DCEHC Acute Care Facilities Decontamination Planning Template

I. Introduction
   A. The 2011-12 DCEHC HVA reinforces the threat of a hazardous material incident occurring in the District Columbia.
   B. This template is intended to assist acute care facilities prepare and respond to a hazardous material incident by providing a comprehensive planning template.
   C. This planning template is intended to be a guidance document and does not obligate any facility to comply with its content.
   D. Utilization of the template by acute care facilities in the city will help to promote the ability of hospitals to assist on another as well as coordination assistance from the Department of Health and the DC Emergency Healthcare Coalition itself.

II. Definitions
   A. Hazardous material
      - A chemical, radioactive or biological agent that poses a health threat to a person(s)
   B. Secondary contamination
      - A hazardous material poses a continuing ill effect on the patient, treating first responders and first receivers as well as the treatment environment and necessitating medical decontamination to minimize further danger.
   C. Medical (Patient) Decontamination
      - The disrobing of a patient followed by the systematic washing with soap and water or other suitable product (i.e. baby wipes, etc.) to remove a hazardous material
   D. Technical Decontamination
      - The systematic washing using soap and water of first responders/first receivers wearing personal protective equipment before removal (doffing).
   E. Emergency Decontamination
      - The rapid rinsing of first receiver/first responders encountering some type of in suit emergency before being removing the individual and tending to the emergency.
   F. Personal Protective Equipment (PPE)
      - The ensemble of respiratory and skin protection worn by decontamination team personnel.
      - Level C attire, which is recommended by OSHA, will normally be worn for chemical related incidents.
   G. Waste water (rinsate) – the contaminated water created by the decon process

III. Incident Command

A. Positions

1. An incident command system (ICS) shall be utilized to manage a hazardous material incident.
2. The ICS positions activated shall be consistent with the requirements to manage the situation and the availability of trained personnel to respond.
3. The hazmat positions tasked with managing the incident may include:
   a. Hazardous Material Branch Director – manages the Branch activities
   b. Patient Decon Unit Leader – manages the actual decon of patients
   c. Medical Monitoring/Surveillance Unit Leader – manages the pre/post
   d. Decon Unit Leader – manages the set up and operation of the decon sector

B. Tools

Each ICS position should have the following to perform their role:

1. Job Action Sheet (JAS)
2. Command vest
3. Radio

C. Integration w/ DCFEMS/ mutual aid assistance

The utilization of the ICS positions outlined above will assist with the integration of DCFEMS or other regional fire department/hazmat teams into hospital decon operations if their assistance is needed.

IV. Decon Facility

A. Facility designation

1. The hospital will designate an identified area(s)to perform decontamination. The area may be:
   a. Internal
      - Designated shower (s) inside a fixed facility
   b. External
      - Designated outside area that may be tent(s), trailer or open air shower with modesty curtain
2. The decon area will have suitable identification (fixed or portable signage) and a perimeter barrier that clearly outlines safe and unsafe areas.
3. How each area of the decon corridor is set up should be outlined (illustration may also be used)

B. Facility design

1. Through put
   a. Triage

i. Outline how patients will be triaged (prioritized) for decon (immediate vs. delayed) by a suitably protected Triage Team
   - The composition of the Triage Team will be defined – MD /RN, MD or RN only, paramedic etc.

ii. Use of triage tags should be outlined (if they will be made available:
   a) Indicate triage priority
   b) Can be used to document preliminary care /antidote administration
   c) Outline how tag should be used
   d) Discuss how tags already put on by FEMS should be reviewed and used

b. Ambulatory (walking) patients
   i. How area
   ii. Facility should define the process for removal then bag/tag and collecting personal belongings (see Attachment 1 for sample) from patients able to walk and decon themselves.
   iii. The rinse – wash – rinse – dry off – redress patient decon process should be described including suggested time for persistent and non persistent agents (see Attachment 1 for sample)
   iv. Supervision of the decon process by assigned Decon Team personnel should be outlined
   v. Availability of signage or CD messaging that provide decon instructions should be described if it will be used.

c. Non - ambulatory patients
   i. Facility should define the process for removal then bag/tag and collecting personal belongings (see Attachment 1 for sample) from patients not able to walk and be deconned.
   ii. The rinse – wash – rinse – dry off – redress patient decon process should be described including suggested time for persistent and non persistent agents (see Attachment 1 for sample)
   iii. Conduction of the decon process by assigned Decon Team personnel should be outlined.

