appropriate treatment protocol based on complaints in conjunction with
   decontamination
   Remove the outer clothing and utilize containment mitigation techniques before transport
Treatment Protocol: HAZMAT

23. For patients without a life threatening condition:
   Decontaminate using departmental protocols
   Treat using appropriate treatment protocol based on complaints

24. Asymptomatic and minimal exposure suspected:
   Decontaminate and release patient if appropriate
SPECIAL CONSIDERATIONS

❶ If MCI, MAC should be contacted for 5 or more patients and coordinate all destination decisions otherwise the Base Hospital should be notified as specified in this protocol, and if no Base Hospital required then the receiving hospital will be notified.

❷ Nerve agent exposure symptom severity:
   SEVERE: severe respiratory distress, respiratory arrest, cyanosis, extreme SLUDGE (salivation, lacrimation, urination, defecation, gastrointestinal distress and emesis) seizures, unconsciousness
   MODERATE: miosis, rhinorrhea, shortness of breath, vomiting, diarrhea
   MILD: miosis, rhinorrhea and increased salivation

❸ High cumulative doses may be required, maximum single dose 2mg.

❹ Radiation Exposure Safety:
   Exposure to victims with internal radiation poses low-to-no risk to EMS personnel
   Exposure to victims with external radiation exposure poses low-to-moderate risk to EMS personnel
   Remember the following principles:
   Time: limit time with the victim to a minimum
   Distance: the further away from the source, the smaller the dose received.
   Shielding: “Turnouts” will protect from alpha and beta emitters, wear respiratory protection if particulate matter (i.e., dust or powder) present

❺ The HazMat team, MAC, or DPH Radiation Management will be able to redefine boundaries, establish radiation dose guidelines, assist with monitoring and decontamination procedures, and provide support to on-scene responders. These resources may also refer to Emergency Response Guidebook for other recommended scene precautions.

❻ If number of patients exceeds available resources, asymptomatic patients with minimal exposure may be released for home decontamination.