



DECONTAMINATION BY EMERGENCY MEDICAL PERSONNEL

When decontaminating people who may have been exposed to a chemical agent, there are two important criteria: **DO IT FAST** and **DO IT RIGHT!** The presence of chemical agent on a person's skin, hair, or clothing is often not readily apparent. Personal decontamination must be undertaken immediately if health consequences are to be minimized. Anything the exposed person can do to quickly reduce the amount of agent contamination on the body is far better than waiting to be "officially" decontaminated by special decon personnel. Effective decon is critical not only in minimizing the adverse health effects to the exposed person but also in preventing the spread of agent contamination to other people or objects. Emergency medical personnel should decon injured persons even if they have already performed self or buddy decon.

Emergency medical personnel should be trained, equipped, and clothed to safely decon any injured person suspected of being contaminated before placing the person into a vehicle for transport to a care facility. Protective clothing and equipment should be approved for use with chemical agents.

Decon should be performed according to the priorities stated below:

People who are known to be or suspected of being contaminated and who require prompt medical attention due to agent exposure or other severe injury.

Priority 2: People who are exhibiting signs/symptoms of agent exposure.

Priority 3: People who are known to be contaminated but are not exhibiting signs/symptoms and don't urgently require medical attention.

Priority 4: People who are suspected of being contaminated but show no signs of agent toxicity.

Procedures for dealing with persons should incorporate standard medical procedures for the injury involved. Caregivers should also:

1. Remove outer clothing of person by cutting clothing and lifting person free of clothing onto wire stretcher or one with non-absorbent surface.



2. Remove rest of clothing by cutting it and pulling it from underneath person and removing personal belongings such as billfolds or wigs, hearing aids and artificial limbs. Place items in agent-impermeable bag, seal and label it with person's name and other pertinent identification. Place bag in secure storage location for later disposition.



3. Remove eyeglasses and contact lenses and place in agent-impermeable bag labeled with person's name and an id # for later disposition.



4. Remove potentially contaminated bandage material, exercising extreme care when removing bandages that are used to control hemorrhages.

5. Blot (not swab or wipe) body surfaces with lots of undiluted household bleach (5%) or with reagents (i.e., a special decon solution) from Army's skin decon kit, and washing face and eyes with clear water.



Complete decontamination of mustard victims is needed even if there are no immediate signs or symptoms, since onset of symptoms may be delayed for several hours. Body crevices and warm, moist areas are very susceptible to effects of mustard—decon these carefully.

6. Decontaminate chemical protective clothing of care provider.
7. Each person undergoing decon or medical treatment should be marked by casualty tag, hospital bracelet, or by writing directly on chest or forehead with indelible marker with indication of specific treatment and completion time.
8. Apply fresh bandages where necessary to control bleeding and place injured person in transport vehicle.



DECONTAMINATION STATION PROCEDURES

When decontaminating people who may have been exposed to a chemical agent, there are two important criteria: **DO IT FAST** and **DO IT RIGHT!** The presence of chemical agent on a person's skin, hair, or clothing is often not readily apparent. **Personal decontamination must be undertaken immediately if health consequences are to be minimized.** Anything the exposed person can do within minutes to quickly reduce the amount of agent contamination on the body is far better than waiting to be "officially" decontaminated by special decon personnel. Effective decon is critical not only in minimizing the adverse health effects to the exposed person but also in preventing the spread of agent contamination to other people or objects. People should proceed through the decon station even if they have already performed self or buddy decon.

Most people can go through the decon sequence with minimal assistance from attendants. Those who are impaired by agent exposure, injury, poor health, or other handicaps may require the assistance of an attendant or special equipment (e.g., mesh stretcher for the injured, boatswain's chair for wheelchair users).

1. Separate potentially contaminated persons by gender if possible. Young children should be permitted to accompany a parent of either sex.

Decon should be performed according to the priorities stated below:

Priority 1: People who are known to be or suspected of being contaminated and who require prompt medical attention due to agent exposure or other severe injury.

Priority 2: People who are exhibiting signs/symptoms of agent exposure.

Priority 3: People who are known to be contaminated but are not exhibiting signs/symptoms and don't urgently require medical attention.

Priority 4: People who are suspected of being contaminated but show no signs of agent toxicity.

2. Collect personal property such as billfolds and items such as wigs, hearing aids, and artificial limbs. Remove all clothing. Any clothing normally removed over the head should be cut off.

Attendants should bag and seal items in an agent-impermeable bag, label it with person's name and other identification, and place bag in secure storage for later disposition.





3. Remove eyeglasses and contact lenses. Interview or evaluate wearer to determine if wearer has been in an agent-contaminated area.
 - Decon hands before removing contact lenses. Use contact lens removers if available.
 - Collect contact lenses for later disposal. Do not decon contact lenses.
 - Decon eyeglasses in metal frames by soaking for 5 minutes in undiluted household bleach and rinsing thoroughly.
 - Eyeglasses in plastic or composite frames should be placed in agent-impermeable bag labeled with person's name and id number for later disposition.

