3.04 HAZARDOUS MATERIALS

OVERVIEW

• Follow Policy 8050 Hazardous Materials Incident Field Policy to establish scene control and ensure rescuer safety. Notify SFFD Hazmat team for scene response.
• Attempt identification of hazardous materials from container signage, bystanders, etc. Activate additional resources as needed, including, but not limited to:
  o Fire Department; Police Department (traffic and crowd control);
  o Health Department; Hazardous Material Response Team;
  o Local Industry Response Team; and/or other specialized detection or response teams.
• For treatment of poisonings due to specific hazardous materials, refer to Protocol 2.10 Poisoning and Overdose.
• If suspected chemically related terrorist event, refer to Protocol Section 11 – Special Circumstances.

Decontamination and Treatment

• Patients should be removed to a safe environment by emergency personnel wearing appropriate PPE prior to rendering medical care.
• If life-saving treatment is needed prior to removal of patient from Hazmat Zone, do simultaneous gross decontamination only if safe to do so (follow SFFD Hazmat team instructions), then initiate treatment. Identify containment areas for gross decon runoff.
• For patients with no apparent immediate life-threatening conditions, decontaminate the patient prior to rendering care.
  o Brush off dry powder.
  o Remove any contaminated or wet clothing.
  o Irrigate continuously with saline or water.
• Ambulatory patients leaving the “Exclusion Zone” are considered contaminated until formally decontaminated by trained personnel.
• Provide advance notice to receiving hospital about patient and decontamination procedures prior to arrival at facility.

Comments

• Decontaminate the patient BEFORE transport to reduce/avoid contamination of EMS personnel; ambulance and receiving facility (see Policy 8050 Hazardous Materials Incident Field Policy).
• Certain hazardous materials, such as organophosphates, have easily recognized groups of symptoms. See Protocol 2.10 Poisoning and Overdose.