

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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HAZARDOUS MATERIALS INCIDENT FIELD POLICY

I. PURPOSE

A. This policy establishes guidelines for the response of ambulance providers to incidents involving hazardous materials or weapons of mass destruction.

II. AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.150, 1797.151, 1797.204, 1797.214, 1798.6
- B. California Code of Regulations, Title 22, Sections 100172 and 100175
- C. 29 Code of Federal Regulations 1910.120

III. POLICY

A. All EMS personnel, public and private, responding to the scene will follow current San Francisco Fire Department (SFFD) Hazardous Materials (HAZMAT) Standard Operating Procedures (SOP) dated January 2008 once the presence of known or potential hazardous materials have been identified.

IV. PROCEDURE

A. Initial Ambulance Response

1. If upon arrival of the first ambulance to the scene, the incident is determined to be or is suspicious of a hazardous material, ambulance providers will
 - a. First provide for their own safety.
 - b. Ensure notification of the SFFD HAZMAT team.
 - c. Follow the HAZMAT team leader's direction for scene tasking, such as isolating the scene if this has not been done prior to arrival.
 - d. Coordinate with other public safety personnel at the scene to establish the Incident Command System (ICS) per the *Multi-Casualty Incident (MCI) Plan*. If the ICS has been established, report to the Medical Group Supervisor on site.
2. Ambulance providers will park uphill and upwind from the site (see attached diagram entitled "Hazardous Materials Incident Control Zones" from the SFFD Manual.

3. Ambulance providers will isolate and deny entry to the site, and confirm that fire and police have been notified to respond through the SFFD Communications Center.
4. The highest-ranking officer from the SFFD will assume the role of Incident Commander. The paramedic or the Communications Officer (if the MCI Plan is activated) will notify the Base Hospital Physician of all pertinent information via standard Base Physician Consultation mechanism.

B. Approach and Treatment of the Victims

1. If the event is thought to be a chemical, nuclear, or biological (Weapons of Mass Destruction) event, the ambulance crew must first protect themselves, then deny entry to the area and activate the MMTF. Paramedics are not to physically examine or treat patients who are contaminated and are a potential threat until the arrival of HAZMAT personnel.
2. Follow the Incident Commander's instructions regarding:
 - a. Approaching the victims and/or contact with anyone coming from within the Hot Zone.
 - b. Victim decontamination.
 - c. Use of Personal Protective Equipment.
 - d. Minimal medical treatment of victims is to be rendered in the "Cold Zone" area of the incident site per SFFD HAZMAT Standard Operating Procedures. Examples of appropriate medical treatment may include airway control, positive pressure ventilation, and administration of certain antidotes, such as atropine. Standard prehospital medical care will be rendered once decontamination has occurred as directed by the Incident Commander. For examples of these levels of care, consult current San Francisco MMTF treatment protocols.
 - e. Follow current EMS Agency and MMTF treatment protocols.

Under no circumstance, should ambulance personnel use Personal Protective equipment or assist in patient decontamination without completing the required training.

TRAINING STANDARDS MATRIX FOR EMS PERSONNEL

FUNCTION /CORE COMPETENCY:	AWARENESS Ability to recognize a potential WMD incident	PATIENT DECONTAMINATION Ability to decontaminate a patient	TRANSPORT OF DECON PATIENTS Ability to identify a contaminated patient	TREATMENT OF DECON PATIENTS Ability to treat patients for exposure to WMD agents
<i>Personnel: Dispatchers</i>	Awareness training (EMSS curriculum)	N/A	N/A	N/A
<i>1st Responders and BLS</i>	8 hour state course (HM awareness)	48 hour state course (First Responder Operations-Decon)	Awareness training	N/A
<i>ALS</i>	8 hour state course	48 hour state course (FRO-D)	Awareness training	40 hour state course

3. If the MCI Plan is not activated, contact the Base Hospital Physician Consultant (BHPC) who will give medical direction regarding patient treatment. For BHPC, you must be prepared to give the following information:

- Identification of the Hazardous Materials Incident
- Name of the agent, route, and length of exposure
- Number of victims involved
- Medical assessment of the victims
- Degree of decontamination in progress or completed

If the MCI Plan is activated, proceed according to MCI plan for patient assessment, treatment and transport. If the hazardous material incident is part of a Weapons of Mass Destruction release and the Metropolitan Medical Response System is activated, be aware that hospital destination may be altered. Follow appropriate direction according to the Incident Command System chain of command.

4. Patients must be decontaminated prior to transport. Per Section 5 of the "Hazardous Material Operating Guide of January 2008, published by the San Francisco Fire Department. The guidelines for removal of decontamination include washing with large quantities of water, removal of contaminated clothing and jewelry, and continued washing until clothes are removed. This procedure

includes petrochemical decontamination. All clothing and jewelry must be bagged.

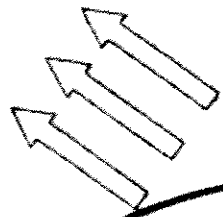
5. Enroute to the receiving hospital, the ambulance provider shall notify the facility with the information as noted in II.B.3. as well as all medical intervention, BHPC recommendations, and changes in the patient's status.

C. Arrival at the Hospital

1. In virtually all cases, performing on-scene decontamination is preferable to transporting contaminated patients. Under no circumstances will ambulances transport contaminated patients.
2. After transfer of patient care, the paramedics will follow current SFFD HAZMAT policy for decontamination of themselves and their equipment.
3. If contaminated patients are transported to the hospital, ensure Receiving Hospital notification and follow individual hospital's decontamination procedures.
4. Clearing Contaminated Ambulances for Return to the Field: A contaminated ambulance must be properly decontaminated before returning to service. This can be conducted by designated members of the SFFD HazMat team or any Environmental Health Emergency Responder in the Environmental Health Section of DPH. The final decision on returning an ambulance to service lies with the ambulance provider.

ATTACHED DIAGRAM: From Hazardous Materials Operating Guide, SFFD, Jan/08.

Wind Direction



Cold Zone

Warm Zone

Decontamination
Corridor
(Shower, buckets,
seats, etc.)

Exit

Hot Zone

Entry

HazMat Group Supervisor
(Battalion 2)

HazMat Group
(HazMat Team
Personnel)

Staging
Area

Command
Post

Hazardous Materials Incident Control Zones

