



**PROTOCOL FOR RESPONSES TO ASSIGNMENTS  
INVOLVING UNKNOWN SUBSTANCES**

**1. GENERAL INFORMATION**

- 1.1 This directive is to supplement information previously disseminated in the Office of Medical Affairs Directive 2001-014.
- 1.2 Anthrax is not contagious. There must be substantial contact through an opening in the skin and/or inhaled/ingested in a sufficient quantity to begin the infection. Person to person transmission of anthrax has never been reported.

**2. GENERAL ORDERS**

- 2.1 Members of the Department that respond to an incident involving a suspicious package/envelope shall adhere to the following guidelines:
  - 2.1.1 Notify the Bureau of Communications to have a competent authority respond.
  - 2.1.2 Have the patient walk away from the area of exposure (if possible) to another room or location that is isolated from other persons.
  - 2.1.3 Limit the responders in the area to decrease the risk of exposure.
  - 2.1.4 If the package is unopened and there is no indication of a hazard present the unit shall:
    - A. Isolate the area.
    - B. Notify the Bureau of Communications and request the response of an SOD team for hazard assessment, if the hazard assessment is negative, the SOD Team will overpack the package.
  - 2.1.5 If the package is unopened and believed to present a hazard, the unit shall:
    - A. Isolate the package.
    - B. Move any person believed to be contaminated to another isolated area.
    - C. Notify the Bureau of Communications and request the response of an SOD team for hazard assessment, if the hazard assessment is positive, the SOD Team will overpack the package.

**NOTE:** *The decision to decontaminate civilians or FDNY members will be made by the Incident Commander in consultation with the NYC Department of Health..*

- 2.1.6 If the package is opened, its contents will assumed to be hazardous and the unit shall:
  - A. Isolate the package.
  - B. Move any person believed to be contaminated to another isolated area.
  - C. Notify the Bureau of Communications and request the response of an SOD team and a Squad Company for hazard assessment, the SOD Team shall overpack the package and mitigate the incident.

**NOTE:** *The decision to decontaminate civilians or FDNY members will be made by the Incident Commander in consultation with the NYC Department of Health.*

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- 2.2 EMS units and Fire units (operating in a CFR-D capacity) shall adhere to the following guidelines when responding to an incident or while operating at an incident that develops into a situation where a patient has been exposed to an unknown substance.
- 2.2.1 Personal Protective Equipment (PPE) – gloves shall be worn at all times. The use masks and goggles are only necessary while operating at incidents when your assessment tells you PPE is indicated. For example, a person that has an unknown powder/substance on their clothing and/or skin, hair, etc, the presence of body fluids or a patient with a pertinent history, or a specific complaint.
- 2.3 If the circumstances of the call lead you to a high index of suspicion that the patient has been exposed to an unknown substance released from a container or package, members shall:
- 2.3.1 If the patient has a powder or other substance on their skin or clothing, ask the patient to remove their outer clothing.
- A. If the patient is unable to undress himself or herself, put on PPE and remove the patient's outer or exposed clothing.
- 2.3.2 Provide and protect the patient with a disposable garment or sheet.
- 2.3.3 The patient's clothing shall be bagged by the patient (if possible), in a clear plastic bag and left with the competent authority on scene.
- NOTE:** *Do not delay patient care and/or transport. If the patient is Critical or Unstable, transport immediately.*
- 2.3.4 Assess, treat and transport the patient to the appropriate hospital.
- 2.3.5 Make a hospital notification, include "We have a patient with possible exposure to an unknown substance", and request that a hospital staff member meet the unit at the ambulance entrance.
- 2.4 If a patient has an associated complaint and there is no immediate exposure (e.g., "I think I was exposed a few days ago" and/or has flu like symptoms, or a reaction to an antibiotic):
- 2.4.1 Assess, document, treat and transport as appropriate.
- 2.4.2 Inform the competent authority as to the transport destination.
- 2.5 If the patient has no observable substance on them and/or no complaint:
- 2.5.1 Assess, document, treat and transport as appropriate.
- 2.5.2 Inform the competent authority as to the transport destination.
- NOTE:** *If you suspect that a patient has an infectious disease and/or has flu like symptoms, general illness, coughing, etc., the patient should be treated and transported according to established protocols.*
- 2.6 Other considerations for Paramedics, EMTs and CFR-Ds:
- 2.6.1 Wash hands, face and other exposed skin with soap and water.
- 2.6.2 **NO DECON** is required for the ambulance and/or apparatus provided proper precautions and procedures have been adhered to. This shall be inclusive of equipment and uniform items that may have come in contact with the substance (refer to EMS Command OGP 125-04 - *Infection Control Program* (section 15) and/or CFR-D Manual - Chapter 3, *Infection Control Program* for decontamination procedures.

- 2.6.3 For exposure reporting procedures comply with EMS Command OGP 125-04 - *Infection Control Program* (section 4) and/or CFR-D Manual - Chapter 3, *Infection Control Program*.

**BY ORDER OF THE CHIEF OF DEPARTMENT**