

Chlorine Gas Guideline

Inclusion

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

Exclusion

- Suspected chlorine gas exposure with no signs & symptoms
- Do not enter a confined space to rescue an unresponsive person without wearing an SCBA or testing to confirm there is a nontoxic atmosphere with sufficient oxygen.

Pre-Decon

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| BLS | <ul style="list-style-type: none"> Perform primary survey Provide supplemental O₂ and/or assist ventilation with BVM, if needed. Avoid supraglottic airways for upper airway, chemical burns |
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Decon

- Dry-Wet-Dry™ skin decon, if 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

Post-Decon

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| ALS | <p>Supportive Care</p> <ul style="list-style-type: none"> Cardiac monitor, insert peripheral IV, supplemental O₂, BVM, if indicated. If in severe respiratory distress, support ventilation with BVM, or airway management protocol, as needed. For bronchospasm, administer albuterol 2.5 mg via nebulizer. Repeat 2x for continued bronchospasm. |
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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.