Meeting of DISTRICT 10
Local Emergency Planning Committee (LEPC)
For Hazardous Materials

Thursday, May 6, 2010 - 10:00 a.m.
Indian River State College Chastain Campus
Wolf High-Technology Center
2400 SE Salerno Road
Stuart, FL 34997

AGENDA

1. Call to Order
2. Roll Call/Pledge of Allegiance
3. Approval of Agenda
4. Approval of Meeting Minutes of February 4, 2010
5. Old Business
6. New Business
   A. State Emergency Response Commission Meeting
      2. Subcommittee on Name Change
      3. Operations Level Training Guidelines
      4. Hazardous Materials Incident Reports
   B. Local Emergency Planning Committee Chairs Meeting Update
   C. Subcommittee on Training Update – Chief McCart/Captain Nelson
7. Reports
   A. Planning Subcommittee
   B. Public Information/Marketing Subcommittee
   C. Local Emergency Planning Committee Activities
   D. Contract Activities Update
   E. Membership
8. Comments from the Chair and Staff
9. Comments from Committee Members
10. Public Comments
11. Next Meeting
12. Adjournment

Note: The next meeting of the District 10 LEPC is scheduled for Thursday, August 5, 2010.

Treasure Coast Regional Planning Council, 421 SW Camden Avenue, Stuart, FL 34994
Ph: (772) 221-4060 * Fax: (772) 221-4067 * email: kboer@tcrpc.org * web site: http://www.tcrpc.org
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Approval of Meeting Minutes – February 4, 2010

The draft minutes of the February 4, 2010 District 10 Local Emergency Planning Committee meeting are attached for approval.

Recommendation

The Committee should approve the Minutes of the February 4, 2010 District 10 Local Emergency Planning Committee meeting.

Attachment

Action Required
### Committee Members/Alternates Present

- Chris Bushman, Chairman
- Anthony DiPrusco
- Cheryl Dunn
- John Gajkowski
- John Holman (Alternate)
- Keith Holman
- Larry Hughes (Alternate)
- Scott Johnston
- Harry Lux
- Jack McCarty
- Joe Nelson (Alternate)
- John O’Malley
- Paul Meding
- Clint Spencer (Alternate)
- Sally Waite
- Danny Wells
- Dennis Zabel

### Members Absent

- Hassan Al-Buhaisi

### Occupational Category

- Firefighting (St. Lucie County Fire District)
- Health (Martin Memorial Health Systems)
- Health (Indian River County Health Department)
- Law Enforcement (Port St. Lucie Police Department)
- Law Enforcement (Port St. Lucie Police Department)
- Emergency Management (Martin County)
- American Red Cross (North Treasure Coast Chapter)
- Firefighting (City of Boca Raton Fire Rescue)
- Interested Citizen (Hazmat & Safety Solutions, Inc.)
- Interested Citizen (Dania Beach Fire Rescue)
- Firefighting (Palm Beach County Fire Rescue)
- Health (Palm Beach County Health Department)
- Facility Operator (Cliff Berry, Incorporated)
- Health (St. Lucie County Health Department)
- Emergency Management (Palm Beach County)
- Facility Operator (Cheney Brothers, Inc.)
- Local Environmental (Harbor Branch Oceanographic Institute)

### Occupational Category

- Local Environmental (Florida Department of Environmental Protection)
- Firefighting (Town of Palm Beach)
- Firefighting (Palm Beach County Fire Rescue)
- Emergency Management (City of Port St. Lucie)
- Facility Operator (Syngenta Crop Protection)
- Law Enforcement (Stuart Police Department)
- Interested Citizen (Indian River State College)
- Facility Operator (Indiantown Cogeneration L.P.)
- Emergency Management (City of Stuart)
- Emergency Management (Indian River County)
- Transportation (Florida Department of Transportation)
- Law Enforcement (Martin County Sheriff’s Office)
- Firefighting (Palm Beach County Fire Rescue)
- Interested Citizen (NTB Group, LLC)
- Local Environmental (Hazardous Waste Services)
- Interested Citizen (Sun Sentinel)
- Firefighting (Pratt & Whitney – Rocketdyne)
- Non-Elected Local Official (City of Boca Raton)
- Firefighting (Martin County Fire Rescue)
Chairman Chris Bushman called the meeting to order at 10:15 a.m. and led the pledge of allegiance. Chair Bushman requested roll call and staff announced a quorum was present.

APPROVAL OF AGENDA OF NOVEMBER 12, 2009 MEETING

Lieutenant John Gojkovich moved approval of the agenda. Mr. Keith Holman seconded the motion, which carried unanimously.

APPROVAL OF MEETING MINUTES OF AUGUST 6, 2009

Captain Joseph Nelson moved approval of the November 12, 2009 District 10 Local Emergency Planning Committee meeting minutes. Lieutenant John Gojkovich seconded the motion, which carried unanimously.

OLD BUSINESS

2009 Thomas Yatabe Award and Certificates of Appreciation

This year the State Emergency Response Commission (SERC) received several nominations for the annual Thomas Yatabe Award. Division Chief Daniel Wouters, Martin County Fire Rescue, was awarded the 2009 Thomas Yatabe Award at the SERC meeting in January at Singer Island, Palm Beach County. Chief Dan Wouters has been a member of the District 10 LEPC since July 2004 and has been an invaluable resource to the LEPC staff on compliance and planning information, serving as the LEPC representative to the State Subcommittee on Training. Chief Wouters has served as a planning member of several biennial exercises as a primary member of the LEPC.

A Certificate of Appreciation was awarded to Mr. Stephen Huntsberger, Dean of the Public Service Education Complex at Indian River State College (IRSC) in Fort Pierce. Mr. Huntsberger has been a primary member of the LEPC since 2004 and has consistently provided training space for LEPC sponsored classes throughout the year.

A Certificate of Appreciation was awarded to Captain Joseph Nelson, Palm Beach County Fire Rescue. He has attended the LEPC meetings for many years and just became an alternate member for Chief Jack McCartt, Dania Beach Fire Rescue. Captain Joseph Nelson has worked on training exercises and has served as a firefighter and paramedic with Palm Beach Fire Rescue since 1981. Captain Nelson provides support to the LEPC in exercise planning and training space for classes.

Mr. Bronson McClary, Florida Gas Transmission Company, was also awarded a Certificate of Appreciation. Mr. McClary and agency representatives participated in the LEPC exercise that was held...
June 29, 2009 which involved four major incidents, including a major breach in a gas line. Mr. McClary was unable to attend the LEPC meeting and his certificate was mailed to him.

NEW BUSINESS

State Emergency Response Commission Meeting

Hazards Analysis Working Group

The SERC quarterly meeting was held on January 8, 2010 on Singer Island in Palm Beach County. The next SERC meeting will be on April 2, 2010 in Tallahassee.

Recommended Changes to the Hazards Analysis Scope of Work are attached to the LEPC agenda. The working group decided to modify future Hazards Analysis contracts to exempt/exclude the requirement for site visits of all cell phone towers that store sulfuric acid batteries, except for new installations and/or when the tower is located within 1000 feet of habitable structure(s) or a school facility. The revised provision does not affect the scope of work for the 2009/2010 contracts.

Biological Sampling Protocol

The Biological Sampling Protocol is a model procedure developed by the State Subcommittee on Training (SOT). It was finalized in November 2009. Cheryl Dunn pointed out an outdated Department of Health form on page 22 (Appendix E) of the SERC Public Safety Sampling for Hazardous Materials Response Procedure. Mr. Clint Sperber said he has a correct copy of this form and will forward information to appropriate persons to update the protocol.

E-Plan Status Report

Staff stated E-Plan has been expanded to all 36 State Emergency Response Commission (SERC) recognized HazMat Teams, all 11 LEPCs, and 61 of the 67 county emergency management directors or their designees. E-Plan is managed by the University of Texas, Dallas (UDT). At the annual users meeting at the University of Texas, all eight Florida representatives were voted subcommittee chairpersons or members of four newly formed subcommittees. John Sherry, Palm Beach County Fire Rescue, jsherry@co.palm-beach.fl.us is on the Outreach Committee and is also the Southeast Florida Trainer.

Lieutenant Sherry gave an overview of E-Plan and distributed a PowerPoint developed by the state DEM staff. E-Plan began in 2000 and was funded by EPA, Region IV. It was turned over to the University of Texas, Dallas for administration and maintenance. E-Plan is a web based information database for emergency responders and planners. Tier IIs will be reported online and downloaded on a weekly basis to E-Plan. All Tier II notices were sent electronically this year. The state will recommend that within 72 hours of a hurricane landfall area, all information in E-Plan must be updated. CAMEO information is transferred to E-Plan on a monthly basis. Emergency managers can validate who in their county should have access to this information. There is an access demo available in which you type “demo-in” with the password “training”. Lieutenant Sherry explained how to use E-Plan and what chemical information is available within it.
Staff asked how LEPC members might gain access to E-Plan if it were necessary and Lieutenant Sherry said it would be through their county emergency management office. Each state hazmat team has an approver and each Emergency Operations Center has an approver. Every year each approver has to validate everyone on their list for access. Lieutenant Sherry is available to conduct training for new E-Plan users.

Harry Lux suggested that perhaps some of the Title II money could be put aside to insure maintenance of the E-Plan. Chairman Bushman suggested Shanti Smith, Florida Division of Emergency Management, be notified of this suggestion.

