

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** 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, 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 (*MCG 1355*):
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*)

Treatment Protocol: HAZMAT

Ref. No. 1240

14. For SEVERE EXPOSURE: ❶
Begin treatment immediately (concurrent with decontamination) and transport after decontamination procedures are completed
DuoDote (Atropine 2.1mg and Pralidoxime Chloride 600mg) IM x3, one after another

For seizure, treat in conjunction with *TP 1231, Seizure*
15. For MODERATE EXPOSURE: ❶
Ensure decontamination procedures are completed before treatment or transport to facility
DuoDote IM x2, one after another
16. For MILD EXPOSURE: ❶
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**
18. For EMS CHEMPACK Deployment:
EMS CHEMPACK may be used for repeat dosing as necessary
Repeat Atropine dose prn 5 minutes after initial emergency DuoDote
Repeat Pralidoxime dose prn 60 minutes after initial emergency DuoDote

For seizure, treat in conjunction with *TP 1231, Seizure*, or **Diazepam 10mg/mL autoinjector IM x 1**

ORGANOPHOSPHATE EXPOSURE

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

For seizure, treat in conjunction with *TP 1231, Seizure*

RADIOLOGIC EXPOSURE

20. If radiation contamination is suspected, confirm by using appropriate detection devices available through Department of Public Health (DPH), Radiation Management at (213) 989-7140
21. If radiation contamination present, identify the cause of the contamination ❸
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)
22. For External Radiation:
If a RDD is used and in the absence of any other information, evacuate 1,650 feet in all

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directions from the detonation site and then contact the MAC ③

Notify DPH Radiation Management at (213) 989-7140 if departmental HAZMAT team is not available and prolonged exposures are expected ④

23. 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
24. For patients without a life threatening condition:
Decontaminate using departmental protocols
Treat using appropriate treatment protocol based on complaints
25. Asymptomatic and minimal exposure suspected:
Decontaminate and release patient if appropriate ⑤

CYANIDE EXPOSURE

26. For patients with cardiovascular, neurologic, and/or respiratory compromise due to suspected or known cyanide exposure:

Hydroxocobalamin 5 grams in 200mL of Normal Saline IV/IO (25mg/ml) infused over 15 minutes

May repeat x1 in 15 min

SPECIAL CONSIDERATIONS

- ① 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
- ② High cumulative doses may be required, maximum single dose 2mg.
- 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 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.
- ⑤ If number of patients exceeds available resources, asymptomatic patients with minimal exposure may be released for home decontamination.