CITY OF LOVELAND
FIRE AND RESCUE DEPARTMENT
410 E. Fifth Street • Loveland, Colorado 80537
(970) 962-2471 • FAX (970) 962-2912 • TDD (970) 663-5144

EMERGENCY DECONTAMINATION (1.1)

Presented by Engineer Shelby Vrem
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- NPFA 472

TASK SKILL DESCRIPTION AND DETAIL

Emergency decontamination is used in potentially life threatening situations to rapidly remove most of the contaminants from an individual, regardless of a formal decontamination corridor.

Emergency decontamination usually involves removing contaminated clothing and dousing the victim with flooding quantities of water. If a decontamination corridor has not yet been established, isolate the exposed victims in a contained area and establish an emergency decontamination area. Do not allow the water runoff to flow into drains, streams, or ponds; try to divert it into an area where it can be treated and/or disposed of later. Do not delay decontamination; human life always comes first.

Steps in Emergency Decontamination

1. Identify the contaminated person.
2. Remove contaminated person from the threatened area.
3. Remove contaminated person's helmet and flood victim with water (see Figure 1).

Figure 1

4. Remove contaminated person's SCBA leaving the mask in place (see Figure 2)

Figure 2

5. Remove contaminated person's clothing while maintaining continuous washing (see Figure 3).

   a. Remove coat.
   b. Remove pants
   c. Remove flash hoods
   d. Remove SCBA mask

Figure 3

6. Remove victim to clean area.
7. Inform medical personnel of contaminant.

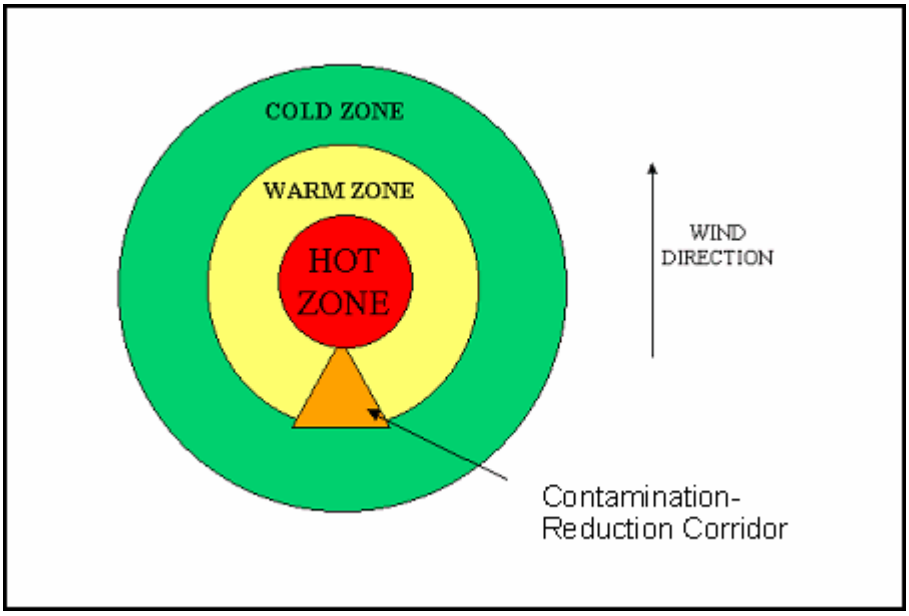

Figure 4

Steps in decontaminating ambulatory patients

1. Direct patients by voice, PA system amplification, and/or hand signals to the gross decontamination area inside the hot zone but away from the high-risk areas (see Figure 4).
2. Direct patients to remove their clothing down to their underwear.
3. Place the patient's clothing in trash barrels whenever possible, separating valuable personal effects into clear plastic bags, and placing the patient's name or a unique identifying number on the bags whenever possible.
4. Vacuum, brush, or wipe all particulate matter off the contaminated patients.
5. Have patients close their mouth and eyes.
6. Using handheld sprayers containing tepid water and/or a diluted bleach solution, rinse the patient from head to toe for 1 minute.
7. Scan the patient with detection equipment and report the results to the treatment team if a radiologic agent is involved.
8. Direct patients to proceed to the cold zone (see Figure 4).