In Palm Beach County, 911 calls are filtered through the information in E-Plan so if it is coming from or near a particular facility, it registers that there is a Tier II facility near the call. Orange County has the identical procedure.

Captain Joseph Nelson said that fire departments will soon get Tier II information electronically, so E-Plan access will be necessary to get facility chemical information. Staff will be doing outreach to fire departments on E-Plan training.

**Hazardous Materials Incident Reports**

Staff provided information through reports and graphs on the release of hazardous materials within the District 10 Region for the time period of December 1, 2008 through November 30, 2009. Staff noted the entire report is available on-line at [http://www.hazmat.floridadisaster.org/meet.htm](http://www.hazmat.floridadisaster.org/meet.htm).

**Local Emergency Planning Committee Chairs Meeting Update**

Staff attended the Local Emergency Planning Committee Chairs Meeting on January 7, 2010 on Singer Island, Palm Beach County, one day prior to the SERC meeting. The updated Hazardous Materials Information System (HMIS) is now accessible to the staff in electronic format via Web HMIS.

All 36 SERC recognized hazmat teams have now registered for E-Plan as well as emergency management directors in sixty one of the sixty seven counties in Florida. The FDEM Tech Hazards Section Chief and eight members of Florida hazmat teams and county emergency management staff attended the annual users meeting at the University of Texas, Dallas last November and were all named as chairpersons and members of the four new subcommittees.

The SERC approved the LEPC chairs decision to designate Hazardous Materials Awareness Week February 14-20, 2010. Notification on training opportunities, clarification on compliance, and information on Hazmat and E-Plan will be sent to all facility operators and owners in our district. Keith Holman suggested that we expand education to different community groups such as crime watch groups. A proclamation by the Governor and the LEPC Resolution #2010-01 for the designation regarding Florida Hazardous Materials Awareness Week was included in the agenda packet. A motion was made by John Gojkovich to support the LEPC Resolution and seconded by Keith Holman. Motion was approved.
Subcommittee on Training Update

Captain Joe Nelson said Dcug Wolfe will tender his resignation as Chairman of the Subcommittee on Training (SOT) and there will be nominations for a new chairperson.

Hazardous Materials Medical Care Protocols are being developed to provide standard of training recommendations for responders to facilitate rapid medical identification and intervention of victims of chemical exposure.

The draft Hazardous Materials/Weapons of Mass Destruction Sampling Protocols were recommended to be adopted as a final product by the SERC. The SERC approved and adopted the protocols at the January 2010 meeting.

REPORTS

Planning Subcommittee

The Planning Subcommittee will begin reviewing the Regional Hazardous Materials Response Plan for revisions for the 2010 annual update.

Public Information/Marketing Subcommittee

Outreach to facilitate the use of Web HMIS for facilities reporting annual Tier II filing will be conducted for LEPC members and facility operators and owners. Staff will be conducting compliance outreach workshops to enhance understanding of electronic Tier II filing. The Florida Division of Emergency Management has developed a training PowerPoint that outlines Tier II online filing compliance and instructions.

Any information for public dissemination can be delivered to staff for mail out and/or addition the LEPC website.

Local Emergency Planning Committee Activities

A list of the LEPC planning activities since the previous meeting of November 12, 2009 was included in the agenda packet. Also included is a list of other emergency management and preparedness activities staff is participating in through the Treasure Coast Regional Planning Council.

Contract Activities Update

Training

During the fourth quarter, the LEPC sponsored the following classes:

- Four Incident Commander for Hazardous Materials Incidents (Town of Palm Beach)
- One HazMat IQ Smart Charts (City of Delray Beach)
- Two Hazardous Materials Awareness Level (City of Stuart)
- One Advanced Incident Command System (ICS-400) (Martin County)
Mr. Barry Stewart, LEPC member, taught a Hazwoper class recently and that class may be offered again later in the year.

Planning

The Hazardous Materials Emergency Preparedness (HMEP) Grant facilitated the Regional Public Joint Information Exercise conducted on September 28, 2009 at the Martin County Public Safety Complex. The exercise built on the results of the LEPC Biennial Exercise conducted June 29, 2009 and focused on regional information dissemination through Joint Information Centers in cases of regional disasters or incidents.

Hazards Analyses

The Treasure Coast Regional Planning Council LEPC staff has completed the 2008/2009 Hazardous Materials Analyses on behalf of St. Lucie and Martin Counties. The analyses were submitted to and approved by the Florida Division of Emergency Management. Staff will conduct the St. Lucie County Hazards Analysis for the 2009/2010 cycle.

Membership

On January 8, 2010, the SERC approved nominations and appointed two new alternate members to the District 10 LEPC: Captain Joseph Nelson, Palm Beach County Fire Rescue, alternate for Chief Jack McCartt; and Mr. Larry Hughes, North Treasure Coast Chapter of the American Red Cross, alternate for Ms. Sharon Rayner.

COMMENTS FROM THE CHAIR AND STAFF

Staff will take a poll to determine if LEPC members are comfortable with traveling to the Fort Pierce IRSC campus for the meetings at the Public Safety Complex or whether they would like to move back to the Stuart IRSC campus for future meetings.

COMMENTS FROM COMMITTEE MEMBERS

Lieutenant John Gojkovich reported that there is a St. Lucie County nuclear power plant exercise in St. Lucie County in late February and first responder awareness level classes being planned.

PUBLIC COMMENTS

None.

NEXT MEETING

The next Local Emergency Planning Committee meeting will be held May 6, 2010 at Indian River State College Fee High Liability Building, Fort Pierce, Florida.

The LEPC Quarterly meeting dates for 2010 are: May 6, August 5, and November 4, 2010.
ADJOURNMENT

The meeting was adjourned at 11:45 a.m.
MEMORANDUM

TO:       District 10 Local Emergency Planning Committee
FROM:     Kathryn E. Boer, Staff
DATE:     May 6, 2010
RE:       State Emergency Response Commission Meeting

The State Emergency Response Commission (SERC) met on April 2, 2010 in Tallahassee for the quarterly meeting. The following memorandums will brief the District 10 Local Emergency Planning Committee members on the SERC meeting.

Florida Division of Emergency Management staff and the SERC membership approved the meeting location at the East Central Florida Regional Planning Council, Orlando, Florida for the July 9, 2010 meeting and extended their appreciation to the region for hosting the meeting.

No action required
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Hazardous Materials Medical Protocols

Background

Since its inception, the State Emergency Response Commission (SERC) Subcommittee on Training has been tasked to develop responder training guidelines. The Hazardous Materials Medical Protocol Part 1: Responders, and Part 2: Treatment were completed and submitted to the SERC for review and approval.

Summary

At the April 2, 2010 SERC meeting the Hazardous Materials Medical Protocol Part 1 and Part 2 were approved.

Attachment

No action required
Procedure: HazMat Medical Treatment Protocols Part 1: EMS Responder Definitions, Training and Roles

PURPOSE

It is the intent of these Hazardous Materials Medical Care Protocols to facilitate rapid medical identification and possible intervention of a victim or victims of a chemical exposure within the response community, at a medical event and/or at the scene of a Hazardous Materials Incident, or Weapons of Mass Destruction event. It is a layered response approach dependent on the human and physical resources a department/agency may have available.

TYPES OF RESPONDERS

It is the responsibility of all individuals involved in this type of response to take precautions to reduce secondary exposure while at the same time rendering appropriate medical care. It is the responsibility of these responders designated as:

EMS Core Responder – is defined as a BLS qualified responder that has successfully completed an Operational Core curriculum competencies as identified in NFPA 472 2008 ed. Their role at a Hazmat/WMD incident is limited to support functions.

HazMat/WMD Rescuer – is defined as either a BLS or ALS responder that has successfully completed an Operational Core competencies and mission specific competencies for victim rescue, personal protective equipment, technical and mass decontamination as defined NFPA 472 2008 ed. Their role at a Hazmat/WMD incident would be to perform life saving rescue within the limits of the personal protective equipment provided to them by their employer and to perform or assist with mass and technical decontamination.

Toxmedic – is defined as an ALS responder (State of Florida Certified Paramedic) and has successfully completed and demonstrated Operational Core and mission specific competencies for victim rescue, personal protective equipment, technical and mass decontamination as defined NFPA 472 2008 ed. In addition, the Toxmedic shall meet and demonstrate competency in NFPA 473 ALS 2008 ed. as well as treatment modalities for any additional toxic syndromes addressed in this document.

HazMat Medic – is defined as an ALS responder (State of Florida Certified Paramedic) and has successfully completed and demonstrated competency as a Hazardous Materials Technician in accordance with NFPA 472 2008 ed. In addition, the HazMat Medic shall meet and demonstrate competency in NFPA 473 ALS 2008 ed. as well as treatment modalities for any additional toxic syndromes addressed in this document.

Individual must maintain working knowledge of the level of medical care their training and service agency provides, which are contained within these medical protocols and are associated to general care protocols with the agency and training levels as identified by the State Emergency Response Committee (SERC).
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**Notes:** ¹ The HazMedic completes mission specific competencies by virtue of completion of NFPA 472 Technician Level training competencies.

**POLICY**

In addition to the providers general Medical Care Protocols, the response agency should develop Hazardous Materials Medical Care Protocols for the emergency treatment and handling for non-specific exposure and specific exposure conditions.

