

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 Page 1 of 6
Subject Hazardous Materials Incident Policy	
References Managing Hazardous Materials Incidents, Volumes I & II U.S. Department of Health and Human Services, Public Health Services Division 2.5 – California Health and Safety Code	Effective 06/15/99

I. POLICY

The Hazardous Materials Incident procedure shall be utilized anytime there is the potential for contamination by a hazardous material. The responsibility for hazardous materials containment, identification, and decontamination, and victim evacuation rests with fire and/or law enforcement agencies. In scenes with six (6) or more victims, the management structure utilizing the Incident Command System shall be followed according to the Multi-Casualty Incident (MCI) Field Operations Protocol. In scenes with less than six (6) victims, EMS personnel shall report to the Incident Commander or designee immediately upon arrival.

Pre-Arrival Consideration

Generally, hazardous materials come in three basic forms: solids, liquids and gases. The hazards associated with these forms are due to one or a combination of the following factors:

1. Flammability
2. Toxicity
3. Radioactivity
4. Reactivity
5. Corrosive

General safety considerations based on these factors include the fact that EMS personnel may become involved in a hazardous materials situation while managing a medical emergency. Examples of such potential exposures include, but are not limited to, vehicle collisions, industrial incidents, and residential areas, terrorism, (e.g., meth labs, household chemical storage, pesticides, rail derailment, etc.).

EMS personnel must be able to recognize potential exposures and take steps to minimize their risks from such exposure, and to take appropriate steps once a hazard is identified. Specific safety considerations for each type of hazardous materials are listed in the Emergency Response Guidebook for Hazardous Material Incidents (DOT P. 5800.3).

II. PROCEDURE

A. Dispatch

Units dispatched to a possible hazardous materials incident will be advised by dispatch (in addition to the usual information) of the following:

Approved By Daniel J. Lynch EMS Division Manager (Signature on File at EMS Agency)	Revision 10/1/2016
Jim Andrews, M.D. EMS Medical Director (Signature on File at EMS Agency)	

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1. EMS personnel may be responding only to provide support for the hazardous materials response team (fire department).
2. Confirmation of activation of the hazardous materials plan.
3. Type of transporting vehicle – train, big-rig, etc.
4. Type of hazardous material(s) involved (if known). (Specific safety considerations for each type of hazardous materials are listed in the North American Emergency Response Guidebook for Hazardous Material incidents (DOT P. 5800.3)).
5. On-scene wind direction and recommended approach route – coordinate with Incident Commander.
6. Estimated number of patients.
7. Provide location of Incident Commander Post and agency that the Incident Commander is from.
8. EMS Staging Area location.
9. Other responding agencies.

B. Arrival at Known Hazmat Scene:

At no time shall EMS personnel enter the scene of a known hazardous materials incident without the clearance from the Incident Commander or designee. Once the support zone (see Appendix B) is established, the responding EMS unit(s) will stage as directed by Incident Commander or designee.

Once at scene, in coordination with the Incident Commander or designee, EMS will provide treatment and transport of patient(s) after decontamination.

C. Recognition of a Hazardous Material (On-Scene or During Transport:

EMS personnel may become aware of a hazardous material while on scene or during transport. If such a situation occurs, EMS personnel will take the following measures:

1. EMS personnel should consider themselves contaminated;
2. Evacuate to an upwind/uphill safe location (minimize exposure);
3. Notify EMS Dispatch and advise them of the potential contamination;
4. EMS personnel will then request fire department response to the scene for site control and emergency decontamination. EMS personnel will follow the direction of the fire department once they arrive.
5. The scene will be managed as a hazardous materials site using principles of the Incident Command System (ICS). Specific directions can be found in Appendix “A” of this policy.
6. Activate County Hazmat Incident Plan.

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III. INCIDENT COMMAND

In accordance with California Health & Safety (H&S) Code, Section §1798.6(c), the Incident Commander for a hazardous materials incident is defined as the “appropriate public safety agency having primary investigative authority.” In the case of multi-jurisdictional incidents, a unified command may be established (H&S §1798.6(b)).

- A. All levels of government accept the basic responsibility for the immediate protection of people, property, and the environment from an accidental (uncontrolled) discharge and/or spill of hazardous substances. In fulfilling this obligation, specific roles and tasks are herein assigned. It is anticipated that those jurisdictions requesting assistance through the activation of this plan will be aware of and abide by these concepts.
- B. Scene management responsibility is dictated by statute and jurisdiction and is a prime consideration in dealing effectively with a hazardous material incident.
 1. Incidents on unincorporated public roadways, highways and all freeways – California Highway Patrol is vested with scene management.
 2. Incidents in unincorporated areas (excluding unincorporated public roadways, highways and all freeways) and in incorporated areas (including streets) – local law enforcement or fire department is vested with scene management.

IV. EMS FIELD MANAGEMENT

All hazardous materials incidents with six (6) or more patients shall be managed in accordance with EMS Policy #620 – “Multi-Casualty Incident (MCI) Management – Prehospital Operations.” Routine EMS operations may, however, be established off-site, in an area designated as a “cold” (support) zone – clear from any hazardous materials exposure, and whose patients have been decontaminated prior to entry into a treatment area.

