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

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 prn (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 prn For patients with dysrhythmias, treat in conjunction with TP 1212-P, Cardiac Dysrhythmia - Bradycardia or TP 1213-P, 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 1243-P, Traumatic Injury

11. For poor perfusion: Normal Saline 20mL/kg IV rapid infusion per MCG 1309 For persistent poor perfusion, treat in conjunction with TP 1207-P, 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. Pediatric patients longer than the length-based resuscitation tape (Broselow™) should be treated according to adult doses which are listed below and found in TP 1240, HAZMAT ❷ Mild Exposure: 1 DuoDote IM
15. Pediatric patients between 3 – 36 kilograms body weight based on measurement using the length-based resuscitation tape (Broselow™) should be treated as follows:

- **Mild Exposure:** Atropine (0.1mg/mL) 0.02mg/kg IV/IM, dose as per MCG 1309
- **Moderate Exposure:** 1 DuoDote IM
- **Severe Exposure:** 1 or 2 DuoDote(s) IM, one after the other when applicable, based on the table below:

<table>
<thead>
<tr>
<th>Avg Wt (KG)</th>
<th>Color</th>
<th>Initial Emergency Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Grey</td>
<td>1 DuoDote</td>
</tr>
<tr>
<td>6.5</td>
<td>Pink</td>
<td></td>
</tr>
<tr>
<td>8.5</td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>10.5</td>
<td>Purple</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Yellow</td>
<td></td>
</tr>
<tr>
<td>16.5</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>20.5</td>
<td>Blue</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Orange</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Green</td>
<td></td>
</tr>
</tbody>
</table>

*Duodote (2.1mg Atropine/600 mg 2PAM Chloride)

16. For seizure, treat in conjunction with TP 1231-P, Seizure

17. For EMS CHEMPACK Deployment:
EMS CHEMPACK may be utilized for repeat dosing as necessary
Repeat dose prn 5 minutes after initial emergency DuoDote

<table>
<thead>
<tr>
<th>Avg Wt (KG)</th>
<th>Color</th>
<th>Repeat Atropine Dose Multi-dose vial (0.4mg/mL)</th>
<th>Repeat 2PAM Chloride* Multi-dose vial (50mg/mL) 50 mg/kg IM or IV</th>
<th>Diazepam** Multi-dose vial (5mg/mL) 0.1mg/kg IV or IM prn seizure</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Grey</td>
<td>0.4mg, 1mL</td>
<td>200mg, 4mL</td>
<td>0.4 mg, 0.08mL</td>
</tr>
<tr>
<td>6.5</td>
<td>Pink</td>
<td>0.7mg, 1.75mL</td>
<td>325mg, 6.5mL</td>
<td>0.6 mg, 0.12mL</td>
</tr>
<tr>
<td>8.5</td>
<td>Red</td>
<td>0.9mg, 2.25mL</td>
<td>425mg, 8.5mL</td>
<td>0.8 mg, 0.16mL</td>
</tr>
<tr>
<td>10.5</td>
<td>Purple</td>
<td>1mg, 2.5mL</td>
<td>525mg, 10.5mL</td>
<td>1 mg, 0.2mL</td>
</tr>
<tr>
<td>13</td>
<td>Yellow</td>
<td>1.3mg, 3.25mL</td>
<td>650mg, 13mL</td>
<td>1.3 mg, 0.26mL</td>
</tr>
<tr>
<td>16.5</td>
<td>White</td>
<td>1.6mg, 4mL</td>
<td>825mg, 16.5mL</td>
<td>1.6 mg, 0.32mL</td>
</tr>
<tr>
<td>20.5</td>
<td>Blue</td>
<td>2mg, 5mL</td>
<td>1000mg, 20mL</td>
<td>2 mg, 0.4mL</td>
</tr>
<tr>
<td>26</td>
<td>Orange</td>
<td>2.6mg, 6.5mL</td>
<td>1000mg, 20mL</td>
<td>2.6 mg, 0.52mL</td>
</tr>
<tr>
<td>33</td>
<td>Green</td>
<td>3.3mg, 8.25mL</td>
<td>1000mg, 20mL</td>
<td>3.3 mg, 0.66mL</td>
</tr>
</tbody>
</table>

Atropine multi-dose vials can provide closer to ideal dosages, if available
*Repeat dose 60 minutes after Initial Emergency DuoDote
** For seizure, if utilizing the CHEMPACK, treat seizure with Diazepam as per above table.
IV preferred route for Diazepam but can administer IM if not IV available
May repeat diazepam dose x1 in 5 min, maximum total dose 5mg
If diazepam not available treat in conjunction with TP 1231-P, Seizure
If the child is too tall for the pediatric resuscitation tape and adult size, treat per adult protocol TP 1240, HAZMAT

ORGANOPHOSPHATE EXPOSURE

18. For heart rate < 60bpm, hypotension, respiratory depression and/or extreme salivation
   Atropine (0.1mg/mL) 0.05mg/kg IV/IO
   May be repeated every 5 min, maximum total dose 5mg

   For seizure, treat in conjunction with TP 1231-P, Seizure

RADIOLOGIC EXPOSURE

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

20. If radiation contamination present, identify the cause of the contamination
   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
   Notify DPH Radiation Management at (213) 989-7140 if departmental HAZMAT team is not available and prolonged exposures are expected

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

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

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

1. 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.

2. 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

3. 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

4. The HAZMAT team, MAC, or Department of Public Health 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.

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