The possibility of secondary contamination shall be recognized and measures taken to reduce the chance of such contamination. Appropriate protective gear shall be worn at all applicable times during treatment procedures. When feasible contamination shall be left at the scene of the emergency with appropriate precautions for the definitive care facility.

If there will be extended operations with the possibility of exposure, or victims transported for definitive medical care from a medical call involving Hazardous Materials/WMD, EMS personnel should notify the closest appropriate medical facility, advising the emergency department of the nature, possible number of victims, and extent of operations from the scene. This advance notification will alert the hospital of the need to set up decontamination and / or isolation areas for treatment of exposed individuals. The report should include if possible specific names of chemicals involved, specific amounts, and the type of exposure expected, i.e. inhalation, skin absorption, ingestion, or injection.
PROCEDURE

Site and personal safety is of paramount concern for the responder. Site Safety “standard practices” shall include barring entry into the Hot Zone without proper precautions, proper protective clothing based on the risk, and knowledge and permission of the Incident Commander. Treatment can begin when it is safe to do so this would include but not limited to Basic Life Support procedures. Patients should be evaluated for contamination and decontaminated accordingly.

The following Hazardous Materials medical care guidelines are designed and applied based on the level of training the responder possess and maintains along with the equipment levels at the responders disposal. These are classified within three levels of HazMat medical response. At each level the prerequisite procedures apply.

EMS Core
- Secure airway
- Avoid all body fluids and protect against secondary contamination
- With history of ingestion protect against secondary contamination due to burping and/or emesis
- Supplemental Oxygen as indicated; record and monitor vitals
- Obtain a history
  - Method of exposure (Inhalation, topical, ingestion)
  - Specific agent involved
  - Exact time of exposure
  - Duration of exposure
  - Quantity and concentration of substance involved in the exposure
  - Specific symptoms and duration of symptoms since exposure
    - Identifying positive symptom consistent with chemical exposure
    - Identifying negative symptoms that are not consistent with exposure
  - Past medical history, medications, allergies, and/or exposures
- Transport in vehicle with open windows and good ventilation; properly prepared.
- Contact local Emergency Department
- Contact the Regional Poison Control Center (1-800-222-1222)
- If from a facility any documents such as MSDS brought to the ED
- Auto injectors may be administered if the responder has been qualified by the medical director.
Hazmat/WMD Rescuer

In addition to the actions identified for the EMS Core Responder, the Hazmat/WMD Rescuer shall:

- Conduct life saving rescuer within the limits of the PPE available.
- Perform or assist with mass or technical decontamination

ToxMedic

The Toxmedic shall perform all of the EMS Operations functions along with ALS General Medical and ALS Specific HazMat/WMD Medical Guidelines. Assistance from the HazMat Medic or HazMat Technician is recommended based upon the hazards and risks associated with the incident in order to ensure safety, procedures, and considerations from the hazardous materials aspect are addressed.

HazMat Medic

The HazMat Medic shall perform the functions of the EMS Operations, ALS treatment modalities, evaluation for toxidromes (toxic syndromes) and have communication with the Regional Poison Control for the development of a medical plan. The HazMat Medic has additional skill level which allows him/her to operate as a HazMat Technician, utilizing his/her analyzing ability to characterize the chemical into a chemical family, hazard class, or potential analog, by using air monitoring techniques, and/or chemical observations.
Florida State Emergency Response Commission

Sub-Committee on Training (SOT)

HAZARDOUS MATERIALS MEDICAL TREATMENT PROTOCOLS

Version 3.3
TOXIDROMES

Toxidromes are clinical syndromes that the patient presents with. These patterns of signs and symptoms are essential for the successful recognition of chemical exposure. The toxidromes identified in this protocol are chemical exposure based while others such as the opioids are found within general medical protocol. These chemical toxidromes are identified clinically into five syndromes:

- Irritant Gas Toxidrome
- Asphyxiant Toxidrome
- Corrosive Toxidrome
- Hydrocarbon and Halogenated Hydrocarbons Toxidrome
- Cholinergic Toxidrome

Each can present as a clinical manifestation of the chemical/poisoning involved with some cross-over between toxidromes. This list combines the toxic syndromes found within NFPA 473 (A.5.4.1(2) and traditional syndromes.
## Toxidrome Correlation to NFPA Standard 473 and Traditional Syndromes

<table>
<thead>
<tr>
<th>Toxidrome</th>
<th>NFPA 473 A.5.4.1(2) Correlation</th>
<th>Hazardous Materials Protocol</th>
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<td>Irritant Gas</td>
<td>⑩) Irritants</td>
<td>Bronchospasm</td>
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<td>OC Pepper spray &amp; lacrimants</td>
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<td>Asphyxiant</td>
<td>①) Chemical asphyxiants</td>
<td>Carbon Monoxide</td>
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<td>②) Simple asphyxiants</td>
<td>Aniline dyes, Nitriles, Nitrares</td>
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<td>③) Blood Agents</td>
<td>Cyanide &amp; Hydrogen Sulfide</td>
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<td>④) Nitrogen Compounds</td>
<td>Closed Space Fires</td>
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<td>Simple Asphyxiants</td>
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<td>Corrosive</td>
<td>⑤) Corrosives</td>
<td>Hydrofluoric Acid</td>
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<td></td>
<td>⑥) Vesicants</td>
<td>Chemical burns to the eye</td>
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<td>Choramine and Chlorine</td>
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<td>Hydrocarbon and Halogenated</td>
<td>⑦) Organic solvents</td>
<td>Phenol</td>
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<td>Hydrocarbons</td>
<td>⑧) Phenolic Compounds</td>
<td>Halogenated Hydrocarbons</td>
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<td>Cholinergic</td>
<td>⑨) Pesticides</td>
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<td>⑩) Nerve Agents</td>
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<td>Opioids</td>
<td>⑪) Opiate Compounds</td>
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## General Symptomology Correlation to Toxidrome

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<tr>
<th>HazMat Toxidrome</th>
<th>General Symptomology</th>
<th>General Examples</th>
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<tr>
<td>Irritant Gas Syndrome</td>
<td>Irritation to mucus membranes</td>
<td>Ammonia</td>
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<td>(see Corrosive syndrome)</td>
<td>Bronchospasm</td>
<td>Formaldehyde</td>
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<td>Non-cardigenic PE</td>
<td>Chlorine</td>
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<td>Asphyxiant Syndrome</td>
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<td>CNS &amp; CVS effects</td>
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<td>Corrosive Syndrome</td>
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<td>Liquefactive necrosis</td>
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ALS MEDICAL CARE PROTOCOLS

The following specific treatment protocols are approved for use during the treatment of the victim of chemical exposure.

1. General Care of the Hazardous Materials Patient
2. Carbon Monoxide Poisoning
3. Aniline Dyes, Nitrites, Nitrates, Nitrobenzene, & Nitrogen Dioxide
4. Cyanide & Hydrogen Sulfide
5. Closed Space Fire (Products of combustion)
6. Organophosphate Insecticide Poisoning & Carbamate Poisoning
7. Hydrofluoric Acid Burns & Poisoning
8. Phenol
9. Chemical Burns To The Eye
10. Bronchospasm Secondary To Toxic Inhalation
11. Tachydysrhythmias
12. Chloramine & Chlorino
13. OC (Oleoresin Capsicum) Pepper Spray & Other Lacrimators
14. Halogenated Hydrocarbons
15. Simple Asphyxants
Responder self-protection is a paramount of importance when dealing with hazardous materials. The hazards of the materials involved need to be identified and a well-developed risk assessment must be made by qualified hazardous materials technicians.

During the initial stages of the event and prior to the arrival of HazMat Technicians, the EMS responder needs to review and follow the recommendations of the North American Emergency Response Guide Book (NAERG) and their agencies policies and procedures. If the material involved cannot be readily identified, then follow the recommendations of the first guidepage in the NAERG, guide page # 111, until more definitive information can be found.

Any attempts to rescue a victim from a hazardous environment needs to be based upon a risk/benefit analysis. The size-up of the scene, likelihood of victim survival, likelihood of success and the protective abilities the responder’s personal protective equipment (PPE) all must be assessed prior to implementing any such rescue attempts. The NAERG provides guidance with regarding PPE capabilities and limitations during “quick in and out” life saving rescues and should be consulted.

Responders need to value the difference between “exposure” and “contamination”. Not all exposures result in a contaminate patient. Physical state of the product, location of the patient with regards to the release and direct contact with the product all play in determining possibly of contamination.

In addition to the patient care discussed below, protection of downstream medical facilities from contamination must be considered. Early notification of receiving facilities and field decontamination are essential.

☐ Request Hazardous Material Team and Toxmedic and/or HazMat Medic assistance early.

☐ Self-protection of personnel. Follow PPE recommendations of the NAERG until further hazard/risk assessment can be performed by qualified technicians.

☐ MCI incidents follow S.T.A.R.T. Traige
 Prevent further exposure of the patient. Rapidly remove viable victims from hazardous environment.

 Provide supportive (BLS) care only once safe to do so.
   o Maintain Airway and provide supplemental oxygen PRN

 Decontaminate as deemed necessary
   o Remove contaminated clothing
   o Victims exposed only to gases an vapors present little risk of secondary contamination/exposure once clothing is removed.
   o If exposed to corrosive gases and vapors (Chlorine, ammonia, HCL, etc.) then flush with water.
   o Flush with water for contamination by liquids and solids.
   o Stable, non-life threatening patients who are contaminated by liquids and solids that are not readily water soluble should be provided secondary decontamination in the field.

