General Decon Guideline

Inclusion

Suspected contamination

Exclusion

Those with the triage category of black/dead may require decon; however, their decon should not be performed emergently.

Tox-Medic™

Pre-Decon

Initial Care

- Evaluate ABCs & perform the following, if indicated:
  - Massive Hemorrhage Control
    - Direct pressure
    - Tourniquet
  - Open Airway
    - Head tilt/jaw thrust
    - Insert OPA or NPA
  - Bag-valve-mask Ventilation
  - Tension Pneumothorax
    - Approved decompression method
  - Antidote Autoinjectors
  - Spinal Motion Restriction

Decon

Chemical Incidents

Skin
Use Dry-Wet-Dry™ with soap & tepid water for 3 minutes.
Acids & bases should be irrigated until wound pH = 7.
Break chemical burn blisters, unless caused by sulfur mustard.

Eyes
Irrigate for at least 20 minutes, ideally continue during transport, if resources allow. Acids & bases should be irrigated until eye pH = 7.

Biological Incidents

Skin
Generally, not necessary & may be done at home by patient

Eyes
Generally, not indicated

Radiation & Nuclear Incidents

Patient treatment takes priority over decon.
Use a detector to locate contaminants.

Medically Stable Patients:
Dry: Remove contaminated clothing & roll contamination up within clothing. Remove powders with microfiber towels or lint-removing adhesive rollers.
Wet: Identify skin contaminants, use moist gauze, gently wipe until detector reads ≤ 2x the background radiation level. Avoid skin irritation.
Dry: Use non-abrasive material.

Special Note:

Air medical transport is relatively contraindicated prior to decon.

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