

**PRIMARY RESPONSE INCIDENT SCENE MANAGEMENT (PRISM):
GUIDANCE FOR THE OPERATIONAL RESPONSE TO CHEMICAL INCIDENTS**



**VOLUME 3: OPERATIONAL GUIDANCE FOR MASS
CASUALTY DISROBE AND DECONTAMINATION**

Second Edition

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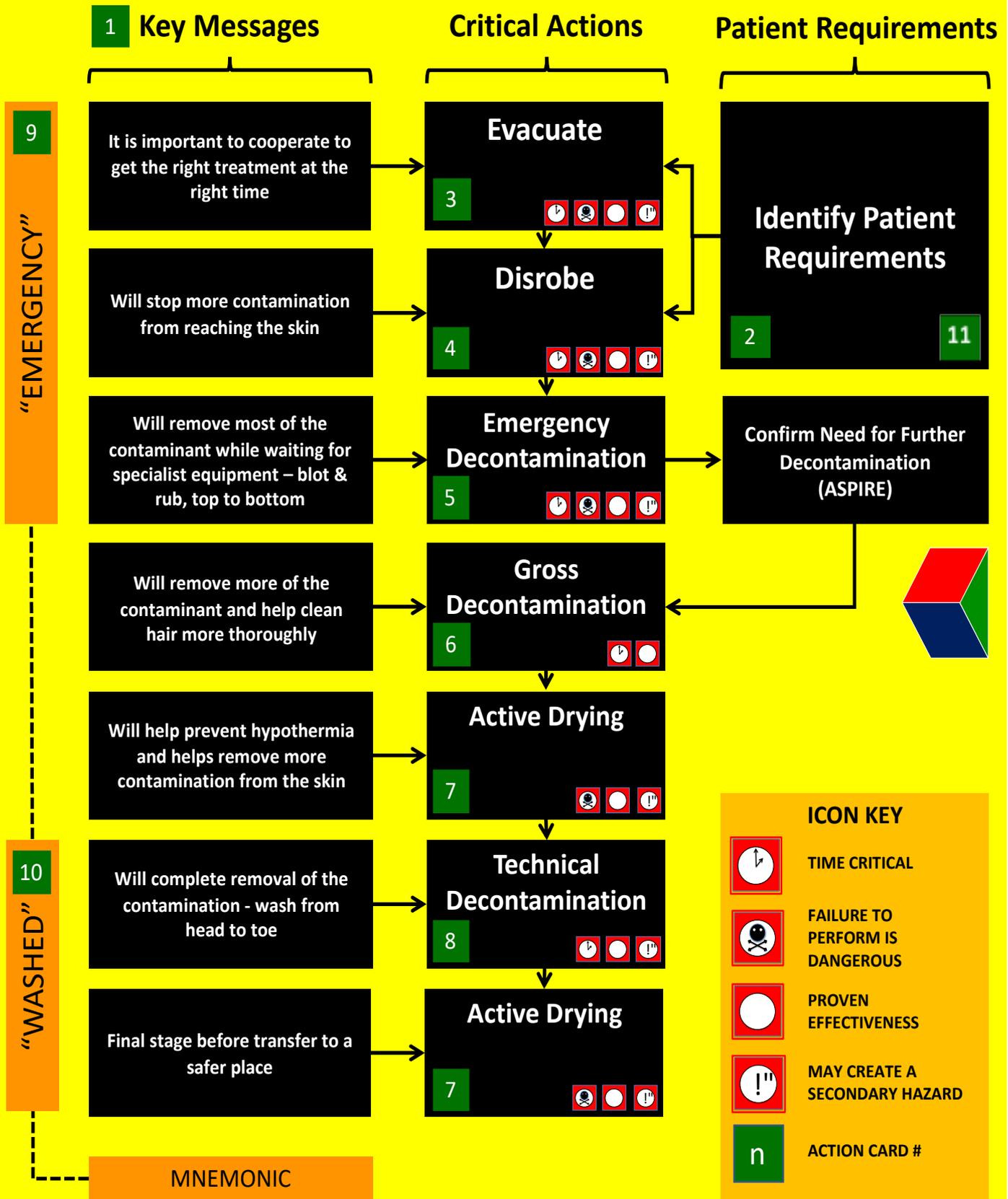
PRISM GUIDANCE – VOLUME 3

Second Edition

This document provides an at-a-glance summary of the PRISM incident response guidance. Practical details and further information can be found in PRISM Volume II. Comprehensive details of the incident response process are provided in Volume I.



