General Decon Guideline

Inclusion

Suspected contamination

Exclusion

Those with the triage category of black/dead may require decon.
However, this decon should not be performed emergently.

Tox-Medic™

Pre-Decon

Initial Care

- Evaluate ABCs & perform the following, if indicated:
    - Massive Hemorrhage Control
        - Tourniquet
        - Compressive dressing
    - Open Airway
        - Head tilt/jaw thrust
        - Insert OPA or NPA
        - Supraglottic devices are usually preferred to endotracheal intubation
    - Tension Pneumothorax
        - Needle decompression
    - 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 would pH = 7.

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 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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