 Provide Supportive ALS Care (all paramedics)
   o Provide supplemental oxygen by appropriate means and rate(supplemental oxygen contraindicated in dipyridil poisoning such as paraquat and diquat) seek guidance of supervising physician or poison control center
   o Establish vascular access IV/IO when appropriate
   o Initiate cardiac monitoring, treat dysrhythmias PRN in accordance Section 2 “Cardiac arrest” and Section 3 “Cardiopulmonary Emergencies” protocols
   o Monitor oxygen saturation and if available carboxyhemoglobin and methemoglobin levels
   o Proceed to “Acid, Alkali and Respiratory Irritant Protocol” H-2 (Yellow) as appropriate
   o Proceed to “Cholinesterase Crisis Protocol” H-5 (Green) for suspected nerve agent, organophosphate or carbamate pesticide poisoning (Mark I autoinjectors are authorized for suspected nerve agent exposure in accordance with the technical protocol for Mark I Autoinjectors
   o If patient is seizing, administer midazolam (versed) 0.05 mg/kg slow IV/IO/IN bolus maximum dose 5 mg) titrated to cessation of seizure activity. Repeat once pm. (Refer to Seizure-Adult Protocol 5.7).
   o 10 mg/IM Valium autoinjectors are authorized for the mass casualty incidents involving 5 or more patients with seizures
   o Treat hypotension by appropriate means

 Consider contacting Poison Information Center at 1 – 800 – 222 – 1222 for further information and guidance

 Provide ALS Material Specific Care (HazMat Medic)
   o If applicable, follow protocol at the ToxMedic or HazMatMedic Level based upon the material involved
Note: Usually symptoms can begin in the 10 to 20% range, including nausea and headache. It is difficult to correlate a level of carboxyhemoglobin with unconsciousness, because the presence of other gases and the lack of oxygen are all involved. Other medical conditions also impact how the exposure presents. Serious neurologic and cardiac toxicity has been seen at levels in the 30% to 40% range. Unconsciousness in the setting of smoke inhalation is probably due to mixed exposures including cyanide, carbon monoxide and acid gases as well as many other toxic products of combustion, consider use of closed space fire protocol. In the prehospital settings, rely on clinical features to make recommendations for treatment.

DESCRIPTION: Colorless, odorless, tasteless, non-irritating gas. Converts hemoglobin into carboxyhemoglobin, a non-oxygen carrying compound causing chemical asphyxiation. Pulse oximetry can indicate an incorrect, false high oxygen saturation. Pulse oximetry should be obtained with a device that has the ability to read carboxyhemoglobin and methemoglobin. Units that do not have this capability may give falsely high PaO₂ readings.

TREATMENT:

a) Immediately administer 100% oxygen if conscious, if unconscious secure airway to deliver 100% oxygen

b) Preferably endotracheal intubation and monitor End Tidal CO₂ (ETCO₂)

c) Start IV 1000cc Normal Saline, age appropriate maintenance rate

d) Treat unconscious patients per the General Medical Considerations Protocol in the Standing Medical Protocols to include evaluation of Glucose levels, correction of hypoglycemia, administration of naloxone (Narcan), and administration of thiamine.

e) Patients should be transported to the closest appropriate medical facility maintain the “golden hour”.
Methemoglobin Formers

Example Materials
- Aniline dyes, nitrites, nitrates, nitrobenzene & nitrogen dioxide

DESCRIPTION: Commonly found in fertilizers, paints, inks, and dyes. Changes hemoglobin into a non-oxygen carrying compound, methemoglobin. Blood color changes from red to a chocolate brown. Pulse oximetry will indicate an inaccurately low reading due to the opaqueness of the compound. Pulse oximetry should be obtained with a device that has the ability to read carboxyhemoglobin and methemoglobin levels.

TREATMENT:

a) Immediately administer 100% oxygen if conscious, if unconscious secure airway to deliver 100% oxygen
b) Preferably endotracheal intubation and monitor End Tidal CO₂ (ETCO₂)
c) Start IV of 1000cc normal saline, age appropriate maintenance rate.
d) If hypotensive, position patient, increase IV flow, if unresponsive (Systolic BP less than 90 mm Hg) consider Dopamine.
e) If symptomatic and no clinical suspicion of exposure to carbon monoxide and/or cyanide poisoning, then:
   i. Administer methylene blue, 1 to 2mg / kg IVP over 5 minutes.
      (methylene blue may momentarily effect the pulse oximeter because of the opaqueness of the drug)
Cyanide Poisoning

Example Materials
- Hydrogen cyanide, cyanogen chloride, potassium cyanide, sodium cyanide

DESCRIPTION: CYANIDE is one of the most rapidly acting poisons. It is reported to smell like "bitter almonds" to those that are genetically capable of detecting the odor. Pulse oximetry will accurately indicate an unusually high saturation due to the cell's inability to pick up oxygen from the blood stream.

TREATMENT:

Lilly Kit or Pasadena Kit for cyanide or hydrogen sulfide

a) Amyl nitrite pearls—Broken and held on a gauze pad under the patient’s nose. Allow the patient to inhale the material for 15 to 30 seconds of every minute. During the interval during which the patient is not inhaling the amyl nitrate, 100% oxygen should be administered. If the patient is not breathing, place the "pearls" into a BVM and ventilate the patient. (amyl nitrite pearls convert 3%-5% of the hemoglobin to methemoglobin)

Note: This is a temporizing measure only, with the most effective antidotes being given IV. The amyl nitrite step may be bypassed once IV access is obtained. Do not allow this to delay IV access.

b) If intubated provide PPV utilizing a BVM

c) As soon as possible start an IV of normal saline and immediately give:
   i) Sodium nitrite 10ml of a 3% solution IV over 2 minutes (300mg). Monitor BP, as hypotension may occur. (sodium nitrite converts approximately 20% of the circulating hemoglobin to methemoglobin). Additional doses of sodium nitrate should only be done once methemoglobin blood analysis is completed.
   ii) Children—Administer 0.33 ml / kg of a 3% solution over 10 minutes.
   iii) Sodium thiosulfate 50 ml of a 25% solution over 10 minutes. Monitor BP
   iv) Children—Administer 1.65 ml / kg up to 50 ml over 10 minutes.

d) Administer 100% (NRBM) oxygen after administering Sodium Nitrite.

Note: Do not administer sodium nitrite in cases involving smoke inhalation (structure fires) or carbon monoxide poisoning. Administer only sodium thiosulfate and 100% oxygen.
OR

Hydroxocobalamin (CyanoKit) 5 grams over 15 - 120 minutes.

a) Start a dedicated IV line.
b) Reconstitute each 2.5 gram vial with 100 ml sodium chloride.
c) Administer 5 grams (both vials in the kit) at 15 ml/min.

Note for ingested or absorbed cyanide additional doses of hydroxocobalamine may be required and may be infused at a rate of 5 grams over 15 to 120 minutes.
DESCRIPTION: With much the same clinical effects as cyanide, it is a rapid acting poison. Also known as Sewer Gas. It has a distinctive smell of rotten eggs, but may quickly exceed its odor threshold losing its warning properties. Formed naturally by the decomposition of organic substances. Heavier than air. Interferes with cellular respiration.

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Note: This is a temporizing measure only, with the most effective antidotes being given IV. The amyl nitrite step may be bypassed once IV access is obtained. Do not allow this to delay IV access.

b) If intubated provide PPV utilizing a BVM

c) As soon as possible start an IV of normal saline and immediately give:
   i) Sodium nitrite 10ml of a 3% solution IV over 2 minutes (300mg). Monitor BP, as hypotension may occur. (sodium nitrite converts approximately 20% of the circulating hemoglobin to methemoglobin). Additional doses of sodium nitrite should only be done once methemoglobin blood analysis is completed.
   ii) Children—Administer 0.33 ml / kg of a 3% solution over 10 minutes.
**Closed Space Fire**
(Smoke Inhalation)

**Example Materials**

**DESCRIPTION:** Closed space fires produce many toxic substances, including cyanide, carbon monoxide, and numerous respiratory irritating gases. CYANIDE is one of the most rapidly acting poisons which can be found in the productions of combustion. Increasingly, cyanide has been recognized as a threat at the scene of a closed space fire and hazardous materials incidents. CO in combination with Cyanide rapidly removes the ability of the blood to transport oxygen. This combined with the severe swelling of the bronchioles and bronchospasms related to the exposure to respiratory irritants creates a patient that will rapidly decompensate.

The mechanism of injury during a fire is three fold, Thermal damage, pulmonary irritation, and chemical asphyxiation (HCN, CO).

Anyone exposed from a close space fire should be considered to have inhalation chemical asphyxiation.

