**Boulder County Hazardous Materials Team**

**Actions on Routes of Exposure**

|  |  |
| --- | --- |
| Guideline Number | 4001 |
| Approved By | Advisory Committee |
| Date | 4/13/22; 7-15-2022 |

**Scope**: This information applies to all Boulder County Hazardous Materials Team personnel trained as HAZMAT Tox-Medics.

**Purpose**: This Standard Operating Procedure provides guidance to Boulder County Hazardous Materials Team HAZMAT Tox-Medic personnel on Actions for Routes of Exposure.

**Guideline**:

Obtain specific information:

* Identify exact substance if possible. Do not compromise responder safety
* Identify route(s) of exposure
* Effects of exposure can be seen at both a localized and/or systemic level

Specific route of exposure

Inhalation:

* Remove patient from exposure
* Decontaminate skin if needed
* ABCs
* 100% O2 for CO exposure, hypoxemia SpO2<90, cyanosis, signs and symptoms of CNS or cardiopulmonary compromise
* If respiratory compromise or airway swelling, secure an airway (1000 for orotracheal intubation, 1030 for supraglottic airways)
* IV/monitor
* Pain management as needed

Ingestion:

* ABCs, IV, monitor, O2 as needed
* Pain management if needed

Injection:

* Decontaminate skin in the field
* ABCs
* IV/O2/Monitor as indicated
* Pain management if needed

Absorption through skin or eyes:

* Decontaminate the patient:
	+ Skin: remove clothing, blot any adherent liquid, remove solids, wash effected areas with water and mild soap and water
	+ Eyes: rinse eye(s) for at least 20 minutes
* ABCs
* IV/O2/Monitor as indicated
* Skin: treat chemical burns as indicated
	+ If local and/or systemic exposure to hydrofluoric acid treat with calcium gluconate
* Eyes: treat pain with tetracaine as indicated
* Pain management if needed

Chemical exposure with specific antidotes:

* Organophosphates, carbamates, nerve agents:
	+ Atropine
	+ Pralidoxime (2-Pam)
	+ Duodate autoinjector in place of IV/IO atropine
* Cyanide
	+ Cyanokit,
* Hydrofluoric acid/fluoride poisoning (local and systemic)
	+ Calcium gluconate or calcium chloride IV/IO for systemic exposure
	+ Calcium gluconate gel for local exposure