PRISM – SUMMARY CHART



- **Patients need to cooperate with first responders in order to get the best possible care.**
- **Explain that patients who do not cooperate will put others' lives at risk.**
- **Be open and honest about what is known about the incident and what actions are being taken to resolve the situation.**
- **Use loudspeakers if available.**
- **Practical demonstrations and/or body gestures may be useful for explaining disrobe and decontamination stages.**
- **Provide pictorial instructions if available.**

- **Identify & categorize patient requirements (C1, C2 or C3) as soon as practically possible.**
- **Ask individuals if they require assistance to complete patient-focused actions.**
- **Do not delay C1 or C2 patient-focused actions while awaiting arrival of specialist resources.**
- **Establish a non-ambulatory pathway for C3 patients as soon as practically possible.**
- **Use the on-line ASPIRE decision-aiding tool or “Ready-Reckoner” to establish appropriate and proportionate patient-focused actions before committing to LPS or Technical decontamination**



- **Take control and maintain effective communication.**
- **Move patients from the hot zone as soon as possible, preferably to a sheltered (external) area away from strong winds and rain.**
- **If evacuation is inappropriate, encourage patients to shelter in place.**
- **The distance between the hot and warm zones needs to be sufficient to ensure the safety of patients but not so far as to adversely impact operational effectiveness or implementation of patient-focused actions.**
- **The evacuation point should ideally be uphill and upwind from the hot zone.**

- **Remove clothing as soon as practically possible following exposure.**
- **Do not allow patients to undertake any form of decontamination until disrobe has been adequately achieved.**
- **Try to preserve patients' privacy & dignity.**
- **Disrobing will immediately reduce exposure, decrease the risk of secondary contamination and may improve the willingness of patients to remain at the scene of the incident.**
- **Focus on compliant patients before dealing with individuals who refuse to cooperate.**



- Emergency decontamination is time critical – do not delay.
- Ensure patients have adequately disrobed.
- Use DRY decontamination unless contaminant is corrosive or in powder form
- Constantly provide instructions and communicate with patients to emphasize clinical benefits. REPEAT process until specialist resources arrive.
- Focus on compliant patients before dealing with individuals who refuse to cooperate.

- If required, LPS decontamination is time critical – establish a corridor as soon as practically possible.
- Ensure patients have fully disrobed: do not allow clothed individuals to undergo LPS decontamination.
- Patients should enter the LPS corridor and rub themselves from top to bottom, concentrating on areas most likely to be contaminated (e.g. hair/head, face, neck, hands).
- Patient should be encouraged to remain in LPS corridor for at least 15 seconds.
- Focus on compliant patients before dealing with individuals who refuse to cooperate.



- Active drying represents a critical stage in the decontamination process and so it is essential that towels or other suitable materials are available to patients following wet decontamination procedures.
- Following any form of wet decontamination, provide towel or any available absorbent material.
- Dry from top to bottom. Tilt head back when drying hair.
- Used drying materials should be treated as hazardous waste.

- Focus on compliant patients before dealing with individuals who refuse to cooperate.
- Ensure all patients have disrobed.
- The optimized parameters for technical decontamination include a shower water temperature of 35–40°C (95–104°F), duration of 60–90 seconds (maximum), addition of mild detergent to the shower water and the provision of a washcloth for each patient.
- C1 and C2 Patients should be instructed to wash from head to toe. C3 patients should be treated by trained first responders using the non-ambulatory technical decontamination protocol.
- All patients should actively dry following decontamination.
- Be aware of the potential for the accumulation of vapor within technical decontamination units and the hazard arising from used washcloths.



- E** Evacuate if safe to do so or shelter in place.
- M** Move patients to a safe distance (ideally uphill and upwind) preferably in a sheltered (external) area away from strong winds and rain.
- E** Engage with patients at all times to communicate what is known/not known about the incident and how following instructions and advice will be potentially life-saving.
- R** Remove as much clothing.
- G** Give any readily available absorbent material to the patients.
- E** Establish dry decontamination on all C1 and C2 patients as soon as possible using the 10:10 method. Repeat the entire process several times if possible.
- N** Note the development of any signs and symptoms. Begin triage to identify priority patients.
- C** Communicate constantly with patients to encourage cooperation and reassurance. Confirm to the patients that advanced medical assistance is on its way.
- Y** Yards not inches: Maintain a safe distance from patients at all times, but close enough so that they can hear instructions.



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“WASHED” AIDE MEMOIRE

W

Warm Water: shower water temperature should be between 35°C (95°F) and 40°C (104°F) to ensure optimal removal of contaminants.

A

Aid: the use of a washing aid (e.g., washcloth or sponge) will improve the removal of contamination by 20% during the showering process.

S

Soap: The use of a detergent has been shown to assist decontamination of lipophilic (oily) substances.

H

Head to toe: Instruct patients to wash from the top of the head down to their feet.

E

Expedite: In order to avoid the “wash-in” effect (which can enhance dermal absorption of certain contaminants), shower for no longer than 90 seconds.

D

Drying: active drying with a towel or other appropriate material is a critical step for removing many chemical contaminants.

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PATIENT CATEGORIZATION

| Category | Definition | Response Pathway |
|-----------|---|-----------------------|
| C1 | Patients who are able to understand instructions and perform activities without assistance. | STANDARD |
| C2 | Patients who are either unable to understand instructions or unable to perform activities without accommodations or assistance. | |
| C3 | Patients who are unresponsive, have life-threatening injuries or require extensive accommodations or assistance. | NON-AMBULATORY |

