

# Annex 8.5 Hazardous Materials Decontamination: Guidance for the Initial Management of Self-Presenters from Incidents Involving Hazardous Materials – HazMat/CBRNe

Standard Operating Procedures for an Initial Operational  
response (IOR), **if currently presented  
with a Hazard go to page 4 & KEY  
ADVICE NUMBERS PAGE 1**

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Review history	Full revision following new NHSE IOR guidance with clear links to PHS clinical advice and NHSE SOP and amended, simplified templates
Author	Andrew Thomas EPRR and Business Continuity Lead

**KEY CONTACT NUMBERS FOR ADVICE**

**PHE Chemical Hazards and Poisons Division 0844 892 0555**

**PHE Centre for Emergency Preparedness and Response 01980 612 100**

**National Imported Fever Service 0844 778 8990**

**PHE Centre for Infections 020 8200 4400**

**PHE National Poisons Information Service 0344 892 0111**

**PHE Radiation Protection Division, office hours 01235 831600 or non office hours**

**01235 834590**

**NAIR (National Arrangements for Incidents involving Radioactivity) RADSAFE 0800 834 153**

## Introduction

Experience from hazardous or potentially hazardous incidents demonstrates large numbers of people may leave the scene without first coming into contact with the responding emergency services. Later, because of developing symptoms, or as a result of widespread media coverage, they may self-present at any health facility displaying an NHS logo in search of treatment, advice and reassurance.

All healthcare facilities are therefore required to have arrangements in place to manage self-presenting patients.

## Scope

In the course on a day to day basis accidents happen that involve chemicals and people with chemicals on their skin or clothing may present at any primary or community health care facility seeking advice. The guidance contained in this document is relevant to both deliberate and accidental contamination of people who present to health care professionals.

As it is likely that in a major incident involving chemicals the emergency services will be fully committed primary and community care facilities should plan for unsupported management of self-presenters in the initial stages, obtain specialist advice and provide information to keep people calm whilst taking action to remove or neutralise as much of the chemical as possible and treating the patients symptoms.

A proportion of these people will not have been contaminated but are concerned about their possible exposure to toxic substances. However, some will have been exposed and may need initial treatment, and may retain a degree of contamination on their bodies or clothing, posing a risk to healthcare staff and any members of the public that they come in to contact with. Caustic material (acid) attacks, the Eastbourne gas cloud in 2017 and the Salisbury nerve agent incident in 2018 have demonstrated the importance of early intervention. The 'Remove, Remove, Remove' campaign details the importance of removal of clothes and prompt removal of the substance. These practical steps are aimed at public bystander first aid – but have equal importance at any healthcare facility.

The clinical management of a potentially contaminated patient is outside the scope of this document and is detailed in the CBRN Handbook published by Public Health England (PHE) and available through the link below

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/712888/Chemical\\_biological\\_radiological\\_and\\_nuclear\\_incidents\\_clinical\\_management\\_and\\_health\\_protection.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/712888/Chemical_biological_radiological_and_nuclear_incidents_clinical_management_and_health_protection.pdf)

## **Locality Preparation**

As part of the planning process, a detailed risk assessment should be carried out to identify local hazards, such as industrial premises and agricultural services. This assessment should be informed by the national and local risk registers. This will influence the development of local risk mitigation strategies related to the building environment, staff training and equipment needs.

The risk assessment should also take account of the need to protect healthcare facilities, staff members and uncontaminated patients and the provision of timely and appropriate care to people self-presenting from a HazMat/CBRNe incident.

Premises should be assessed to determine how the plan will be implemented. Local plans will need to consider how to isolate potentially contaminated patients from others and link to local lockdown arrangements.

These plans should be developed in consultation with landlords, facilities management, and other tenants, where applicable. It is prudent to identify areas of premises where Initial Operational Response (IOR) activities can take place. This would include access to clean running water and be considerate to patient modesty. Such areas could be marked with zones for patients to disrobe and then move to, making communication easier. An incident of this nature has the potential to be disruptive and may result in the affected premises being compromised for a period. The plan should therefore link to business continuity arrangements to mitigate this.

### **Equipment**

These arrangements and the Remove, Remove, Remove model do not require staff members to wear specialist protective equipment nor does it require specialist decontamination equipment for the patient to use. Instead the model utilises any absorbent material such as blue roll or paper towels which can be retrieved from most building's toilets or kitchen facilities.

### **Lockdown**

Lockdown is the process of preventing entry into and movement around buildings or areas, in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets.

Lockdown should be planned for and considered as part of a response to a HazMat incident to minimise the risk of contamination of the healthcare facility, staff, patients or members of the public.