EMS personnel may, at times, provide only a support role and function to the hazardous materials response team (fire department) in some situations. This may include monitoring of hazmat personnel, acting in the capacity of Medical Group Supervisor, etc.

A. Function

In a hazardous materials incident with multiple patients (MCI), the Medical Group Supervisor may be responsible for overall medical scene control in coordination with the Incident Commander and/or designee.

The Medical Group Supervisor shall follow Standardized Emergency Management System (SEMS) Guidelines:

1. The Medical Group Supervisor will appoint personnel depending upon the needs of the incident.
2. Personnel can be placed in charge of several areas simultaneously if this is the best utilization of available resources.

Responsibilities for these positions are described in Multi-Casualty Incident (MCI) Field Operations Policy #620.

B. Patient Care

1. EMS personnel shall not attempt to enter any hazmat scene or render medical aid beyond the support zone without the specific direction from the Incident Commander or designee. Medical treatment and transportation is secondary to the protection of spreading the contaminate and the

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management of the hazmat incident. Management of the hazardous material and the prevention of further exposure take precedence over patient care. EMS personnel may be requested to receive non-ambulatory patients from the Contamination Reduction Zone after decontamination has been completed.

2. The hazardous materials response team (fire department) may initiate patient care within the inner perimeter of the exposure area(s). EMS personnel may only provide and/or initiate patient care after the patient has been transferred to them in the designated area (support zone) after decontamination considerations have been addressed.
3. Deceased victims shall be left undisturbed at the scene.
4. The use of EMS helicopters for the transport of suspected hazardous materials patient's is prohibited.

C. Considerations for Hospital Arrival

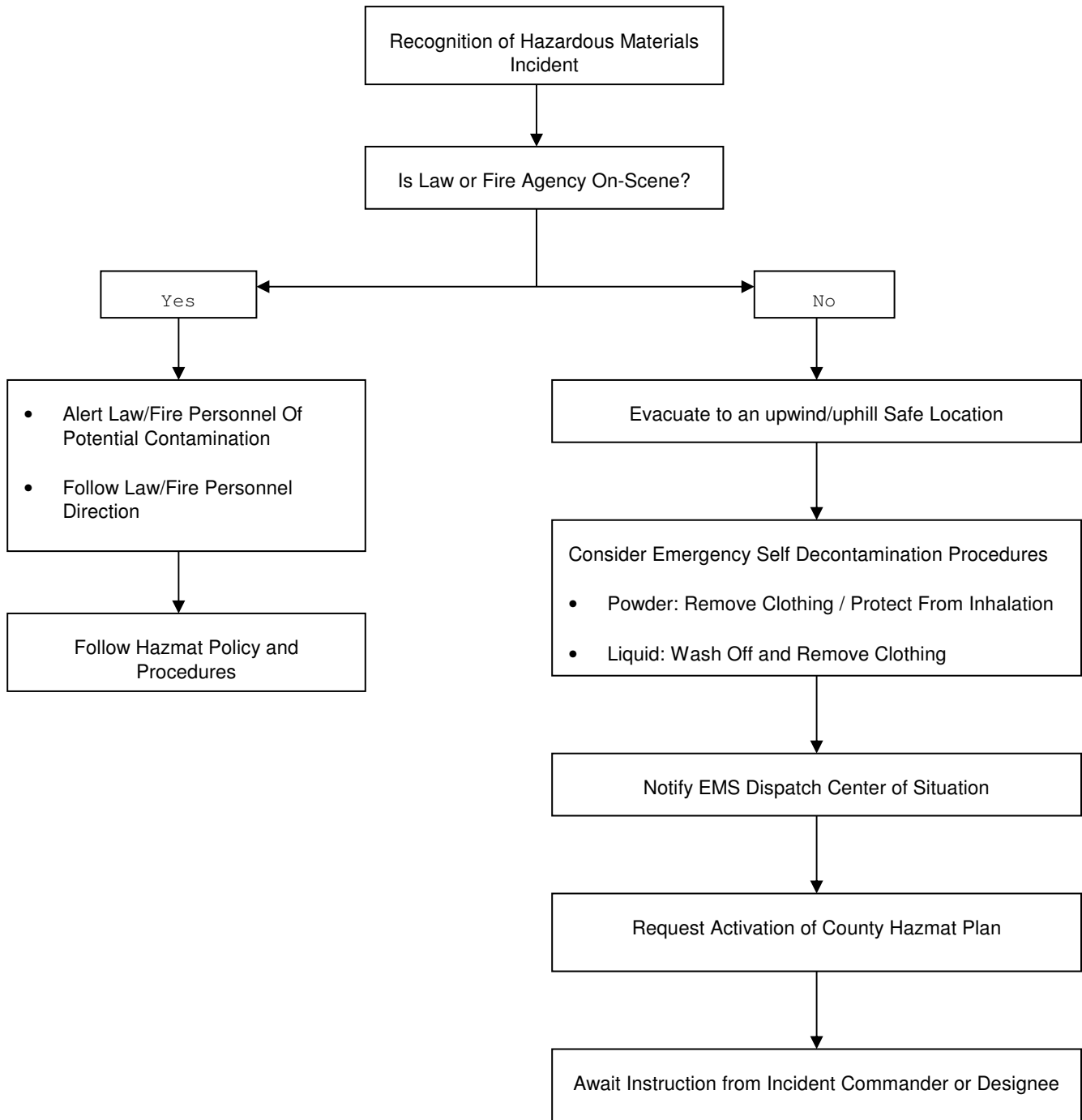
1. If, during patient transport personnel become aware of information that the patient is a victim of hazardous material exposure or contamination, they shall immediately notify EMS Dispatch. The transport unit shall make Base Hospital contact and provide them with all available information. The Base Hospital may direct the transport unit to:
 - a. Discontinue transport for emergency decontamination; or
 - b. Continue transport to a hospital.
2. The patient is not to be moved into the hospital until properly decontaminated.
3. After the patient is transferred, the emergency crew must leave all equipment, trash, contaminated clothing, etc. in the ambulance and lock its doors. Personnel shall not leave the area, eat or drink and should consider self-decontamination. The ambulance will remain out of service until it has been monitored for contamination and cleared as a non-toxic.