**TREATMENT:**

- a. Immediately administer 100% oxygen if conscious, if unconscious secure airway to deliver 100% oxygen.
- b. Preferably, perform endotracheal intubation and monitor end tidal CO₂ (ETCO₂).
- c. Start IV of 1000 cc normal saline, age appropriate maintenance rate.
- d. Treat unconscious patients per the General Medical Considerations Protocol in the Standing Medical Protocols by evaluating glucose levels, correcting hypoglycemia, administering naloxone (Narcan®) and administering thiamine. As called for by local medical protocols.
- e. Hydroxocobalamin (CyanoKit) 5 grams
  - a. Start a dedicated IV line
  - b. Reconstitute each 2.5 gram vial with 100 ml sodium chloride
  - c. Invert or rock the vial. Do not shake.
  - d. Administer 5 grams (both vials in the kit) at 15 ml/min.
  - e. Repeat doses can be administered over 15 – 120 minutes
- f. If hydroxocobalamin is not available, then give sodium thiosulfate 50ml of a 25% solution. Monitor BP.
Organophosphate and Carbamate Insecticides

Example Materials
- Malathion, parathion, ethion, bendiocarb, aldicarb, sarin nerve agent, VX nerve agent

DESCRIPTION: Pesticide can be inhaled, ingested, or absorbed. Once in the body, it binds with the acetylcholinesterase, initially causing excitation of nervous conduction then paralysis. These agents can be lethal in a dose less than 5 mg. Common seen signs are:

<table>
<thead>
<tr>
<th>Signs of Organophosphate &amp; Nerve Agents</th>
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<tr>
<td>D – Diarrhea</td>
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<td>U – Urination</td>
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<td>M – Miosis</td>
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<td>B – Bronchospasm, bradycardia, bronchorrhea</td>
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<td>E – Emesis</td>
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<td>L – Lacrimation</td>
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<tr>
<td>U – Urination</td>
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<tr>
<td>D – Diarrhea</td>
</tr>
<tr>
<td>G – Gastro-intestinal pain &amp; hyperactivity</td>
</tr>
<tr>
<td>E – Emesis</td>
</tr>
<tr>
<td>M – Miosis (Pinpoint pupils)</td>
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NOTE: not all pesticides are considered organophosphates or carbamates. In addition, Carbamates tend to be less severe and self limiting and may require less aggressive treatment. Atropine should be titrated to clinical effect.

TREATMENTS:
- a) Immediately give 100% oxygen to insure tissue oxygenation.
- b) Start IV with normal saline and give:
  i) If symptomatic give atropine 2-6mg IVP at 5 minute intervals until Atropinization (drying or respiratory secretions) occurs. There is not a maximum dose. Use extreme caution in a hypoxic patient (giving atropine to hypoxic heart may stimulate ventricular fibrillation).
  ii) Pralidoxime (2-PAM, Protopam) IVP 1Gm over 2 minutes. (Not used in known Carbamate Poisonings.)
  iii) Seizures controlled according to protocol
DESCRIPTION: Injury is twofold in that the compound causes corrosive burning of the skin and deep unerlyiing tissue, also binds with calcium and magnesium from the nerve pathways, bone, and blood stream. Systemic effects may be delayed. The results are spontaneous depolarization producing excruciating pain, and hypocalcemia, resulting in tetany and cardiac dysrhythmias, which may degenerate to cardiac arrest. Skin may look deceptively normal at the surface. Pain is an indication for treatment, and that it's managed through the administration of calcium not analgesic.

TREATMENT:
In all cases Contact Medical Control/Director immediately for when indications of symptoms shows systemic involvement:

- Cardiac dysrhythmias
- Conduction disturbances
- ST Segment abnormalities on EKG
- Tetany
- Seizures

Skin Burns:
a) Immediately flush exposed area with large amounts of water

b) Apply calcium gluconate Gel to burned area (mix 10 ml of a10% calcium gluconate solution into a 2 ounce tube of sterile water soluble jelly)

If pain continues:

c) calcium gluconate in a 5% solution is injected subcutaneously in a volume of 0.5 ml / cm² every ¼ inch into burned area and is also injected subcutaneously ½ inch around the circumference of the burned area.

Be prepared for a possible order for IV calcium gluconate. This must be considered for all inhalation and ingestion injuries because of the higher potential of systemic involvement and cardiac dysrhythmias.

Eye Injuries:
a) Immediately flush eyes with any means possible
b) Mix 50 ml of a 10% solution of calcium gluconate into 500 ml of normal saline for irrigation
c) Connect bag and tubing to a Morgan Irrigation Lens and run wide-open
d) If possible remove contact lens (morgan lens can not be used with contacts or trauma to the eye)
e) Irrigate the eyes

**Inhalation Injury:**

a) Mix 5 ml of sterile water into 3 ml of 10% calcium gluconate
b) Place solution in nebulizer and connect to oxygen to provide effective fog
DESCRIPTION: Also known as Carbolic Acid. Found in many household items and is commonly used as a disinfectant, germicide, antiseptic, and as a wood preservative. It causes injury much the same as other acids by causing coagulating necrosis. Systemic effects are seen throughout the central nervous system. Evidence of CNS depression including respiratory arrest.

TREATMENT:

a) Decontaminate initially with large volumes of water then irrigate burned area with mineral oil, olive oil, isopropyl alcohol or polyethylene glycol (PEG - golylte®, colyte®) if available. Alternate washes of mild soap and water and oil (or PEG) a minimum of two times each before transport.

Note: Small volumes of water increase absorption by expanding the surface area of exposure

b) Support respiration, control seizures, and ventricular ectopy with recognized means of treatment.
Chemical Burns to the Eyes

Example Materials

Note: Watch water run off so other parts of the body do not become contaminated (especially other parts of the face, ears, and back of neck). Eye burns are almost always associated with contamination of other parts of the face or body.

TREATMENT:

a) Immediately start eye irrigation by whatever means possible

b) Insure all particulate matter or contact lenses are out of the eyes by digitally opening the lids and pouring irrigation fluid across the globe

c) Prepare the Morgan Lens by attaching an IV solution of normal saline, insure that fluid continues to flow at steady rate
   • Morgan Lens is not to used when trauma is observed to the eye (or if the eye has visible solid debris present that is not removed during the initial irrigation process) Foreign materials must be irrigated out of the eye before inserting a Morgan Lens)
   • Contact lens that may have been adhered to the eye must remain without removal and Morgan Lens can not be used,

d) Apply 1 to 2 drops of ponticaine, opthalmicaine or tetracaine Ophthalmic drops into the injured eye

e) Morgan lens can not be used if trauma to the globe is observed or a contact lens is adhered to the eye.

f) If Morgan Lens can not be used a nasal cannula can be used to irrigate the eyes. (If a nasal cannula is used the eyes must be held open digitally to effectively irrigate the eyes).

g) Adjust the flow so that a continuous solution is flowing from the eye

h) Continue irrigation until arrival at the emergency department.

i) Consider sedation to reduce anxiety
Bronchospasm Secondary to Toxic Inhalation

Example Materials
☐ Chlorine, ammonia and industrial respiratory irritants

DESCRIPTION: Wheezing due to exposure of the respiratory system to an irritant. The condition of wheezing may be caused by both bronchospasms and bronchial swelling because of the inhalation of an irritating gas or vapor. To adequately treat this condition both bronchodilation and antiinflammation pharmaceuticals must be considered.

TREATMENT:
  a) Immediately give 100% humidified oxygen
  b) Initiate an updraft of either atrovent or Proventil/Albuterol, 1 dose
  c) Consider high levels of steroids (solu-medrol) to decrease respiratory swelling
  d) Wheezing due to exposure to fluorine or fluorine containing product follow Hydrofluoric Acid exposure protocol.
  e) Wheezing due to exposure to chlorine or chloramines follow chlorine and chloramine protocol.
DESCRIPTION: Supraventricular tachycardia due to myocardial sensitization to a toxic agent and / or CNS stimulants.

TREATMENT:
   a) Establish an IV of normal saline
   b) Initiate administration of adenosine (Adenocard), 6mg rapid IV push followed by 10 ml saline IVP may repeat if no response or partial response
   c) Contact Medical Control/Director for additional treatment modalities
   d) Potential consideration is external pacing
DESCRIPTION: Chloramine gas is produced by the mixture of household bleach and household ammonia. Chloramine and Chlorine is an irritant that converts to hydrochloric acid in the lining of upper airway. Chloramine is toxic and flammable. The patient will typically complain of a burning sensation to the upper respiratory system, coughing, wheezing and hoarseness.

TREATMENT:
After the patient is removed from the atmosphere and appropriate decontamination is completed, give:

a) 100% oxygen via NRB mask

b) Assemble a nebulizer and administer 5 ml of sterile water

c) If burning persists, mix 2.5 ml pediatric strength bicarbonate solution (adult strength sodium bicarbonate can be use in half strength) with 2.5 ml of normal saline and administer the mixture (5 ml) through a nebulizer.

d) Consider high levels of steroids (soli-medrol) to decrease respiratory swelling
Lacrimators

Example Materials
- OC (Oleoresion Capsicum) pepper spray and other lacrimators

DESCRIPTION: The patient will usually present with severe burning of the eyes and nose, as well as congestion due to increased mucous production. Exam will find the patient suffering from increased tear production and blephrospasm.

TREATMENT:
Since the agent does not cause significant tissue damage the treatment is aimed at relieving the pain caused by nerve stimulation.

a) Initially determine the history of the injury. If a determination can be established that the pain is caused secondary to Capsicum Spray, the eyes should be immediately anesthetized.

b) Once it has been determined that the patient is not allergic to local anesthetics ("caine" derivatives), apply Tetracaine, Alcaine, or Ophthalmacaine drops

c) When the blephrospasm is relieved, a visual exam is performed to evaluate for eye trauma

d) Consider and be prepared for anaphylactic reactions related to an exposure to lacrimators.

e) Assess for clear lung sounds and BP changes to insure that sensitivity has not occurred.
Halogenated Hydrocarbons

Example Materials

☐ Chloroform, Chlorinated, Brominated hydrocarbons.

