Genesee County SPECIAL OPERATIONS

NERVE AGENT/ORGANOPHOSPHATE PESTICIDE EXPOSURE TREATMENT

Initial Date: 4/2010

Revised Date: 10/25/2017 Section: 10-3

Nerve Agent/Organophosphate Pesticide Exposure Treatment

Purpose:

This Protocol is intended for EMS personnel at all levels to assess and treat patients exposed to nerve agents and organophosphate pesticides. The protocol includes the use of the Mark I/Duo Dote Antidote Kits and the Atropen auto injector for personnel trained in the use of these devices and authorized by the local medical control authority.

Chemical Agents

- 1. Agents of Concern
 - A. Military Nerve Agents including: Sarin (GB), Soman (GD), Tabun (GA), VX
 - B. Organophosphate Pesticides (OPP) including Glutathione, Malathion, Parathion, etc.
- 2. Detection: The presence of these agents can be detected through a variety of monitoring devices available to most hazardous materials response teams and other public safety agencies.

Patient Assessment

- 1. **SLUDGEM** Syndrome
 - A. **S** Salivation / Sweating / Seizures
 - B. L Lacrimation (Tearing)
 - C. **U** Urination
 - D. **D** Defecation / Diarrhea
 - E. **G** Gastric Emptying (Vomiting) / GI Upset (Cramps)
 - F. E Emesis
 - G. **M** Muscle Twitching or Spasm
- 2. <u>Threshold Symptoms</u>: These are symptoms that may allow rescuers to recognize that they may have been exposed to one of these agents and include:
 - A. Dim vision
 - B. Increased tearing / drooling
 - C. Runny nose
 - D. Nausea/vomiting
 - E. Abdominal cramps
 - F. Shortness of breath

NOTE: Many of the above may also be associated with heat related illness.

- 3. Mild Symptoms and Signs:
 - A. Threshold Symptoms plus:
 - B. Constricted Pupils*
 - C. Muscle Twitching
 - D. Increased Tearing, Drooling, Runny Nose
 - E. Diaphoresis
- 4. Moderate Symptoms and Signs
 - A. Any or all above plus:
 - B. Constricted Pupils
 - C. Urinary Incontinence
 - D. Respiratory Distress with Wheezing

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- E. Severe Vomiting
- 5. Severe Signs
 - A. Any or All of Above plus
 - B. Constricted Pupils*
 - C. Unconsciousness
 - D. Seizures
 - E. Severe Respiratory Distress

***NOTE**: Pupil constriction is a relatively unique finding occurs early and persists after antidote treatment. The presence of constricted pupils with SLUDGEM findings indicates nerve agent / OPP toxicity.

Personal Protection

- 1. Be Alert for secondary device in potential terrorist incident
- 2. Personal Protective Equipment (PPE)
 - A. Don appropriate PPE as directed by Incident Commander.
 - B. Minimum PPE for Non-Hot Zone (i.e., DECON Zone)
 - Powered Air Purifying Respirator or Air Purifying Respiratory with proper filter
 - b. Chemical resistant suit with boots
 - c. Double chemical resistant gloves (butyl or nitrile)
 - d. Duct tape glove suit interface and other vulnerable areas
- 3. Assure EMS personnel are operating outside of Hot Zone
- 4. Avoid contact with vomit if ingestion suspected off gassing possible
- 5. Assure patients are adequately decontaminated *prior* to transport
 - A. Removal of outer clothing provides significant decontamination
 - B. Clothing should be removed before transport
 - C. DO NOT transport clothing with patient
- 6. Alert hospital(s) as early as possible

Patient Management (After Evacuation and Decontamination)

- Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.
- 2. NOTE: Anticipate need for extensive suctioning
- 3. Antidote administration per Mark I Kit/Duo Dote auto injector Dosing Directive See Chart
- S 4. Establish vascular access
- 5. Atropine 2-6 mg IV/IM per Mark I Kit Dosing Directive if Mark I Kit is not available (each Mark I Kit/Duo Dote auto injector contains 2 mg of atropine)
 - 6. Treat seizures
 - A. Adult
 - a. Administer **Diazepam** 2-10 mg IV/IM **OR** Midazolam 0.05 mg/kg to max 5 IV/IM

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Administer Midazolam 0.1 mg/kg to max 10 mg IM



If available, Valium auto-injector B. Pediatrics

C.

- Midazolam 0.15 mg/kg IV/IM (maximum individual dose 5 mg)
- If available, Valium auto-injector b.
- 7. Monitor EKG



8. Additional **Atropine** 2 mg IV/IM for continued secretions (0.05 mg/kg for pediatrics) (post-radio)



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*NA Kit Dosing Directive				
	Clinical Findings	Signs/Symptoms	Required Conditions	NA Kits To Be Delivered
SELF-RESCUE	Threshold Symptoms	 Dim vision Increased tearing Runny nose Nausea/vomiting Abdominal cramps Shortness of breath 	Threshold Symptoms -and- Positive evidence of nerve agent or OPP on site	1 NA Kit (self-rescue)
ADULT PATIENT	Mild Symptoms and Signs	 Increased tearing Increased salivation Dim Vision Runny nose Sweating Nausea/vomiting Abdominal cramps Diarrhea 	Medical Control Order	1 NA Kit
	Moderate Symptoms and Signs	Constricted pupilsDifficulty breathingSevere vomiting	Constricted Pupils	2 NA Kits
	Severe Signs	 Constricted pupils Unconsciousness Seizures Severe difficulty breathing 	Constricted Pupils	3 NA Kits (If 3 NA Kits are used, administer 1 st dose of available benzodiazepine)
PEDIATRIC	Pediatric Patient with Non-Severe Signs/Symptoms	Mild or moderate symptoms as above	Positive evidence of nerve agent or OPP on site	Age ≥8 years old: • As Above Age <8 years old • Per Medical Control
	Pediatric Patient with Severe Signs/Symptoms	 Constricted pupils Unconsciousness Seizures Severe difficulty breathing 	Severe breathing difficulty Weakness	Age ≥ 8 years old: • 3 NA Kits Age < 8 years old: • 1 NA Kit Contact Medical Control as needed

*NOTE: Nerve-agent Antidote (NA) =1 Duo Dote or 1 Mark I

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