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**16-0102 – HAZARDOUS MATERIALS INCIDENT**

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**PURPOSE:**

To provide guidance for EMS providers responding to events where hazardous materials are present or possible.

**AUTHORITY:**

Division 2.5, California Health and Safety Code. Sections 1797.150, 1797.151, 1797.204, 1797.214, 1798.6 and California Code of Regulations, Title 22, Sections 100172 and 100175.

**TRAINING:**

According to CCR, Title 8, Section 5192, (q) EMS responders shall be trained at the Haz Mat First Responder Awareness level. Annual refresher course is required.

**Definitions:**

1. Hazardous Materials Group: personnel trained to the level of Hazardous Materials Technician/Specialist. These personnel will be assigned to the Hazardous Materials Group Supervisor or Incident Commander to mitigate the event.
2. Exclusion Zone (Hot Zone): Area that encompasses all known or suspected hazardous materials.
3. Contamination Zone (Warm Zone): Area between the "Exclusion Zone" and the "Support Area". "Safe Refuge Area" and "Contamination Reduction Corridor" are set up within this area.
4. Contamination Reduction Corridor: An area within the "Contamination Reduction Zone" where the actual decontamination takes place. EMS personnel, once cleared receive patients at the end of the "Contamination Reduction Corridor" and move them to the "Support Area" for secondary treatment.
5. Support Zone (Cold Zone): Clean area outside "Contamination Reduction Zone" where equipment and rescue personnel are staged to receive and treat decontaminated patients. Secondary exposure to hazardous materials is not expected in this area and special clothing is not required.

**Introduction:**

1. The Hazmat team or Decontamination Unit (may be Fire/non-Fire staffed) are responsible for the decontamination of patients.
2. Only those individuals properly trained and equipped (self-contained breathing apparatus and appropriate chemical suits) are allowed to function within the Exclusion (Hot) zone and the Contamination Reduction zone (Warm). These personnel must be part of a Haz Mat team.
3. Incident Command System (ICS) is to be utilized for management.
4. All scenes have the potential for exposure to hazardous materials.
5. EMS providers should be able to recognize potential exposures and be able to take steps to mitigate the risks. Then notify the appropriate agency (ies).
6. Specific scene safety for each type of hazardous materials can be found in the Emergency Response Guidebook for Hazardous Material Incidents (DOT P.5800.3)
7. For Multi-casualty Incident see the MCI plan/protocol
8. For Cyanide event see protocol
9. For Nerve Agent/Organophosphate event see protocol

**Arrival Considerations:**

1. Confirm activation of Haz Mat team or Fire Agency
2. Scene description of Haz Mat incident
3. Type of hazardous material if known
4. Coordinate with the IC the scene wind direction and recommended approach routes and if staging is required
5. Paramedics should consult/contact the base hospital physician early for treatment recommendations for specific exposures.
6. If first on scene, assume IC until relieved by a more qualified responder.
  - a. Ensure provider safety

- b. Isolate and deny entry
  - c. Notify Dispatch and Base Hospital that this is a Haz Mat incident
  - d. Notify appropriate agencies such as fire and haz mat
7. EMS personnel should never enter the "hot" or "warm" zones
  8. The Medical Group Supervisor shall make contact with the Incident Commander, who will direct the Medical Group Supervisor to the Hazardous Material Group Supervisor.
  9. Pertinent information will be relayed to the Medical Group Supervisor including the patient information (number requiring transport and injuries) and the type of exposure (chemical name) and information about the chemical (always spell the chemical name).
  10. The Medical Group Supervisor shall make base hospital/ Control Facility contact in order to obtain recommendations regarding decontamination and patient treatment.
  11. Once cleared by the Site Access Leader, EMS personnel may proceed to the end of the "Contamination Reduction Corridor" to receive patients. Any secondary treatment by EMS personnel should be done in the "Support Zone".
  12. Once the support zone is established, EMS providers will provide treatment and transport after decontamination is completed
  13. If EMS personnel become contaminated they are considered part of the "hot zone" and should not leave the area. They need to be decontaminated and treated.
  14. Routine EMS operations may be established in an area designated as the "cold zone" (support).
  15. EMS personnel shall not enter the "hot" or "warm" zones and only render care in the support zone.
  16. Medical treatment is considered secondary to prevent the spreading of the hazardous material.
  17. Advise Medical Control of the material involved and request direction for treatment if not in established protocols
  18. Always don appropriate personnel protective equipment
  19. Patients may become hypothermic and utilize warming techniques

### **Hazmat Scene Management Responsibilities**

1. Police Responsibilities
  - a. Evacuations ahead of hazard area. Evacuations plans should be developed under unified command
  - b. Traffic control in and around affect area(s)
  - c. Incidents on State/Federal Highways joint command with CHP
2. Fire Responsibilities
  - a. Incident stabilization
  - b. Rescue and medical treatment (all paramedics may provide care in the Cold Zone)
  - c. Assistance to responsibility party or agency with the development of appropriate clean/up disposal plan. May include the assistance of other agencies (i.e. environmental health etc.)