DESCRIPTION: Inhalation of this chemical family sensitizes the myocardium to the effects of epinephrine and/or catecholoamines. Significant inhalation can depress the CNS producing anesthetic like state with coma and death.

TREATMENT:
Since these agents can affect the CNS and sensitivity of the myocardium, Epinephrine should NOT BE ADMINISTERED as part of resuscitation.

Lasix is contraindicated for non-cardiogenic (chemically injured alveoli) pulmonary edema,

Follow general medical protocol - treat symptoms – follow above contraindications.
Simple Asphyxiants

Example Materials
  - Methane, propane, carbon dioxide, nitrogen gas

DESCRIPTION: Simple asphyxiants displace oxygen.

TREATMENT:
  a) Remove patient from the environment
  b) Immediately administer 100% oxygen, if unconscious perform endotracheal intubation to deliver 100% oxygen.
  c) Start IV of 1000cc Normal Saline, age appropriate maintenance rate.
  d) Follow general medical protocol - treat symptoms.
Appendix A

HAZARDOUS MATERIALS ALS FORMULARY

The following is a list of the standard HazMat Drug Box inventory. The drugs listed are in addition to what is usually carried in an agency’s ALS drug box. It shall be a kit for the exclusive use during the treatment of the individual exposed to a hazardous material substance at the ToxMedic and HazMat Medic Level.

adenosine (Adenocard)
amyl nitrite Pearls
amiodarone
atropine sulfate
albuterol (Proventil)
calcium chloride
calcium gluconate
dextrose 5%
dextrose 50%
diazepam
dopamine
epinephrine 1:1000
epinephrine 1:10,000
hydrocortisone (Cyano Kit)
ivabradine bromide (Atrovent)
isopropanol alcohol
lasix (Furosemide)
lidocaine
lorazepam (Ativan)
methylene Blue
magnesium sulfate
magnesium citrate
midazolam (Versed)
Morgan Irrigation Lens
morphine sulfate
naloxone (Narcan)
oxygen
pralidoxime (2-PAM, Protopam)
0.9% sodium chloride (NS)
sodium bicarbonate (Pediatric)
sodium nitrite
sodium thiosulfate
solu-medrol (methylprednisolone)
tetracaine Ophthalmic drops
thiamine
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Subcommittee on Training Name Change

Background

On April 2, 2010 the State Emergency Response Commission (SERC) approved pursuing an amendment to the Executive Order that would specifically authorize the SERC to create the Training Task Force (TTF); assign it duties; clarify issues such as membership on the TTF; reimburse travel expenses; re-evaluate the need for the TTF on a periodic basis (annually); and take official action to reestablish the TTF. The SERC was asked to defer to the Florida Director of Emergency Management to appoint the former TTF as a working group. At the October 3, 2008 SERC meeting, the TTF was officially renamed as the SERC Subcommittee on Training (SOT).

Summary

In response to the questions raised at the January SERC SOT meeting, Florida Division of Emergency Management legal staff was asked to provide a legal opinion on whether the SOT can be renamed the Training Task Force (TTF).

It is the opinion of the SERC’s legal counsel that the SOT/TTF is not an advisory body, commission or board that is subject to reinstatement each year. Therefore, it was recommended that the SERC approve the name change from the SOT back to the TTF.

Attachment

No action required
March 19, 2010

MEMORANDUM - #10-10

TO: Member of the State Emergency Response Commission (SERC) for Hazardous Materials

FROM: David Halstead, Interim Alternate Chair

SUBJECT: Changing the name of the SERC Subcommittee on Training to the SERC Training Task Force

SUMMARY: In response to questions raised at the last meeting of the State Emergency Response Commission (SERC) Subcommittee on Training (SOT), legal staff has been asked to provide an opinion on whether the SOT can be renamed the Training Task Force (TTF). This memorandum is a follow up to Memorandum #12-08, which was provided to the SERC in April 2008.

Memorandum #12-08 contained a recommendation that an amendment be sought to the Executive Order pertaining to the SERC (#05-122), which would specifically authorize the SERC to create a training task force and assign it duties. Although no amendment has occurred, the TTF (subsequently renamed the SOT) has continued to exist for more than 15 years. The SERC created the TTF/SOT under the broad general authority provided in Executive Order #05-122 (and its predecessors) and in 42 U.S.C. 11001, et seq (the federal Emergency Planning and community Right-To-Know Act – EPCRA).

It is the opinion of the SERC’s legal counsel that the SOT/TTF is not an advisory body, commission, or board that is subject to Chapter 20, F.S., because it was created under an Executive Order implementing a federal statute, rather than by a state statute or agency. As such, it would not be subject to § 20.052, which provides that an advisory body, board, or commission can only be created by the Florida Legislature when it is found to be necessary to the furtherance of a public purpose; that it must be terminated by Legislature when it is no longer necessary and beneficial to the furtherance of a public purpose; that the executive agency to which it is made an adjunct must advise the legislature of when it ceases to be essential; that its private citizen members must be appointed by the Governor, a Cabinet Officer, or the head of the
MEMORANDUM – #10-10
March 19, 2010
Page Two

Department/Division; and that the Legislature must be kept informed of its numbers, purposes, memberships, activities, and expenses. Nor would it be subject to the time limits on existence provided in § 20.03 (8). If the SOT/TTF were created by state statute or by DEM, it would be an adjunct of DEM and would need to conform to the requirements of Chapter 20. This would be the case regardless of whether the TTF were called an “advisory council” or a “committee” or a “task force,” which are all considered “advisory bodies” per the “Definitions” section of chapter 20, F.S. An entity’s origin and function make it subject to the statute, not its name.

Memorandum #12-08 contained an additional recommendation that the SERC give, at a minimum, annual consideration to the continued need for the TTF, and if it determines that the TTF is still needed, take official action to reestablish it for, at most, a one-year period. This recommendation was made, in part, to protect the actions taken by the SOT/TTF, in the event that at some future time its status as to chapter 20, F.S., and its authority to exist beyond a one-year period were again brought into question. The recommendation was also based upon simple good practices, and it still stands.

**RECOMMENDATION:** This is to recommend the name of the Subcommittee on Training be changed to the Training Task Force.

DH/la
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Operations Level Training Guidelines

Background

In January 1993, the State Emergency Response Committee (SERC) created the Training Task Force (TTF), to address the requirements for the Hazardous Materials Transportation Act Grant Program. Since its inception, the TTF responsibilities have been expanded to include the development of responder training guidelines; coordination with responder groups to ensure required hazardous materials training is available; and development of strategic planning projects to effectively deliver training and formal guidelines.

Summary

The TTF forwarded the updated Operations Level Training Guidelines to the SERC for consideration of approval. At the April 2, 2010 SERC meeting, the guidelines were approved.

The Florida Division of Emergency Management will be developing a webpage on the Floridadisaster.org site to house these guidelines. Staff can email the zip file.

No action required
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Hazardous Materials Incident Reports

Summary

The attached tables and graphs provide information on hazardous materials incident reports received by the State Watch Office for the period of March 1, 2009 through February 28, 2010.

Table 1 indicates facilities that have had releases and are potential Section 304 investigations. Table 2 indicates hazardous materials incidents with evacuations, injuries or deaths. Note that incidents relating to traffic accidents are not shown in either table. This information is still being captured and is available upon request. Figures in Graph I indicate petroleum versus non-petroleum incidents by LEPC district. Figures in Graph II indicate fixed facility versus transportation related incidents by LEPC district. Hazardous materials releases that occurred from leaking, abandoned drums or unidentified pollution sources are accounted for under the heading of “Other.”

Attachments

No action required
### Hazardous Materials Incident Report
#### Table 1
#### Potential Section 304 Investigations

