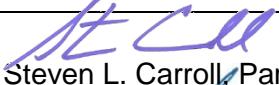



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Hazardous Material Incident		Policy Number: 607	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director	 Daniel Shepherd, MD	Date: June 1, 2019	
Origination Date:	February 12, 1987		
Date Revised:	March 14, 2019	Effective Date: June 1, 2019	
Date Last Reviewed:	March 14, 2019		
Review Date:	March 31, 2021		

- I. PURPOSE: This policy establishes guidelines for the response of pre-hospital care providers to incidents involving hazardous materials.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 & 1798. California Code of Regulations, Title 22, Division 9, Section 100175.
- III. POLICY: The Ventura County Regional Hazmat Team (VCRHT), under direction of the Incident Commander, assumes responsibility for “functional” control within a hazardous materials incident. Functional control includes all operations within the “hot zone” and control of any contamination.
The responding Emergency Medical Services personnel assume responsibility for patient care and transportation after release and/or decontamination by VCRHT. The EMS personnel and/or treatment team shall coordinate treatment/transport efforts with VCRHT so as not to jeopardize scene integrity, causing unnecessary spread of contamination to ambulance, equipment, EMS personnel and hospital personnel or citizens.
- IV. PROCEDURE:
 - A. INITIAL NOTIFICATION
 1. The responding EMS unit shall be notified by the Fire Department as soon as possible on all hazardous material incidents in order to facilitate their entry into the scene. Necessary information should include:
 - a. Radio channel/frequency for the incident
 - b. Estimated number of patients or potential patients
 - c. Approach to the incident

- d. Location of the staging area
 - e. Identification (radio designation) of the Incident Commander
 - f. Request for specialized equipment needed
2. While enroute, the EMS unit shall make radio contact with the Incident Commander or FCC and verify location, approach and staging information prior to their arrival on-scene.
 3. Upon arrival at the scene, the ambulance unit shall notify the base hospital or receiving hospital affected as to the number of patients, description of hazard, and any other pertinent information relative to hospital needs. (Note: the IC or VCRHT should provide this information upon request).

B. ARRIVAL ON-SCENE

1. If the scene has not been secured and a staging area has not been established, the ambulance unit should make radio contact with the Incident Commander or FCC for entrance and staging instructions.
2. In the absence of an Incident Commander and/or a staging area, EMS personnel should stay upwind and avoid entering the contaminated area.
3. If the scene has been secured, the first-in ambulance unit should enter the staging area and report to the Incident Commander for direction.

C. PATIENT DECONTAMINATION

1. Patients contaminated by a hazardous substance or radiation shall be appropriately decontaminated by VCRHT or fire resources, despite the urgency of their medical condition, prior to being moved to the triage area for transportation.
2. VCRHT shall determine the disposition of all contaminated clothing and personal articles.
3. The transfer of the patient from the contaminated zone to the safe zone must be accomplished by trained personnel in an appropriate level of protective clothing and carefully coordinated so as not to permit the spread of contamination.
4. Contaminated clothing and personal articles shall be properly prepared for disposal by the VCRHT.

5. Every effort shall be made to preserve, protect and return personal articles.

D. TRANSPORTATION

1. Any equipment, including transportation units, found to have been exposed and contaminated by a hazardous substance shall be taken out of service pending decontamination and a second ambulance unit responded to transport patients to the hospital when available.
2. At no time shall ambulance personnel transport contaminated patients. If during transport a patient off-gasses a strong odor or vomits what is believed to be toxic emesis, personnel/patient shall vacate ambulance and request assistance from fire.
3. Prior to transportation of patients to the hospital, the ambulance unit shall notify the hospital of the following:
 - a. number of patients
 - b. confirmation that patients being transported have been field decontaminated
 - c. extent each patient was contaminated
 - d. materials causing contamination (if known)
 - e. extent of injuries
 - f. patient assessment
 - g. ETA
 - h. any other pertinent information

E. ARRIVAL AT EMERGENCY ROOM

1. Upon arrival at the hospital, emergency room personnel shall meet the patient at the ambulance in order to determine if further decontamination is needed prior to delivery of patient(s) into the emergency room. (Any patient release by fire and transported by ambulance will be decontaminated to the fullest extent possible)
2. All hospitals should develop a plan for receiving patients who have been decontaminated and those patients who may need additional decontamination and a contingency plan for mass decontamination.
3. If additional decontamination resources are needed, the VCRHT decontamination equipment and personnel may be requested through dispatch.

F. EMERGENCY PERSONNEL DECONTAMINATION

1. All treatment team members coming in contact with contaminated patients or contaminated materials shall take appropriate measures to insure proper decontamination and elimination of cross contamination. Secondary decontamination is recommended which includes taking a shower and changing clothes whenever necessary.
2. Clothing, bedding, instruments, body fluids, etc. may be considered extremely hazardous and must be handled with care, contained and disposed of properly.
3. Follow-up monitoring of all personnel shall be conducted as deemed necessary by the Medical Director.