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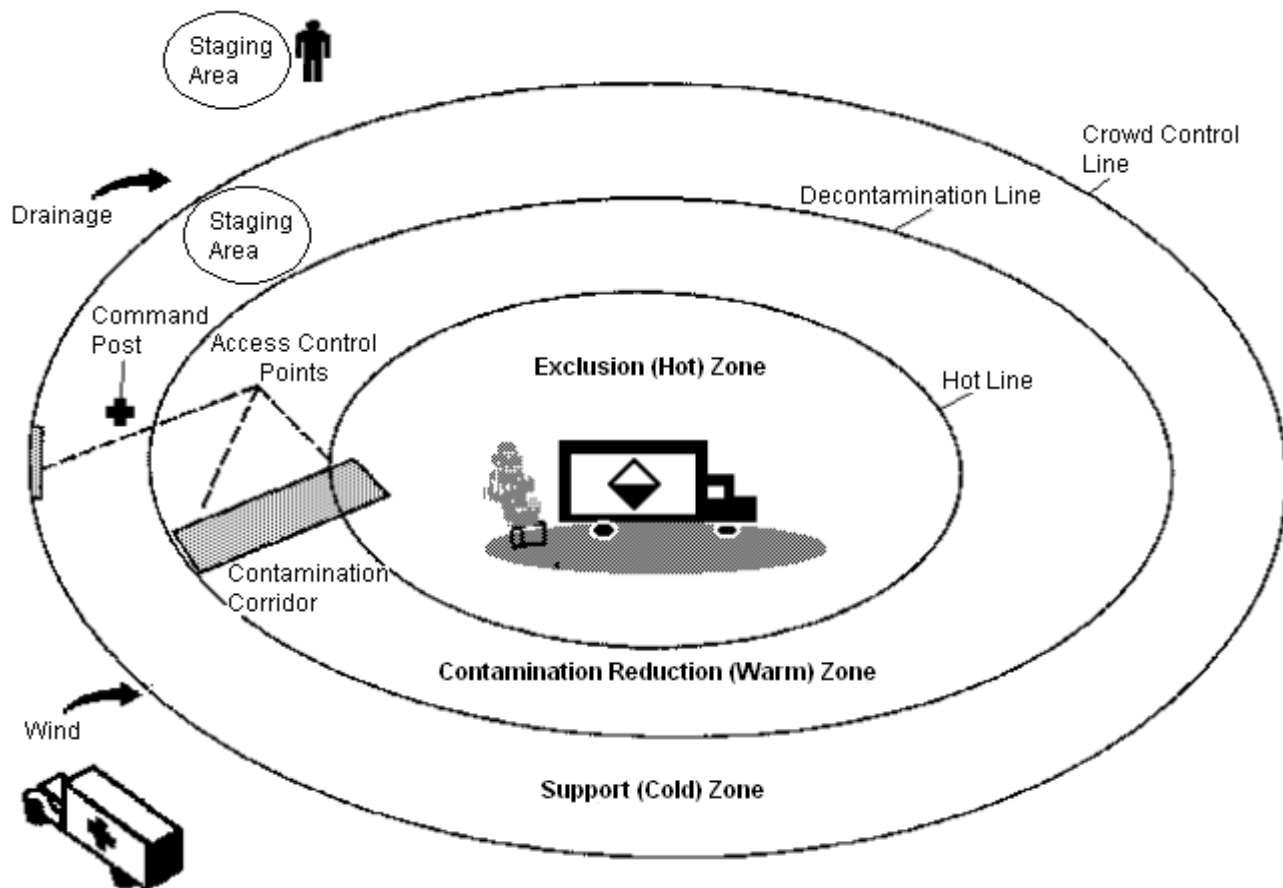
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APPENDIX A**EMS Decision Tree for Hazardous Material Incidents**

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APPENDIX B

Entry Control Points for Hazardous Materials Incidents



NOTE: EMS personnel **DO NOT** enter the Support Zone without the specific direction of the Incident Commander or designee.