2. Technical /emergency corridor
   a. The location and set up of the designated area should be described. Could be:
      i. Separate area from patient decon activity
      ii. Worked into ambulatory patient decon corridor

b. The rinse -wash - rinse procedure for cleaning Decon Team members in PPE should be described
c. The location where Technical Decon is to be performed should be outlined.

3. Decon Equipment and Supplies
   a. **Barrels/ scissors –** item used to remove clothing of non ambulatory patients and where to place them after being bagged and tagged
      - Barrels can also be used collect used dressings/bandages and other trash
   b. Brushes/sponges
      i. Soft bristle – used for cleaning patients
      ii. **Hard bristle –** used for conducting technical decon
      iii. **Sponges -** used for cleaning patients in lieu of or in addition to soft bristle brushes
   c. **Buckets –** used in non-ambulatory area to hold soap /water and brushes
   d. Soap – bars of soap for ambulatory patient and liquid soap mixed in water for non ambulatory patients
      i. Liquid soap is mixed in 2parts water and 1 part soap
      ii. Liquid soap can be dish soap or baby soap
   e. **Water** – preferable it be temperature controlled water; recommended range is 92-95 degrees
   f. **Lighting -** the methods for nighttime lighting should be outlined and may include:
      i. Fixed lighting
      ii. Portable lighting
      iii. Headlamps
   g. Bullhorn/PA System/CD Player – used for giving instructions **to** patients
   h. **Stretchers –** used to move non ambulatory patients from point to point; may also be placed in non ambulatory corridor for patients to be placed on for washing
4. Medical Equipment /supplies needed
   a. The equipment to be deployed in the Decon Sector should be listed
   b. Designated quantities, location and use should be outlined and include:
      i. **Bag/tag kits** – for collecting and identifying each patient's personal effects
      ii. **Patient redress kits** – the supplies to be given to patients to wash themselves and then dry off and redress

iii. **BLS Medical supplies -** basic items used for providing medical care during decon effort as warranted. Includes but not limited to:
   a) Oxygen /masks
   b) BVM /OP airway
   c) Dressing /bandages (5x9. 10x36 kling etc)
   d) Chux (cover clean wounds and prevent contamination during remaining
   e) Splint materials

c. Antidotes
   i. If they are to be made available they should be listed
   ii. Adult and pediatric dosages and administration instructions should be included
   iii. Needed accompanying equipment and supplies should be listed
   iv. How administration is to be documented should be described (i.e. on triage tag, on forehead etc.)

B. Facility requirements
   1. The following support items for the decon environment should be described if they will be available:
      a. Heating
      b. Air conditioning
      c. Portable fans
   2. Where they are placed and how they are operated should be outlined along with who handles this responsibility (i.e. Decon Unit Leader, facility management personnel etc.)

C. Waste water control
   1. The method(s) that wastewater will be managed should be outlined. They may include
   2. Types
      a. Above ground basin(s) placed in each decon area and periodically pumped out by sump pump into bladder or other suitable container
      b. Below ground storage containers – outline their number, placement and size
      c. Sewer/sanitation drainage – include notifying DC Water Authority if waste water being allowed to run into sewer or storm system
   3. Vendor support – describe what vendor are is to be contacted for pick up of waste water and their contact information

II. Personal Protective Equipment (PPE)

A. Describe the storage location and use of each of the following:
   1. Powered Air Purifying Respirators (PAPRs)

2. Air purification canisters – type available
3. Suite ensembles (including suits gloves boots)

B. Donning and doffing procedures for proper use of PPE should be outlined (see Attachment 2 as sample)
C. Outline how personnel will be sized for proper PPE

III. Radiation Incidents

A. Address the use of the following items for radiation related incidents
   1. Portable detectors – type and set up location
   2. Radiation detection- type (fixed and portable) and location
   3. Personal dosimeters - use and reading procedure
B. If they are to be utilized describe radiation safety personnel
   1. Role
   2. Alert and notification
C. Outline revised decontamination process to be used

IV. Training

A. Why having decontamination capability is important
   1. Cite the contribution of the facility HVA and DCEHC HVA as the reason why having a decon capability is important
   2. Refer to the Joint Commission expectation regarding Emergency Department being able to handle patients involved with hazardous material incidents
   3. Refer to public expectation that an Emergency Department can manage any type of emergency and staff expect to be appropriately trained and protected to meet patient care needs
   4. Allude to the success of a decon program is dependent on administration recognition of its obligation for the facility to be prepared for this type of incident and provide needed operational and fiscal support.
B. Team selection /composition
   1. Describe how decon team members will be recruited and selected
      a. Marketing frequency and format
      b. Qualifying requirements (i.e. Class A physical, cleared by Human Resources etc)
      c. Who is involved in selection process
      d. Reimbursement practices
   2. Describe who will be solicited to serve on the Decon Team
C. Training requirements
   1. Orientation training
      a. Describe the content and hours of education to be provided

b. List how the information will be presented (video, classroom etc.)