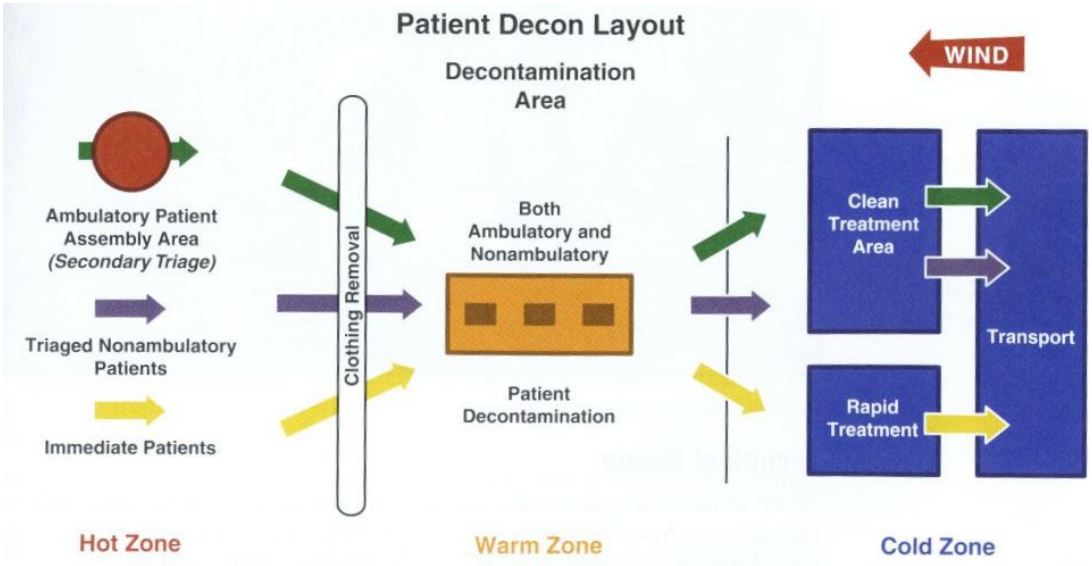

Figure 5

Steps in decontaminating non ambulatory patients

1. Remove the person from the high-risk area in the quickest way possible and carry the patient to the edge of the hot zone bordering the warm zone (see Figure 5).
2. Remove the patient's clothing, cutting it off as necessary, down to the underwear.
3. Place the patient's clothes in a trash barrel, separating personal effects into clear plastic bags and placing the patient's name or a unique identifying number on the bags whenever possible.
4. Vacuum, brush, or wipe off all particulate matter from the patient.
5. Close the patient's mouth and pinch the nose shut if the patient cannot do so.
6. Using the handheld sprayer or hose line, rinse the patient with tepid water for 1 minute, beginning with the face and airway and proceeding to open wounds. Follow by head-to-toe rinsing in a systematic fashion.
7. Ensure that the armpits, genitalia, and the back are rinsed.
8. Rinse the backboard before transferring the patient to the cold zone, unless switching to clean basin.
9. Apply a C-collar as soon as possible if a C-spine injury is suspected and a collar is available
10. Determine whether secondary decontamination will be done. If not, carry the patient into a decontamination alley to be quickly dried, covered, wrapped in an enclosing blanket, and then carried to the cold zone on a backboard.
11. Scan the patient with detection equipment and report the results to the treatment team if a radiologic agent is involved.
12. Transfer the patient to properly protected cold-zone personnel who will perform indicated patient care (see Figure 5).

Advantages

- Requires minimal equipment(usually just a water source such as a hose line)
- Reduces contamination quickly
- Does not require a formal contamination reduction corridor or decontamination process

Limitations

- Creates contaminated runoff that can harm the environment and other exposures
- Does not always totally decontaminate the victim

TASK SKILL INSTRUCTIONAL REQUIREMENTS AND IMPLEMENTATION

- GOAL
- MAY BE NECESSARY FOR VICTIMS AND RESCUERS
- VICTIMS MAY NEED IMMEDIATE MEDICAL TREATMENT
- SEVERAL SITUATIONS IN WHICH IT MAY BE NEEDED
- QUICK FIX
- REMOVAL OF ALL CONTAMINANTS MAY NOT OCCUR
- CAN HARM ENVIRONMENT
- PROCEDURES MAY DIFFER DEPENDING ON CIRCUMSTANCES/HAZARDS PRESENT

REFERENCE INFORMATION

Hazardous Materials for First Responders, 3rd ed., pp. 379-380
IFSTA Essentials 5th Edition-Chapter 23