

Monterey County EMS System Policy



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HAZARDOUS MATERIALS MEDICAL RESPONSE PLAN

I. PURPOSE:

To supplement the “Monterey County Operational Area Hazardous Materials Incident Response Plan”, prepared by the Monterey County Health Department Environmental Health Bureau, and provide a more detailed medical perspective and serve as a guide to dispatch centers, EMS response agencies, transport paramedics, and acute care hospitals. Also, to outline a plan of coordinated medical response to victims of hazardous materials incidents and provide specific responsibility assignments to responders as well as medical control as established by the base hospitals in the County of Monterey. To also provide a guideline for decontamination, and protective measures and treatment.

II. PROCEDURE

A. Operational Principles for Rescue:

1. There is a direct relationship between the kind of material, the amount of material, and the resultant illness. Exposure can lead to injury and death. Risk to personnel is directly related to the amount of contaminant and length of exposure in terms of time.
2. A single small release, with any degree of personnel carelessness, could disable an entire emergency medical system.
3. At-scene personnel safety takes priority over any immediate rescue resuscitation concerns.
4. Pre-hospital health care providers will be unable to respond to other emergencies until decontamination of involved equipment and personnel is accomplished.

B. Response and Activation: The following is a guideline for dispatch agencies when dispatching medical resources to a situation where the presence of hazardous materials is suspected:

1. If the ambulance arrives at the scene first, the at-scene crew should advise EMS Communications of the situation. EMS Communications shall immediately notify the following dispatch centers and provide the information listed below under section II.B.4 to:
 - a. Law enforcement;
 - b. Fire;
 - c. Medical helicopters (if dispatched);
 - d. Potential receiving hospitals; and
 - e. Agency of jurisdiction if not one of the above (e.g. CHP, State Parks).

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2. If fire services arrives at the scene first, the at-scene crew should advise the Emergency Communications Department (ECD) of the situation. ECD shall notify immediately the following dispatch centers providing the information listed under section II.B.4 to:
 - a. Law enforcement;
 - b. Monterey County EMS Communications who will also notify potential receiving hospitals;
 - c. Note: Monterey County ambulances are equipped with fire frequency radios and therefore direct radio notifications may be a consideration.
 - d. Agency of jurisdiction if not one of the above (e.g. CHP, State Parks)
3. If law enforcement services arrive at the scene first, the at-scene officer should advise their agency's dispatch center of the situation. The dispatch center shall notify immediately the following dispatch centers providing the information listed in section II.B.4 to:
 - a. ECD
 - b. Fire
 - c. Monterey County EMS Communications who will also notify potential receiving hospitals.
 - d. Agency of jurisdiction if not one of the above (e.g. CHP, State parks).
4. Information (if known) to be provided to the other dispatch centers by the first responder dispatch center: The dispatch center for the first at-scene responders shall provide the following information, if known, to the other dispatch centers:
 - a. Name of substance of, if the name is not known, other potentially identifying information (e.g. basic information such as container information and size, placards, color or odor descriptions) that can be obtained from a safe distance;
 - b. Mode of dispersal (liquid, gas, powder etc.);
 - c. Extent of contamination, lay of the land;
 - d. Wind direction; and
 - e. Alternate travel route.
 - f. Fire and EMS responders should consider activating an MCI if there are several patients exposed.

C. Hospital Notification

In all cases, hospitals should immediately be made aware of any hazardous materials involved. This early alert will allow the hospital(s) to prepare for the eventuality of receiving patients from the incident. This notification should be accomplished even if it appears no person has received exposure as there may be persons who may have had an exposure before the first responders were aware of the problem.) This pre-notification

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also allows lead-time to establish a screening program thereby minimizing the opportunity for contamination of the facilities by arriving victims who have not otherwise been screened at the incident site by rescuers.

D. First Responding Ambulance

1. If the ambulance is the first responder, upon suspicion of a hazardous material release, the crew should advise EMS Communications of the situation as outlined in this policy. This information will minimize unnecessary and inadvertent exposure to other public safety personnel and equipment. Any ambulances subsequently dispatched shall respond to the staging area or other location as designated by the Incident Commander provide liaison and site support as needed.
2. Every ambulance that supports the incident shall be equipped for hazardous material incidents with the following minimal equipment:
 - a. Hazardous material protection that meets NFPA 1999 standards such as Tyvek suits, including boots, gloves, and mask; and
 - b. Plastic drip cover, to cover the ambulance bench areas, floors, gurney, and flats.
3. Medical responders should always work in the cold zone and never be expected to enter the warm or hot zones.
4. Ambulance staff should collaborate with the Incident Commander/Hazardous Material Safety Officer in establishing a decontamination zone as appropriate.
5. All patient contact in the decontamination areas should be made only by fire personnel who are wearing proper protective equipment. Thereafter in the treatment area, paramedics should provide definitive field care while wearing proper protective equipment.
6. Ambulances should be used only for persons who have sustained injuries or need close medical attention while enroute to a hospital. Consider using non-ambulance transportation, such as a bus or other vehicle, for persons not needing close medical attention.

