

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual: Emergency Medical Services Administrative Policies and Procedures	Policy Number: 690.1 Page: 1 of 3
Subject: Clinical Management of Patients Exposed to Hazardous Materials	
References: Managing Hazardous Materials Incidents, Volumes I & II U.S. Department of Health and Human Services, Public Health Service	Effective: 06/15/99

I. POLICY

- A. Consistent with all applicable Federal, State, and local laws and regulations, and the requirements of the Joint Commission on Accreditation of Health Care Organizations, Receiving Facilities within the EMS System should provide a safe and effective plan to decontaminate patients suspected of being exposed to hazardous materials. If no such plan exists, Receiving Facilities should develop an organized plan to manage such events, prevent further exposure, and/or minimize the risk of closure due to contamination.
- B. Develop a "Decontamination System" within the facility, to provide decontamination of patients exposed to hazardous materials, presenting to a clinical facility; Clinic, Hospital, Urgent Care Center, etc.

II. PURPOSE:

- A. To provide the following key elements in the management of contaminated patients:
 - 1. Protection and prevention of the EMS System's Receiving Hospitals from shut-down and/or prevention of evacuation of a clinical facility, due to hazardous materials contamination from an outside source;
 - 2. Protection of clinical personnel and facilities from contamination;
 - 3. Rapid decontamination of those patients presenting to the facility;
 - 4. Prevention of further contamination of personnel, patients, and/or visitors in the facility; and
 - 5. Emergency medical treatment of the patient's injuries/illness, sustained at the time of the exposure.

Approved By: EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision: 3/3/2008
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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III. BACKGROUND

Two basic scenarios present exposure risks to clinical personnel:

- A. The majority of patient's exposed to hazardous materials will come to a hospital Emergency Department or Urgent Care Center by way of the prehospital EMS System. These patient's should have had decontamination in the field, prior to transport to the Emergency Department (E.D.). Bear in mind, there may be the occasion that ambulance personnel, and the patient, are unaware of the exposure, and decontamination has not occurred. Those patients properly decontaminated in the field pose little, if any risk to clinical personnel.
- B. Those occasions when a grossly contaminated person will arrive at a facility requesting medical aid by private vehicle (or other non-EMS means). There will be little or no notification and clinical staff must be ready and able to effectively handle the situation. These guidelines are designed to assist in that process.

IV. PROCEDURE

- A. Unannounced arrival of an exposed/contaminated patient:
 - 1. If a patient /victim arrives at a clinical facility and there is suspicion of contamination, those patients should be stopped immediately, and directed to the facility's established decontamination area (if such area exists). The decontamination area should consist of an area (inside/outside) that minimizes further exposure due to airborne contaminants, gases/fumes, or any other emission that could potentially expose staff and/or patients. The area surrounding the exposed patient's and all passages should be immediately cleared and secured until the area can be assessed for exposure.
 - 2. If no such area exists, the patient(s) must be directed outside the facility in an area that is open and does not pose further risk to the facility or its staff. The patient(s) must be isolated and monitored until the fire department arrives on scene. Monitoring does not include contact with an exposed victim, it means to observe in safe manner. It is extremely important that no further contamination to staff, patients, and visitors, occur. Therefore, no person shall approach a person who has a known or unknown chemical contaminant, unless proper gear (level "B" minimum) is worn by staff trained in the management and recognition of hazardous materials incidents.
 - 3. The Fire Department should be notified immediately by 9-1-1 and advised of a hazardous materials incident occurring within the facility - (regardless of manageability). Coordination of the incident can then be jointly coordinated with the facility's emergency response team and the fire department.
 - 4. A clinical facility's plan to manage a hazardous materials incident must be developed in a manner that meets Federal, State, and local statute. It should also be developed in a manner that allows for maximum coordination with the local jurisdictional agency(s) managing an emergency haz-mat response. A unified approach to management will reduce the potential for injury, minimize risks to staff and patients, and improve overall coordination and communication during an emergency.

B. Management

No person shall manage a hazardous materials incident unless they have received the appropriate level of training consistent with Federal, State, and Local laws. If a facility plans to manage a haz-mat situation, the staff must be trained to the response level in accordance with Federal Law.

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1. The supervisor (or hazardous materials response staff) shall immediately establish the three zones:
 - a. "Hot Zone" (RED-Exclusion Zone) - the area immediately exposed by the patient or contaminant;
 - b. "Contamination Reduction Zone" (Yellow Zone) - the area surrounding the exposure and limited to entry only by authorized staff only.
 - c. "Support Zone" (Green- Cool Zone) - recovery area.
2. The contaminated area "Hot Zone" would include all areas the patient/victim has traversed prior to the determination of their contamination status. Once this area(s) is determined, all personnel, patients, and visitors should be evacuated, and the immediate area cordoned off and security posted to keep people out of the area.
3. If the victim has not yet entered the facility, he/she should be isolated where they are (automobile, standing, etc.,) and the above-mentioned zones identified.
4. **IF**, staff is immediately available and able to begin decontamination procedures, then decontamination procedures should be established as soon as possible. **ONLY** those staff who have been trained to manage such situations should attempt to initiate decontamination procedures - if there is any doubt about the situation, **IMMEDIATELY** notify the Fire Department via 9-1-1. The scene will be managed as a prehospital hazardous materials incident upon the fire department's arrival.