**March 1, 2009 to February 28, 2010**

<table>
<thead>
<tr>
<th>PINELLAS COUNTY</th>
<th>Chemical Name</th>
<th>Release Date</th>
<th>Release Amt</th>
<th>Business Type</th>
<th>Close Date</th>
<th>Comment</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mercury</td>
<td>11/03/2009</td>
<td>0</td>
<td>College</td>
<td>11/03/2009</td>
<td>Closed</td>
<td>Unknown</td>
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<tr>
<td></td>
<td>ACETONITRILE [CYANOMETHANE]</td>
<td>04/10/2009</td>
<td>33</td>
<td>Unknown</td>
<td>04/10/2009</td>
<td>Below RQ</td>
<td>Private</td>
</tr>
<tr>
<td></td>
<td>MERCURY</td>
<td>04/17/2009</td>
<td>.02</td>
<td>School</td>
<td>04/17/2009</td>
<td>Below RQ</td>
<td>Public</td>
</tr>
<tr>
<td></td>
<td>AMMONIA</td>
<td>06/01/2009</td>
<td>3500</td>
<td>Food Preparations</td>
<td>06/01/2009</td>
<td>No Notification Violation</td>
<td>Private</td>
</tr>
<tr>
<td></td>
<td>ETHYLENE GLYCOL [1,2-DIHYDROXYETHANE]</td>
<td>06/10/2009</td>
<td>18</td>
<td>Private Vehicle</td>
<td>06/10/2009</td>
<td>Transportation</td>
<td>Private</td>
</tr>
<tr>
<td></td>
<td>Sodium Hydroxide</td>
<td>10/02/2009</td>
<td>0</td>
<td>Condo/Plumbers</td>
<td>10/02/2009</td>
<td>Closed</td>
<td>Private</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>TREASURE COAST REGIONAL PLANNING COUNCIL</th>
<th>MARTIN COUNTY</th>
<th>Chemical Name</th>
<th>Release Date</th>
<th>Release Amt</th>
<th>Business Type</th>
<th>Close Date</th>
<th>Comment</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AMMONIA</td>
<td>05/21/2009</td>
<td>20</td>
<td>Manufactured Ice</td>
<td>05/21/2009</td>
<td>Below RQ</td>
<td>Private</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sodium Hypochlorite</td>
<td>10/06/2009</td>
<td>104</td>
<td>Electric Services</td>
<td>10/06/2009</td>
<td>Closed</td>
<td>Private</td>
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<table>
<thead>
<tr>
<th>PALM BEACH COUNTY</th>
<th>Chemical Name</th>
<th>Release Date</th>
<th>Release Amt</th>
<th>Business Type</th>
<th>Close Date</th>
<th>Comment</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHLORINE</td>
<td>03/19/2009</td>
<td>400</td>
<td>Water Supply</td>
<td>03/19/2009</td>
<td>Release did not go Off-site</td>
<td>Public</td>
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<tr>
<td></td>
<td>FORMALDEHYDE/FORMALIN</td>
<td>04/02/2009</td>
<td>87</td>
<td>College</td>
<td>04/02/2009</td>
<td>Below RQ</td>
<td>Public</td>
</tr>
<tr>
<td></td>
<td>Methanol</td>
<td>09/01/2009</td>
<td>329</td>
<td>Sewerage Systems</td>
<td>09/01/2009</td>
<td>Closed</td>
<td>Public</td>
</tr>
<tr>
<td></td>
<td>PERC (perchloroethylene)</td>
<td>09/24/2009</td>
<td>175</td>
<td>Dry Cleaning</td>
<td>09/24/2009</td>
<td>Closed</td>
<td>Private</td>
</tr>
<tr>
<td></td>
<td>Perchloroethylene</td>
<td>11/10/2009</td>
<td>.20</td>
<td>Transportation</td>
<td>11/10/2009</td>
<td>Closed</td>
<td>Private</td>
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</table>

<table>
<thead>
<tr>
<th>ST. LUCIE COUNTY</th>
<th>Chemical Name</th>
<th>Release Date</th>
<th>Release Amt</th>
<th>Business Type</th>
<th>Close Date</th>
<th>Comment</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AMMONIA</td>
<td>04/16/2009</td>
<td>21</td>
<td>City WTP</td>
<td>04/16/2009</td>
<td>Below RQ</td>
<td>Public</td>
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<table>
<thead>
<tr>
<th>WEST FLORIDA REGIONAL PLANNING COUNCIL</th>
<th>BAY COUNTY</th>
<th>Chemical Name</th>
<th>Release Date</th>
<th>Release Amt</th>
<th>Business Type</th>
<th>Close Date</th>
<th>Comment</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SULFURIC ACID (NON-AEROSOL FORMS)</td>
<td>03/26/2009</td>
<td>99</td>
<td>US Military</td>
<td>03/26/2009</td>
<td>Below RQ</td>
<td>Public</td>
<td></td>
</tr>
</tbody>
</table>
### Hazardous Materials Incident Report

#### Table 2

Hazardous Materials Incidents with Evacuations, Injuries and Deaths

March 1, 2009 to February 28, 2010

---

**Southwest Florida Regional Planning Council**

**LEE COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/2009</td>
<td>PROPANE</td>
<td>Unknown</td>
<td>Retail Sales</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>07/07/2009</td>
<td>CARBON MONOXIDE</td>
<td>Unknown</td>
<td>Private Residence</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>07/21/2009</td>
<td>ANTISEPTIC</td>
<td>Unknown</td>
<td>U.S. Post Office</td>
<td>3</td>
<td>25</td>
<td>0</td>
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**SARASOTA COUNTY**

<table>
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<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/05/2009</td>
<td>HYDROCHLORIC ACID (CYANIDE)</td>
<td>Unknown</td>
<td>Private Residence</td>
<td>0</td>
<td>0</td>
<td>1*</td>
<td>Private</td>
</tr>
<tr>
<td>04/26/2009</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Fertilizer Plant</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>11/24/2009</td>
<td>Hydrogen Sulfide</td>
<td>Unknown</td>
<td>Private Vehicle/Transportation</td>
<td>6</td>
<td>0</td>
<td>1*</td>
<td>Private</td>
</tr>
<tr>
<td>07/12/2010</td>
<td>Carbon Monoxide</td>
<td>Unknown</td>
<td>School/Museum</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>Public</td>
</tr>
<tr>
<td>03/29/2010</td>
<td>Hydrogen Sulfide</td>
<td>Unknown</td>
<td>Transportation</td>
<td>0</td>
<td>0</td>
<td>1*</td>
<td>Private</td>
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</table>

**Tampa Bay Regional Planning Council**

**HILLSBOROUGH COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/33/2009</td>
<td>NATURAL GAS</td>
<td>Unknown</td>
<td>Traffic Accident/Apartment Complex</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>Private</td>
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<tr>
<td>12/29/2009</td>
<td>Dry Chemical</td>
<td>0</td>
<td>Hotel</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Private</td>
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**PASCO COUNTY**

<table>
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<tr>
<th>Release Date</th>
<th>Chemical Name</th>
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<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/28/2009</td>
<td>NATURAL GAS</td>
<td>Unknown</td>
<td>Pipeline/Transportation</td>
<td>0</td>
<td>200</td>
<td>0</td>
<td>Private</td>
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**PINELLAS COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2009</td>
<td>AMMONIA</td>
<td>3500</td>
<td>Food Preparations</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>08/08/2009</td>
<td>NATURAL GAS</td>
<td>Unknown</td>
<td>Private Residence</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>07/08/2009</td>
<td>Hydrogen Sulfide</td>
<td>Unknown</td>
<td>N/A</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>08/27/2009</td>
<td>Carbon Monoxide</td>
<td>0</td>
<td>Apartment Complex</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>10/02/2009</td>
<td>Sodium Hydroxide</td>
<td>0</td>
<td>Corduroy/Plumbers</td>
<td>20</td>
<td>22</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>11/18/2009</td>
<td>Natural Gas</td>
<td>0</td>
<td>Restaurant</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>01/10/2010</td>
<td>Carbon Monoxide</td>
<td>Unknown</td>
<td>Private Residence</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>02/10/2010</td>
<td>Natural Gas</td>
<td>Unknown</td>
<td>School</td>
<td>0</td>
<td>650</td>
<td>0</td>
<td>Public</td>
</tr>
<tr>
<td>02/09/2010</td>
<td>Piperonyl Triazinamide</td>
<td>Unknown</td>
<td>Private Apartment/Transportation</td>
<td>5</td>
<td>22</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>02/13/2010</td>
<td>Calcium Phosphate</td>
<td>Unknown</td>
<td>Transportaiton</td>
<td>0</td>
<td>0</td>
<td>1*</td>
<td>Private</td>
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</table>

**Treasure Coast Regional Planning Council**

**PALM BEACH COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/05/2009</td>
<td>CARBON DIOXIDE/NATURAL GAS</td>
<td>Unknown</td>
<td>Restaurant</td>
<td>0</td>
<td>60</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>03/22/2009</td>
<td>Unknown Chemical</td>
<td>Unknown</td>
<td>Department Stores</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>Private</td>
</tr>
<tr>
<td>04/28/2009</td>
<td>HYDROGEN SULFIDE/SULFUR HYDRIDE</td>
<td>Unknown</td>
<td>Private Residence</td>
<td>0</td>
<td>0</td>
<td>1*</td>
<td>Private</td>
</tr>
<tr>
<td>05/27/2009</td>
<td>NATURAL GAS</td>
<td>Unknown</td>
<td>School</td>
<td>0</td>
<td>595</td>
<td>0</td>
<td>Public</td>
</tr>
<tr>
<td>10/22/2009</td>
<td>Natural Gas</td>
<td>Unknown</td>
<td>Pipeline</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>Private</td>
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**West Florida Regional Planning Council**

**ESCambia COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/16/2009</td>
<td>Natural Gas</td>
<td>Unknown</td>
<td>Pipeline</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>Private</td>
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</table>

**Withlacoochee Regional Planning Council**

**CITRUS COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/12/2010</td>
<td>Sodium Hypochlorite</td>
<td>26</td>
<td>Retail Sales</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>Private</td>
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</table>

**MARION COUNTY**

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Chemical Name</th>
<th>Release Amt.</th>
<th>Business Type</th>
<th>Injuries</th>
<th>Evacuated</th>
<th>Fatalities</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/22/2009</td>
<td>Propane</td>
<td>Unknown</td>
<td>Liquefied Petroleum Gas</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Fatalities marked with * denote that the fatality was the result of a deliberate self-inflicted action.
March 1, 2009 Through February 28, 2010
GRAPH II
FIXED FACILITY VERSUS TRANSPORTATION-RELATED REPORTS
BY LOCAL EMERGENCY PLANNING COMMITTEE DISTRICT

<table>
<thead>
<tr>
<th></th>
<th>44</th>
<th>50</th>
<th>55</th>
<th>75</th>
<th>81</th>
<th>94</th>
<th>108</th>
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<td>Other*</td>
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<td></td>
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<tr>
<td>Total</td>
<td>110</td>
<td>184</td>
<td>256</td>
<td>147</td>
<td>174</td>
<td>337</td>
<td>1711</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Abandoned drums, unidentified pollution source

March 1, 2009 Through February 28, 2010
MEMORANDUM

TO: District 10 Local Emergency Planning Committee
FROM: Kathryn E. Bocar, Staff
DATE: May 6, 2010
RE: Local Emergency Planning Committee Chairs Meeting Update

Background

The eleven Floriça Local Emergency Planning Committee (LEPC) District Chairs meet one day prior to the State Emergency Response Commission (SERC) meetings on a quarterly basis. The previous LEPC Chairs meeting was held on April 1, 2010 in Tallahassee. The next meeting will be held on July 8, 2010 in Tallahassee.

