# Chlorine Gas Guideline

## Inclusion

Suspected chlorine gas exposure with respiratory tract, eye, and/or skin irritation

## Exclusions

Asymptomatic patients

## BLS

### Pre-Decon

- Do not enter a confined space to rescue an unresponsive person without wearing an SCBA or testing to confirm SCBA is unnecessary. Remove from source, if safe to do so.
- Assist ventilation with BVM, if needed; use an OPA if possible, rather than an NPA to avoid epistaxis of chemically burned nares.
- Avoid supraglottic airways for upper airway chemical burns.

### Decon

- Dry-Wet-Dry™ skin decon, if the patient has skin symptoms
- Eye decon, if the patient has eye symptoms
- The specific decon required should be determined by the Incident Commander (IC) or their designee.
- Medical guidance for decon is as follows:

General Decon Guideline | Eye Decon Guideline

## ALS

### Post-Decon

- Vital signs, primary & secondary surveys, insert IV/IO, give supplemental $O_2$ if indicated, apply cardiac monitor
- If in severe respiratory distress or apneic, then support ventilation with BVM or airway management protocol.
- For bronchospasm, administer albuterol 2.5 mg & ipratropium bromide by nebulizer, or give 2 puffs of albuterol by MDI. Repeat 2x for continued bronchospasm. Consider magnesium sulfate IV/IO for bronchospasm.
- If needed, contact medical direction or poison control center for assistance.

### Special Note:

- Properties: Chlorine is an intermediately water-soluble, irritant gas that dissolves in water to produce hydrochloric acid and hypochlorous acid. These acids cause irritation of mucous membranes & sweaty skin.
- Signs & Symptoms: Coughing, choking, dyspnea, wheezing, lacrimation, burning sensation in eyes/armpits, etc. Severe cases may progress to ARDS & respiratory failure.

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