



**LONDON'S**  
AIR AMBULANCE  
roadside intensive care



## Pre-hospital Care Standard Operating Procedure

### Chemical Incidents

<b>REVIEW:</b>	June 2008	
<b>APPROVAL/ ADOPTED:</b>	PHC Policy Board	
<b>DISTRIBUTION:</b>	PHC Doctors PHC Paramedics	
<b>RELATED DOCUMENTS:</b>	SOP Safety at Scene SOP On Scene Personal Protective Equipment SOP Rapid Sequence Induction	
<b>THIS DOCUMENT REFERS TO:</b>	<input type="checkbox"/> PHC Clinical Practice <input type="checkbox"/> PHC Non-clinical Practice <input checked="" type="checkbox"/> PHC Operational Procedure	Ref: <b>OP-13</b>

#### Aims:

Describe the role of PHC Registrar and Paramedic at the scene of a potential or actual chemical incident.

#### Background:

Since Sept 11th 2001 the number of actual and potential Chemical Incidents attended by HEMS are increasing. It is essential that all HEMS staff are familiar with the safe and efficient management of a chemical incident scene. Hazardous material incidents are unique in that the contaminating material which injures the casualty may also endanger the personnel rendering care. Thus a risk assessment needs to be undertaken to balance the need to provide care against the risk of injury to the emergency services. Casualties should be decontaminated and resuscitated at the incident site if at all possible.

Expert help in this matter can be obtained from the special LAS Decontamination Unit and also from the poisons unit at Guys Hospital. The generic scene safety should be read in conjunction with this SOP, and the Chemical Incident Management textbook in resource file.

*Principle Donors:*



ashurst



## Policy:

### 1. Scene Safety

HEMS must be vigilant not to enter a contaminated area at the scene of an injured or ill patient. If there is any risk of contamination, Medic 1 must liaise with the fire-crew and LAS on scene to establish the need for a chemical incident scene. Requesting information as to the site of the "Hot Zone" will often trigger appropriate actions at the scene, where a complacent attitude had previously existed. Even if patients are in need of treatment, HEMS must not enter a potentially contaminated area. This will only increase the number of contaminated patients and prevent HEMS from participating further in the Chemical Incident.

### 2. Casualty Handling at the Incident Site

The fire service usually has responsibility for control of the incident within the inner cordon while the police are responsible for overall co-ordination. The site is divided into a "Hot Zone" (Contaminated area), "Warm Zone" (Decontamination Area) and a "Cold Zone" (Clean area).

#### The handling of casualties is divided into 4 phases:

1. **Initial Rescue:** Fire Service.
2. **Triage / Strip:** The casualty is moved to a triage area where more sophisticated airway support may be given once the face has been decontaminated and the contaminated clothes removed.
3. **Decontamination:** Once undressed the patients is placed on a Patient Decontamination System (PDS) FOR "Rinse, scrub, Rinse" process.
4. Once decontaminated, the patient crosses the "**clean/dirty**" line to a clean stretcher for onward evacuation and treatment. It is only at this stage that HEMS should be involved in patient care unless Medic 1 is wearing special decontamination protective equipment, which is most unlikely. Before taking the "clean" casualties to hospital, Medic 1 should be happy that the casualty is fully decontaminated and the hospital advised of the nature of the contaminant. Further expert help should be sought from the poisons unit at Guys and from the decontamination unit at LAS. HEMS OPS can assist in tracking these people.

### 3. Decontamination Training:

All HEMS registrars and paramedics are expected to become confident in the use of the decontamination suits held at The Royal London Hospital. Each month a "mock decontamination" will be held in the decontamination unit in A & E. It is hoped that the A & E Nursing staff will also participate in these exercises so that the department becomes familiar with the process.

### 4. Summary of casualty triage and decontamination

**THERE'S A DIAGRAM THAT WILL NOT COPY!**