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Position Paper on the Role of EMS at a Hazardous Materials Incident

Responding to the scene of a hazardous materials (haz-mat) incident involves multiple agencies with different functions. In planning for the response and training the responders who may be involved with the potential haz-mat situations, it is important that roles and responsibilities are identified. This paper will address the role of Emergency Medical Services (EMS) responding to the scene of a hazardous materials (haz-mat) release for the purpose of transporting patients from the scene to health care facilities. Other EMS providers may be performing in other roles, such as providing medical support for Haz-Mat teams. This position paper was developed by The Iowa Department of Public Health-Bureau of EMS, with assistance from the Haz-Mat Task Force and the Fire Service Training Bureau.

The Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency final rule (29 CFR 1910.120) defines emergency response as "...a response effort by employees from outside the immediate release area or by other designated responders (i.e., mutual aid groups, local fire departments, etc.) to an occurrence which results, or is likely to result, in an uncontrolled release of hazardous substances." Training requirements for responders in this document, and in the Standard Interpretation dated 6/14/1991 titled Training Requirements for Emergency Medical Service Personnel, are based on the role of the responder at the incident.

The National Fire Protection Association Standard for Competencies for EMS Personnel Responding to Hazardous Materials Incidents (NFPA 473) identifies two levels of EMS Hazardous Materials Responders (EMS/HM). These levels are based on the role of the responder. The Level 1 responder functions in the cold zone and provides care only to the patients that do not pose a risk of secondary contamination. The Level 2 provider may function in the warm zone and/or provide care to patients who may pose a risk of secondary contamination. Level 2 providers may also provide support for haz-mat teams.

At a minimum, it should be expected that EMS providers responding to the scene of a haz-mat release for the purpose of transporting patients from the scene to health care facilities should function as an EMS/HM Level 1 responder. EMS responders in this role should only receive and treat decontaminated patients in the cold zone. By transporting decontaminated patients, responders will only need a minimum amount of personal protective equipment and decontamination of ambulances. This will keep EMS providers and units available through the duration of the event, rather than having to pull contaminated personnel and vehicles out of service.

Since EMS may be the first responding agency arriving on the scene, it is imperative that each provider be able to identify the potential for a haz-mat incident. When first arriving, responders must be able to control the scene, from a safe area, and establish incident command.

This is a minimum expectation for EMS services. Some systems may have functions beyond those discussed in this document.

Endorsements

**Emergency Medical Services Advisory
Council**

January 14, 2003

**Iowa Emergency Medical Services
Association**

January 15, 2003