Hazardous Materials Emergencies
H-1 Hazardous Materials Exposure

Priorities

- Safety of all responders is priority. Do not enter contaminated areas. Only enter areas that have been deemed safe by HazMat personnel.
- **Decontamination of the exposed patient, personnel, or essential equipment takes priority over any medical intervention and/or transport.**
- Obtain as much information on the hazardous material as possible.
- Make base and/or receiving hospital contact as soon as possible so the receiving hospital can prepare to accept an exposed patient.

General Hazardous Materials Treatment

Decontamination of exposed patients, personnel, or essential equipment

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Stabilize airway using the appropriate adjuncts. Be prepared to use an advanced airway.

Oxygen – Titrate to SpO2 >95% unless stated in specific treatments

Cardiac monitor

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IV/IO Access

NS bolus 500mL for SBP <90mmHg
May repeat once

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For severe SOB consider CPAP at 10mmH20

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For wheezing

Albuterol 5mg via HHN/Nebulizer Mask/CPAP/BVM
May repeat albuterol only once for continued wheezing

Consider

Ipratropium bromide 0.5mg
via HHN/Nebulizer Mask/CPAP/BVM

May repeat albuterol only once for continued wheezing

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Treat specific hazardous materials per guideline on subsequent pages

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may not utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

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Irritant gases (acids, ammonia, chlorine)

Treatment per general hazmat treatment

Do not induce vomiting
If evidence of an oral injury, do not use a King Tube.

Smoke inhalation and carbon monoxide

Treatment per general hazmat treatment

For continued hypotension after NS bolus
Epinephrine drip 1:1,000 in 1,000mL NS
Titrate to SBP >90mmHg

Arsine and phosphine gas

Treatment per general hazmat treatment

Base Hospital Physician Consult
Sodium Bicarbonate 50mEq IV/IO
For alkalization of urine

Hydrogen sulfide/ sulfides/mercaptans

Treatment per general hazmat treatment

Irrigate eyes if exposed

Pesticides Carbamates/Organophosphates

Treatment per general hazmat treatment

Atropine 0.5mg-2mg IV/IO
May repeat doses of 2mg-4mg IV/IO q3-10min
No max dose

If actively seizing
Midazolam 10mg IM/IN OR
Midazolam 4mg IV/IO
May repeat once if seizure persists or returns
The preferred route for Midazolam is IM/IN

Contact base for additional drug doses

Cyanide

Treatment per general hazmat treatment

Cyanide antidote kit may be administered if available on scene by site personnel and directed to administer by Base Hospital Physician order only.

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Hydrofluoric acid

Treatment per general hazmat treatment

Do not induce vomiting.
Dilute internal ingestion with PO water in patients that are awake and have a gag reflex.
If ingested, do no use a King Tube for airway management.

For high concentration (10-20%) exposure to >3-5% BSA (face, neck, or back), or cardiac arrest, or hypocalcemic muscle spasms

Calcium chloride 10% 10mL slow IV/IO
No faster than 1mL/min

For isolated extremity exposure with <3-5% BSA
Calcium Chloride 10%
Pour contents of one ampule into a sterile glove or container and immerse affected area into solution.
If calcium gluconate gel or other calcium binding agent has been applied, no further treatment is necessary

Petroleum distillates and halogenated hydrocarbon solvents

Treatment per general hazmat treatment

Irrigate eye injuries.
Do not induce vomiting.
Avoid administration of epinephrine and bronchodilators.

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