Reports from Florida Department of Emergency Management (FDEM) Staff:

- **HMIS (Hazardous Materials Information System):** The updated HMIS containing the latest Section 302 facility data and entries are now accessible to the staff in electronic format via Web HMIS.

- **E-Plan Update:** FDEM Staff reported all 36 SERC recognized hazmat teams are registered for E-Plan as well as emergency management directors in sixty-one of the sixty-seven counties in Florida. The FDEM Tech Hazards Section Chief and eight members of Florida hazmat teams and county emergency management staff attended the annual users meeting at the University of Texas, Dallas last November and were all named as chairpersons and members of the four new subcommittees.

- There were no LEPC Chairs meeting issues taken to the SERC for discussion or approval. Chairman Danz suggested the LEPC Chairs support the items to be taken to the SERC by the Training Task Force.

No action required
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Subcommittee on Training Update – Chief McCart/Captain Nelson

Background

In January 1993, the State Emergency Response Committee (SERC) created the Training Task Force (TTF) to address the requirements for the Hazardous Materials Transportation Act Grant Program. Since its inception, the TTF responsibilities have been expanded to include the development of responder training guidelines; coordination with responder groups to ensure required hazardous materials training is available; and development of strategic planning projects to effectively deliver training and formal guidelines (see Attachment).

Summary

The TTF met on April 1, 2010 in Tallahassee. The next scheduled meeting is July 8, 2010 in Orlando. Conference calls were conducted on February 9 and March 2, 2010 to discuss on-going projects and strategic initiatives. The next conference calls are scheduled for May 5 and June 9, 2010. The following were points of discussion at the April meeting:

- The SERC TTF members are reviewing portions of the Hazardous Materials Field Operations Guide for updates. Sections include Resource Allocation, Response Procedures, Site Management, and several standard operating procedures such as Tank Rollover, Corrosives, Decontamination, Explosives and Dispatch.

Attachment

No action required.
MEMORANDUM

TO: District 10 Local Emergency Planning Committee
FROM: Kathryn E. Boer, Staff
DATE: May 6, 2010
RE: Planning Subcommittee

Regional Hazardous Materials Response Plan

The 2009/2010 technical assistance contract for the District 10 Local Emergency Planning Committee requires the District 10 Regional Hazardous Materials Response Plan be updated annually. The Plan update is nearing completion and will be submitted to the District 10 LEPC Planning Committee for review prior to submission to the Florida Division of Emergency Management for approval.

No action required
MEMORANDUM

TO: District 10 Local Emergency Planning Committee

FROM: Kathryn E. Boer, Staff

DATE: May 6, 2010

RE: Public Information/Marketing Subcommittee

Compliance Outreach

Staff is using the workshop outreach presentations approved by the Local Emergency Planning Committee (LEPC) to administer requested workshops/seminars defining the roles of the Emergency Planning and Community Right-To-Know Act, the LEPC roles and responsibilities, and a training segment on TIER II annual reporting for Section 302 Chemical Facilities.

Since the Section 302 facility annual reporting, conducted electronically via the Web-HMIS (Hazardous Materials Information System) will be increasing, staff will be conducting compliance outreach workshops to enhance understanding of the software filing process. The Florida Division of Emergency Management has developed a training PowerPoint which outlines Tier II online filing compliance and instructions.

Any information for public dissemination can be delivered to staff for mail out and/or addition to the LEPC website.

No action required
MEMORANDUM

TO: District 10 Local Emergency Planning Committee
FROM: Kathryn E. Boer, Staff
DATE: May 6, 2010
RE: Local Emergency Planning Committee Activities

Attached is a list of the Local Emergency Planning Committee activities since the previous meeting of February 4, 2010. Also included is a list of other emergency management and preparedness activities staff is participating in through the Treasure Coast Regional Planning Council.

Attachments

No action required
Local Emergency Planning Committee Activities
February 4, 2010 – May 5, 2010

February 4  Quarterly meeting held at the Indian River State College, Public Safety Training Complex in Ft. Pierce.

April 1-2  Staff attended the Local Emergency Planning Committee Chairs and Staff, State Subcommittee on Training and State Emergency Response Commission meetings in Tallahassee, Florida.
Emergency Management/Preparedness Activities
(Non-LEPC)
February 4, 2010 – May 5, 2010

February 10 Staff met with Indian River County Emergency Management to discuss the outcomes of the Sea, Lake, Overland Surge from Hurricanes (SLOSH) models developed from the new LIDAR (Light, Detection and Ranging) data as related to inundation and evacuation.

March 4 Staff participated as a planning team member in the Initial Planning Conference for the 2010 Department of Environmental Protection, Environmental and Forensics Response Teams full-scale exercise to be conducted April 14-15, 2010.

March 10 Staff met with Palm Beach County Emergency Management and planning staff to discuss the outcomes of the Sea, Lake, Overland Surge from Hurricanes (SLOSH) models developed from the new LIDAR (Light, Detection and Ranging) data as related to inundation and evacuation.

March 17 Staff met with Indian River County Emergency Management and applicable critical county facilities in an initial meeting for the update of the County Continuity of Operations Plan.

March 18 Staff participated as a planning team member in the Mid-term Planning Conference for the 2010 Department of Environmental Protection, Environmental and Forensics Response Teams full-scale exercise to be conducted April 14-15, 2010. Staff prepared Exercise Plan, Situation Manual and Controller/Evaluator Handbook as well as exercise participant handouts.

March 22-24 Staff conducted Hazards Analysis compliance site visits to St. Lucie County chemical facilities pursuant to State Division of Emergency Management annual facility reporting requirements.

March 25 Council staff attended the Statewide Regional Evacuation Study Workgroup meeting at the South Florida Regional Planning Council, Hollywood.

March 30 Staff facilitated the Final Planning Conference for the 2010 Department of Environmental Protection, Environmental and Forensics Response Teams training, full-scale exercise and participant hotwash to be conducted April 13-16, 2010.

April 13-16 Staff participated as a controller/evaluator at the 2010 Department of Environmental Protection, Environmental and Forensics Response Teams Training, full-scale exercise and participant hotwash.

April 27 Staff facilitated a preliminary exercise planning meeting with Indian River County Emergency Management.
MEMORANDUM

TO: District 10 Local Emergency Planning Committee
FROM: Kathryn E. Boer, Staff
DATE: May 6, 2010
RE: Contract Activities Update

Hazardous Materials Emergency Preparedness

The 2009/2010 Hazardous Materials Emergency Preparedness grant provides annual funding for hazardous materials-related training to the region’s first responders and to engage in specific planning projects. Previously conducted classes during the last quarter and upcoming classes are noted below. Please submit any specific training requests to staff.

Training

During the second quarter, the District 10 Local Emergency Planning Committee (LEPC) sponsored the following classes:

- A Hazardous Waste Operations and Emergency Response, April 9, 2010 in the City of West Palm Beach.

Planning

The District 10 LEPC selected Planning Project Option #6, Section 302 Facility Outreach, from the list of approved activities under the planning grant for the 2009/2010 cycle to assist 302 Facilities with the new electronic Hazardous Materials Information System (Web HMIS) online filing system. Staff will be conducting workshops and training sessions in the upcoming quarter.

Hazardous Analyses

The LEPC staff has completed the 2009/2010 Hazardous Materials Analyses on behalf of St. Lucie County. The analyses were submitted to the Florida Division of Emergency Management for review and approval. Staff will conduct the St. Lucie County Hazards Analysis for the 2009/2010 cycle.

No action required
MEMORANDUM

TO: District 10 Local Emergency Planning Committee
FROM: Kathryn E. Boer, Staff
DATE: May 6, 2010
RE: Membership

On April 2, 2010, the State Emergency Response Commission approved statewide nominations. There were no nominations for primary or alternate positions for the District 10 Local Emergency Planning Committee.

No action required
MEMORANDUM

TO:    District 10 Local Emergency Planning Committee

FROM:  Kathryn E. Boer, Staff

DATE:  May 6, 2010

RE:    Next Meeting

The next scheduled meeting of the District 10 Local Emergency Planning Committee (LEPC) is Thursday, August 5, 2010.

The LEPC Quarterly meeting dates for 2010 and 2011 are provided below for your convenience.

August 5, 2010
November 18, 2010
February 3, 2011
May, 5, 2011
August 4, 2011
November 3, 2011

No action required