NOTE: If eyeglass wearers would be significantly impaired without corrective lenses, remove lenses from porous frames as time permits, decon, remount in uncontaminated frames, and return to owners. Time constraints and lack of new frames may preclude this option.

4. **Blot** skin areas (excluding face) exposed to agent with undiluted household bleach. Collect any runoff for disposal.
5. Step under a shower (lukewarm water recommended) and, following the instructions of attendant, first flush face and eyes with lots of water, then wash face and rest of body with soapy water and rinse. All runoff must be collected and disposed of correctly.
6. Following shower, attendants should check person for signs/symptoms of agent exposure and follow medical screening guidelines for treatment. Additional decon may be necessary.



Complete decontamination of mustard victims is needed even if there are no immediate signs or symptoms, since onset of symptoms may be delayed for several hours. Body crevices and warm, moist areas are very susceptible to effects of mustard—decon these carefully.



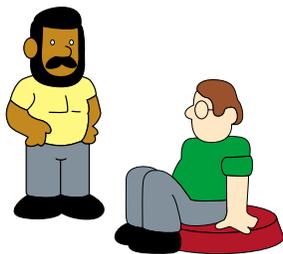
7. Following confirmation of successful decon, person should proceed to an area designated for first aid and re-dress. Attendants will monitor or treat any injuries and provide replacement clothing (disposable paper garments and booties or clean used clothing from Goodwill, Salvation Army, etc.).
8. The person should then be directed to holding area for observation of agent exposure symptoms. Decontaminated persons should generally be kept separate from uncontaminated persons; however, in some cases uncontaminated persons, such as a parent, may join decontaminated dependents. Observe nerve agent victims for at least 30 minutes and mustard victims for 4 to 6 hours before releasing from observation area.

9. Each person undergoing decon at station should be marked by casualty tag, hospital bracelet, or by writing directly on chest or forehead with indelible marker, with indication of specific treatment, decon, and completion time.

10. Each person processed through station should also be provided with certificate indicating
 - description of decon actions taken,
 - time decon completed,
 - time person released from observation area, and
 - description of any medical treatment administered in conjunction with decon.



Decon station personnel should also retain copy of certificate.



SELF AND BUDDY DECONTAMINATION



When decontaminating people who may have been exposed to a chemical agent, there are two important criteria: **DO IT FAST** and **DO IT RIGHT!** The presence of chemical agent on a person's skin, hair, or clothing is often not readily apparent. **Personal decontamination must be undertaken immediately if health consequences are to be minimized.** Anything you can do within minutes to quickly reduce the amount of agent contamination on your own or your buddy's body is far better than waiting to be "officially" decontaminated by special decon personnel. Effective decon is critical not only in minimizing the adverse health effects to the exposed person but also in preventing the spread of agent contamination to other people or objects.

With possible chemical agent exposure you must (1) **remove people from the environment** containing the agent, and (2) **remove the agent from the people** by getting the agent off the individuals and neutralizing what is already on the skin at the same time. Self and Buddy Decon, as the name implies, means that a person decons him/herself or teams up with another and the two decon each other. Buddy Decon is best because it is easier and allows for more thorough rinsing of places that are difficult to reach by oneself (back, buttocks and back of legs).



1. Before decontaminating, remove all clothing and other items from contact with the body. Contaminated clothing normally removed over the head should be cut off. Decon hands using undiluted household bleach. Remove eyeglasses or contact lenses. Use contact lens removers if available. If you or your buddy can't safely evacuate without eyeglasses, eyeglasses may be expediently decontaminated by soaking them in undiluted household bleach for 5 minutes and rinsing thoroughly with plain water.
2. Before decontaminating, remove all items from contact with the body. Include hearing aids, artificial limbs, jewelry, watches, toupees, wigs, etc. Place into plastic bags. If an artificial limb is required to evacuate, remove it, wipe it down with bleach, allow it to air for 5 minutes or longer, rinse it with clean water, and reattach it. Place any artificial limbs not required for evacuation in plastic bags. Carry only critical items such as eyeglasses or artificial limbs to the decon station.





3. Flush eyes with lots of lukewarm water.



4. Gently wash face and hair with soap and lukewarm water; then thoroughly rinse with lukewarm water.

5. Decon other body surfaces likely to have been contaminated:



—Use undiluted household bleach followed by a clear-water rinse.

Blot (not swab or wipe) with a cloth soaked in undiluted household bleach; then wash with lukewarm soapy water and rinse with clear lukewarm water.

—**In the absence of bleach, wash with lots of lukewarm soapy water and rinse with clear lukewarm water.**

—If mustard exposure is suspected, body crevices and warm, moist areas such as underarms should be deconned carefully.

6. Change into uncontaminated clothing. Clothing stored in drawers or closets is likely to be uncontaminated. Place contaminated items in plastic bags.



7. Proceed to the nearest decon station, carrying only critical items (in clean plastic bag).

