

**HEMS
SPECIAL OPERATIONS
HAZARDOUS MATERIALS – MEDICAL TREATMENT**

Date: March 1, 2013
Last Revised: 2/8/2024

Section 10-20

Hazardous Materials – Medical Treatment

The following protocol is a medical treatment protocol. **YOU MUST SEE THE HAZARDOUS MATERIALS PROCEDURE FOR THE APPROPRIATE HAZARDOUS MATERIALS OPERATIONAL PROCEDURES PRIOR TO USING THIS PROTOCOL!!!**

Hazardous material incidents present special problems for emergency responders. If you are not trained and do not have the appropriate protective equipment, **DO NOT ENTER THE SCENE!!!** The Wayne County HAZMAT team should be called by the local municipality to deal with the incident.

Any patient who has come in contact with the hazardous material **MUST** be decontaminated, by appropriately trained and protected personnel, prior to treatment and transportation by EMS personnel.

Priority #1 patients must have, at least, a gross decontamination performed prior to treatment or transportation by EMS personnel. Some priority #1 patients may need to go through the entire decontamination process prior to treatment or transportation, based on the specific hazardous material. **FOLLOW THE HAZMAT TEAM UNDER ALL CIRCUMSTANCES!!!**

BEFORE ATTEMPTING THE FOLLOWING PROCEDURES, IMPLEMENT APPROPRIATE BLOODBORNE AND/OR AIRBORNE PATHOGEN PROTECTIVE PROCEDURES.

Pre-radio

MFR/BLS/LALS/ALS

1. Overview the scene. If appropriate, notify HEMS of any multi-casualty situation.
2. Identify all patients. When determining patient condition, take into account injury/illness caused by the hazardous material and any underlying condition (i.e., CVA, AMI...)
3. Verify all patient treatment with a HAZMAT team member prior to initiating any treatment (some treatment may be contraindicated due to the nature of the hazardous material).
4. After verifying treatment, follow the appropriate treatment protocol based on the patient's injuries/symptoms. Do not initiate invasive procedures, unless directed by Medical Control in conjunction with a HAZMAT team member. Patients with the potential for laryngeal edema should be **intubated** as soon as possible.

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5. If not contraindicated, for inhalation injuries Oxygen at 10-15 lpm via non-rebreather mask.
 6. If not contraindicated, for skin/eye exposure, irrigate with sterile water/NS. Attempt to contain the run-off.
 7. Do not induce vomiting for ingestion, unless directed to do so by Medical Control in conjunction with a HAZMAT team member.
 8. **IF NECESSARY TO TRANSPORT PATIENTS THAT HAVE NOT BEEN FULLY DECONTAMINATED, PERSONNEL MUST WEAR PROTECTIVE EQUIPMENT APPROPRIATE FOR THE REMAINING RISK. THE HAZMAT TEAM WILL PROVIDE ADVICE FOR THESE SITUATIONS, AND MUST BE CONSULTED PRIOR TO GOING NEAR WITH PATIENT!!!**
 9. The patient is not fully decontaminated, use plastic or emergency blankets to isolate the patient from EMS personnel and the ambulance by using the “cocooning” technique (completely wrap the patient as if in a cocoon, except around the face).

Post-radio

MFR/BLS/LALS/ALS

1. Advise Medical Control of extent of remaining contamination, the need for further decontamination, and the nature of the hazardous material.