2. Sustainment training
   a. Describe frequency, type, and length of annual training to be completed
   b. Outline how it will be provided (i.e. video, hands on etc.)
   c. Outline attendance expectations and consequences for failure to comply
3. Incident command
   - Describe what additional training will be provided for personnel assigned to hold ICS positions (type/hours etc)

D. Training materials
   - Describe what materials are trained personnel to be given and expected to maintain
     a. Binder w/ polices /procedures
     b. Team apparel

V. Operations

A. Alert and notification
   - Outline:
     a. Who makes the decision to activate a Code
        - List any applicable criteria for decision making
     b. Outline how a Code is called
     c. Indicate who notifies off site team members
     d. Calls made to DC Water Authority

B. References
   1. Indicate who will be responsible for doing product research
   2. Refer to use of intranet based programs (i.e. CHEMM, REMM, Wiser, Toxnet) to conduct research on threat
   3. List Poison Center number for assistance
   4. List any text references that mat be available for use i.e. (Emergency Response Guide,

C. System set up
   1. Describe who will set up the decon corridor (team members facility management etc)
   2. Outline how it will be set up (can include illustration)
      a. Ambulatory corridor
      b. Non ambulatory corridor
      c. Technical/emergency decon corridor
      d. Outline Daytime vs. nighttime differences

D. Medical Surveillance
   1. Detail who will be responsible
   2. Outline where equipment is kept (BP cuff, stethoscope, POX, scale, thermometer surveillance forms)
   3. Review documentation expectations

a. During the incident
b. After the incident
c. Post incident medical evaluation

4. Outline inclusion /exclusion criteria

E. Incident command
1. Detail who makes appointments
2. Indicate where equipment is kept (vests, JAS , radios etc)
3. Indicate how positions will communicate with one another (radio, phone etc)

F. Security
- Detail:
1. How many are assigned
2. Where they are stationed
3. How are they protected (PPE)
4. Weapons policy (if applicable)

G. Triage
1. Discuss:
a. Who is assigned
b. Where are they located
c. Tools/equipment they are to use
d. Process to be employed in performing triage(i.e. START)
e. Use of triage tag if applicable
2. Identification
- How will they be identified (i.e.. arm band vest etc)

H. Patient Registration
- Outline :
1. Who does it
2. Where is it done
3. Equipment needed
4. Process to be followed

I. Patient valuable management
1. Discuss
a. Needed equipment location
b. Collection process of bag tag and securing
2. Security
a. Role in securing patient valuables
b. Role in securing police weapons
3. Chain of Custody
- Discuss process for valuable collection and security when incident is result of deliberate act and personal effects must be properly obtained and secured at all times
4. Return of patient valuables
a. Discuss who decides if personal effects can be returned to patient (i.e. Hazmat Branch Director, Safety Officer, DC Hazmat , EPA etc)

   b. Describe what instructions may be given to patients with returned valuables (i.e. cleaning instructions)

J. Patient decon
   1. Stress sequence is airway >open wounds then head to toe front and back
   2. Mention that patients can assist one another including parents doing kids
   3. Stress that for mass decon patients may double up on shower heads
   4. Ambulatory
      a. Outline steps for deconnning walking patients (adult and pediatric)
      b. Staff supervise patients efforts
   5. Non ambulatory
      a. Outline steps for deconning non walking patients (adult and pediatric)
      b. Staff doing actual decon
      c. Mention need to clean board/stretcher patient is lying on
   6. Patients w/ special needs
      - Discuss what will be done for patients with special needs (patients with PIC lines, colostomies, police officers etc.)
   7. Clean team transfer
      a. Outline after toweling off and after redressing where patients go
      b. Discuss how non ambulatory patients are transferred
   8. Address how often decon equipment/supplies will be changed out during decon response (i.e every 10 patients etc)

K. Patient care
   1. Describe what basic care may be provided to a patient while undergoing decon
   2. Indicate when and what and how antidotes may be given
   3. Indicate how patient care will be documented

L. Staff rotation
   1. Review process for how work periods will be established for team members (temperature, humidity, wins speed, intensity level of work being done etc.)
   2. Outline team member supplementation (calling in from home etc.)