III. ONSITE TREATMENT

A. Within the Hot and Warm Zone

1. Considerable risk to rescuers including contamination and restrictions caused by the protective garments makes definitive treatment within the hot zone undesirable. Accordingly, medical treatment within the hot and warm zones should be provided by only those trained in hazardous material handling and limited to basic life support procedures, if indicated, followed by rapid transportation to the decontamination corridor by stripped wheeled gurney, or flat/wheeled stretcher system.

B. Outside the Hot and Warm Zone

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1. Paramedic medical interventions should begin in the cold zone and only after the Hazmat Safety Officer along with the Medical Officer concurs with the decontamination process. Treatment should be in accordance with prevailing medical control standard of care and by consultation with the base hospital, as indicated. Only one hospital should act as the coordinating hospital providing at-scene medical control and coordination of treatment using resources such as Regional Poison Control Center and/or Toxic Information Center.

C. Considerations for Acute Care Hospitals

1. Acute Care Hospitals within the County of Monterey EMS System shall have a policy and appropriate resources to address the medical screening, isolation, decontamination, evaluation, and treatment of patients who have been exposed to hazardous materials.

IV. MEDICAL TRANSPORTATION

A. Ground Ambulance Preparation

1. Patients shall not be transported until decontamination is performed. Under no circumstances is a contaminated patient to be transported to a hospital via ambulance.
2. Personnel should wear gloves, barrier garments such as Tyvek suits, and use standard blood and body fluid protection.
3. A plastic sheet should be placed on the ambulance floor prior to transport.
4. Ventilate the ambulance interior as a precaution for toxic fume build-up.

B. Helicopter Consideration

1. A decision to utilize helicopter services should be decided by collaboration of the Medical Officer, Hazardous Material Safety Officer, and the flight crew.
2. Guidelines outlined in the previous section (ground transportation) should be applied to preparing a helicopter for providing the transportation of patients.

V. DETERMINATION OF DESTINATION HOSPITAL AND RELATED PREPARATION

A. Destination Hospital

1. The destination hospital should be determined by the standard of the closest, most appropriate facility or, in the event of a MCI, in accordance with the Monterey County EMS MCI Response Plan. The most appropriate facility is determined by the ability of the hospital to adequately perform secondary decontamination.
2. Whenever information is available that indicates the hazardous material in consideration possesses a significant threat to hospital personnel, consideration should be given by the Base Hospital Physician to triage the patients to a single hospital. This decision should be made based on the potential of danger to

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attending staff as well as potential to cause the hospital to close its facilities to allow for decontamination of its rooms and equipment.

B. Preparation by Receiving Hospital(s)

1. Internal preparation according to hospital standard.
2. Anticipate walk-in contaminated patients.
3. Anticipate the need for fine detail decontamination. (*e.g.* fingernail beds and ear canal of persons who were field decontaminated)
4. In the event contaminated victims arrive at the hospital by private means (*i.e.*, not decontaminated in the field), the hospital should be prepared to decontaminate victims outside the Emergency Department in a designated area dedicated for this purpose.

VI. BASE HOSPITAL MEDICAL CONTROL ROLES AND RESPONSIBILITIES

- A. Assign a Mobile Intensive Care Nurse/Base Hospital Physician to the Med-Net radio for the duration of the incident.
- B. The Base Hospital Physician and Incident Commander/Hazardous Material Safety Officer on scene should collaborate as to the best method of decontamination.
- C. Provide paramedics with information regarding prodromal symptoms that may be expected as a result of exposure to the hazardous material(s).

VII. DECONTAMINATION OF PREHOSPITAL EQUIPMENT AND PERSONNEL

- A. Prudent utilization of equipment and supplies should minimize equipment and personnel shortages due to contamination during transport. Once the vehicle and equipment are used during transport, they should not return to service until properly licensed personnel are available to effect proper decontamination.
- B. In addition, the following procedures should be followed.
 1. Personnel protective garments should be discarded in designated receptacles at hospital facilities as soon as practical.
 2. Decontamination should take place under the direction of designated hazardous materials personnel.
 3. No medical vehicle and associated hardware and supplies shall be released until the Incident Commander and/or decontamination teams approve.

END OF POLICY