MEDICAL RESPONSE TO HAZARDOUS MATERIALS/TERRORISM INCIDENT

I. PURPOSE

To supplement the Operational Area Plan Hazardous Material Response Policy. To provide a more detailed medical perspective and serve as a guide to dispatch centers, EMS providers (both public and private) and general acute care hospitals, and to outline a plan of coordinated medical response to victims of hazardous materials incidents and suspected or actual acts of terrorism for decontamination, protective measures and treatment.

II. PROCEDURE

Operational Principles for First Responders

- There is a direct relationship between the type and amount of material and the resultant illness. Exposure may lead to injury and death. Risk to personnel is directly related to the type of contaminant and length of exposure.
- A single small release, with any degree of personal carelessness, could disable an entire emergency medical services (EMS) system.
- On scene personnel safety takes priority over any immediate rescue/resuscitation concerns.
- EMS providers will be unable to respond to other emergencies until decontamination of involved equipment and EMS field personnel is accomplished.

Response and Activation

- Immediate notification to the County Interagency Hazardous Materials Emergency Response Team through appropriate dispatch center. Suspected terrorist activity should also be reported to the appropriate public safety agency having primary investigative authority.
- Information (if known) to be provided to responding agencies:
  - Name of substance (this could include basic information such as container information, placards, color/size/odor descriptions and should be obtained from a safe distance); do not make an effort to smell any chemical. If you smell the chemical you have been exposed.
  - Physical state of material (liquid, gas, solid, powder, etc.).
  - What is the product doing, i.e., melting, bubbling, off-gassing, still leaking.
  - Extent of contamination.
  - Lay of the land.
  - Wind direction, other weather conditions.
  - Staging area (up-wind, upstream, uphill).

- Alternate travel route.
- Consider activation of multi-casualty incident (MCI) if appropriate.

Hospital Notification

- Hospitals should immediately be made aware of any hazardous materials/terrorism incident through the ReddiNet System or by phone. This early alert will allow the hospital(s) to prepare for the eventuality of receiving patients from the incident.
- This notification should be made even if it appears no victims have received exposure or contamination. In some cases, individuals may arrive at local hospitals without going through decontamination. These victims have the potential for exposure risk and contamination of personnel and facilities and would result in the lengthy shutdown of a facility while specialized decontamination teams render the facility safe.
- Consider requesting additional hazmat and/or decon equipment from local Fire jurisdiction to assist with larger numbers of walk-ins.

First Responding EMS Ambulance

- If an ambulance is the first responder, upon suspicion of a hazardous material release, the EMS crew should:
  - Advise the appropriate dispatch center of the situation. This information will minimize unnecessary and inadvertent exposure to other public safety personnel and equipment.
  - The EMS crew shall await arrival of appropriate resources prior to rendering any treatment.
- Medical responders will always work in the Support Zone. They should never enter the Exclusion or Contamination Reduction Zones.
- The Incident Commander (IC) will determine the level of personal protective equipment (PPE) needed in each zone.
- Only personnel who are wearing proper PPE shall make contact with victims in the Exclusion or Contamination Reduction Zones.
- The IC or designee will make all decisions regarding the mode of transportation for injured persons.

On Site Treatment

- Within the Exclusion and Contamination Reduction Zones:

  Self-contamination potential and restrictions caused by PPE make definitive treatment within these zones difficult. Only those public safety responders trained in providing medical care in a hazardous environment, and limited to basic life support (BLS) procedures should provide medical treatment within these zones. This treatment should be followed by rapid transportation to the Containment Reduction Zone/Decon. Any ambulatory victims need to be directed to an Ambulatory Decon Area/Line for decontamination. It is possible some of these people can decontaminate themselves.

- The Safe Zone:

  Paramedic medical interventions should begin only after the decontamination process. Treatment should be in accordance with prevailing medical standards of care and by consultation with the base hospital, if indicated. One hospital should act as the coordinating hospital using resources such as Regional Poison Control Center and/or Toxic Information Center.

Medical Transportation

- Ground Ambulance Preparation:
  - If a victim is contaminated, there will be no ambulance transport until gross decontamination is performed.
  - If transport is deemed necessary by the IC or designee then:
    - A plastic sheet should be placed on the ambulance floor prior to transport.
    - Adequate ventilation should be provided to avoid accumulation of toxic chemical levels in the ambulance.
- Helicopter Consideration:
  - A decision to utilize helicopter services should be decided by the collaboration of the IC, or designee, and the flight crew.
  - Guidelines outlined in Ground Ambulance Preparation above should be applied to preparing a helicopter prior to transporting patients.
  - Air transport of patients should be considered as a last resort.

Determination of Destination Hospital and Related Preparation

- Destination Hospital:

  The destination hospital should be determined by the standard of the closest and most appropriate. When information indicates the hazardous material possesses a significant threat to hospital personnel, consideration should be given in consultation with the base hospital physician to triage the patients to a single hospital. This decision should be made based on the potential danger to attending staff, threatened facility closure and the ability of the hospital to handle such cases.

- Preparation by Receiving Hospital(s):
  - Internal preparation according to hospital policies and procedures.
  - Anticipate walk-in contaminated patients.
  - Anticipate the need for fine detail decontamination (e.g., fingernail beds and ear canals of persons who were field decontaminated). Check for contact lenses.

- In the event contaminated victims arrive at the hospital, the hospital should be prepared to decontaminate victims in a pre-designated area outside of the Emergency Department. Some accessories may include:

  - Temperature controlled water hose (low pressure).
  - Acceptable catch basin.
  - Expendable or easily decontaminated gurney.
  - Towels and sheets for patient.
  - Movable screens for privacy.
  - Plastic lined garbage receptacles for contaminated clothes and equipment. Personal effects of victims involved in a terrorist event should be bagged and labeled as possible evidence for collection by law enforcement.
  - Consider requesting assistance from local hazmat teams for additional assistance.
  - A current contract with a State licensed hazardous materials contractor to dispose of contaminated materials and properly perform area decontamination should already be in place.

Base Hospital Medical Direction Roles and Responsibilities

- Assignment of a Mobile Intensive Care Nurse (MICN)/Emergency Department physician or designee to the ReddiNet System, if available, throughout the duration of the incident.

- Collaboration of base hospital physician and the IC/Technical Reference Team Leader as to the best method of decontamination.

- Provide to EMS field personnel, online information regarding prodromal symptoms that may be expected as a result of exposure to hazardous materials or weapons of mass destruction (WMD) agents.

- Anticipate walk-in contaminated patients and initiate appropriate action.

- Assist in consultation and determination of destination.

Decontamination of EMS Equipment and EMS Field Personnel

Proper protection of equipment and supplies should minimize EMS equipment and EMS field personnel out of service due to any contamination that may occur during transport. If the vehicle and equipment are contaminated during transport, they should not return to service until adequately decontaminated by qualified personnel. In addition, the following procedure should be followed:

- Personal protective garments should be discarded in designated receptacles at hospital facilities as soon as practical.

- Decontamination should take place under the direction of designated hazardous materials personnel.

- Decontamination should take place in an area where wastewater can be contained.

- No medical vehicle, associated hardware, or supplies shall be released for service until clearance is received from designated hazardous materials personnel.