M. Managing abandoned vehicles
   1. Describe how abandoned contaminated personal vehicles will be managed (i.e. moved by protected security personnel, police, tow truck etc)
   2. Discuss deconnning EMS vehicles if needed

N. Integration w/ Fire/EMS

- Discuss how DCFEMS or other Fire Department personnel can be incorporated into team operations

O. Technical decon
   1. Outline process
   2. Review who maintains area

P. Emergency decon
   1. Outline process
   2. Review emergency signal(s) to be used by personal to indicate a problem

VI. Demobilization /system restoration

Describe:

A. Who makes decision
B. How is decision announced
C. Clean up process
D. What is done w/ PPE
   1. Suits /gloves
   2. PAPRs
   3. Boots
   4. Dosimeters
   5. Vests
E. What is done w/ rinsate
F. What post incident medical surveillance must be done
   1. Who does it
   2. Archiving of health data
G. Repairing/Replacing equipment/supplies
H. AAR process
   1. Facility
   2. DCEHC
   3. Other

VII. Appendices

A. OSHA First Receiver Document
B. DC COG Hazmat Document
C. Attachment 1 –DC WASA Letter
D. Attachment 2 – Decon Reference List

DCEHC Acute Care Facilities Decontamination Planning Template

Attachment 1 – DC WASA

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY

5000 OVERLOOK AVENUE, S.W., WASHINGTON, D.C. 20032

July 11, 2012

Vonda Dickson
District of Columbia Hospital Association
1152 15th Street, NW, Suite 900
Washington, DC 20005

Re: Decontamination Shower Discharges to the Sanitary Sewer

Dear Ms. Dickson:

The purpose of this letter is to convey the policy of the District of Columbia Water and Sewer Authority (DC Water) with respect to decontamination shower discharges to the sanitary sewer.

General Policy

DC Water will accept discharges to the sanitary sewer from decontamination showers if the discharge meets DC Water pretreatment standards and prohibitions. Because it is critical that we protect our collection system and the treatment plant, we are requiring a containment tank on the shower discharge (for new decontamination shower installations) so that water can be analyzed, if necessary, to determine the proper disposal method. When decontamination showers are not in use, the containment tank shall be in the "off" position so that any water entering the tank is contained and not directly discharged to the DC Water sanitary sewer.

If mass decontamination is occurring and efforts to contain the rinse water by pumping to extra containment devices and contract hauling is not feasible or effective and there is no way to contain the large volumes of rinse water generated, then the decontamination water may be immediately discharged to the sanitary sewer.

Notification Requirements

For planned discharges where water has been contained, contact the Pretreatment Supervisor at **202-787-4177** prior to discharge to discuss the waste characteristics and volume of water in order to obtain approval to discharge to the DC Water sanitary sewer. Analysis of the discharge may be requested to further characterize the water to determine if DC Water pretreatment standards and prohibitions are met.

For emergency discharges where water cannot be contained and is directly discharged to DC Water, notify DC Water within 1-hour of commencing an emergency discharge (or as soon as reasonably possible). Notification shall be made by phoning **202-787-4177** (Pretreatment Supervisor) during normal business hours (Monday through Friday) or **202-612-3400** (DC Water Call Center) at all other times and when the Pretreatment Supervisor is not directly available. Reported information shall include the nature of the contamination and estimated volume (to be) discharged.

Please share this policy with your members and contact me at 202-787-4177 if you have any comments or questions.

Sincerely,

Elaine Wilson
Pretreatment Supervisor

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Attachment 2 - DCEHC Decon Reference List

Intranet Addresses

Chemical - chemm – www.chemm.nlm.gov
Chemical - webWISER - www.webwiser.nlm. nih. gov
Chemical - Toxnet – www. toxnet nlm.nih.gov
Chemical - ATSDR - www.ATSDR.cdc.gov
Radiation - REMM –www.remm.nlm. nih.gov
General - www.bt.cdc.gov

Phone Numbers

Poison Center - 202-222-1222
CDC - 800-232- 4636
CHEMTREC -1-800-262-8200 /703-741-5500