It should be noted, however, that the Trust cannot physically prevent people from leaving its premises (even if the hazard or threat is outside the building which is locked down)

Lockdown is achieved through a combination of physical security measures and the appropriate deployment of security personnel (where available). The speed at which the assessment of need

## **Standard Operating Procedure for the initial operational response (IOR) of self-presenters from incidents involving hazardous materials (taken from official NHSE guidance).**

For the full document please follow the link <https://www.england.nhs.uk/publication/epr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/>

**Please print and display the poster on the last page of the above document in your MIU and NHS reception areas.**

A contaminated person may present at any healthcare setting or NHS branded building.

It is likely the first contact with a staff member will not be a clinician but a member of reception, The guidance in this section can be followed by all staff with little or no training and could make a significant positive impact upon a patient's outcome.

The information in this section is summarised on an action card. It is advisable to make this information and the action card available and visible to staff who are likely to have the first contact with a contaminated person.

The following signs may indicate a person is contaminated:

- Signs of powder, liquid or other contaminant on skin or clothing
- Coughing
- Sore, bloodshot or watering eyes
- Indicating they have been at an incident and may be contaminated

The above symptoms can be present in range of other conditions and as such staff may need to use intuition to recognise an incident has taken place. Further information which could help with the recognition of a contaminated person is listed below.

- Media reports of an incident
- Signs of an incident occurring – loud noises, smoke plume
- Numerous persons presenting with the same symptoms

- Emergency service activity in the area

The emergency services use a process called STEPS 1-2-3 plus. This process warns responders to be cautious of multiple patients in an area all displaying the same unexplained symptoms. This process is explained in detail in chapter 4.1 in section 1.

### Initial Response

If a contaminated patient presents at your facility you should immediately call for assistance from a colleague or supervisor.

Escalate the incident by asking the colleague to either call 999 for an ambulance or if your facility has an Emergency Department contact the Nurse in Charge for further advice.

Remain at a safe distance from the patient and, if available at your site, wear standard clinical gloves and a mask. Even if equipment is available ensure you do not approach or touch the patient.

Help those affected to follow the Remove, Remove, Remove process as detailed below:

1. Remove themselves... from the immediate area to avoid exposing others. Fresh air is important.

- If skin is itchy or painful find a water source

2. Remove outer clothing... if affected by the substance advise the person to:

- Avoid pulling clothing over the head, if possible
- Not eat, drink or smoke
- Not pull off clothing stuck to skin

3. Remove the substance... from the skin using a dry absorbent material to either soak it up or brush it off – for example blue roll or kitchen towel.

- Only rinse with water if the skin is itchy or painful.

Consider locking down the area by closing doors or using barrier tape to deter anyone else from entering vicinity.

### Local Escalation

Senior managers should be made aware of the incident and organisation's incident response plans should be enacted.

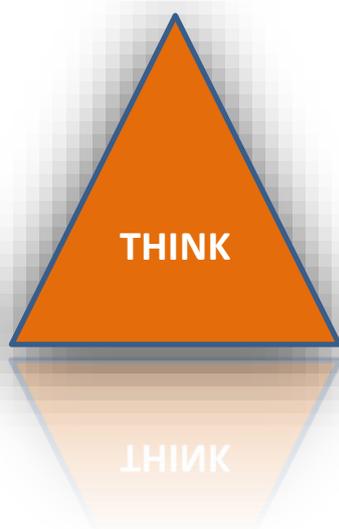
The incident should also be urgently escalated to commissioners through existing on-call routes. Business continuity plans will need to be enacted to ensure services are maintained for patients.

A training video showing the IOR process enacted at an acute trust is available through the following link:

Something unusual has happened  
**Which makes you suspicious**



**Think through the following  
steps 1-2-3**



<b>STEP 1</b> One casualty	Manage using normal protocols
<b>STEP 2</b> Two casualties with similar symptoms and no apparent cause	Manage with caution and consider risk to staff and other users
<b>STEP 3</b> Three or more casualties with similar symptoms and no apparent casue	Manage as an incident involving hazardouse materials: risk assess before intervening  Isolate and seek specialist help immediately

**IMMEDIATE CONTACT/LEAD  
PERSON**

INSERT NAME AND CONTACT DETAILS HERE

<h2 style="text-align: center;">Something unusual has happened</h2> <h3 style="text-align: center; color: red;">Which makes you suspicious</h3>	
<b>1</b>	<b>FOLLOW STEPS 1-2-3</b>
<b>2</b>	<b>ALERT PRIMARY/COMMUNITY CARE LEAD USING INTERNAL COMMUNICATION SYSTEM AND FOLLOW ANY ADVICE PROVIDED</b>
<b>3</b>	<b>AGREE WHO CALLS 999 FOR THE EMERGENCY SERVICES</b>
<b>4</b>	<b>CONSIDER YOURSELF AND OTHER CLOSE BY AS CONTAMINATED</b>
<b>5</b>	<b>LOCK DOWN RECEPTION AREA – SEE LOCALLY DEVELOPED LOCKDOWN PLAN</b>
<b>6</b>	<b>PREVENT OTHER STAFF FROM ENTERING RECEPTION AREA</b>
<b>7</b>	<b>DIRECT CONTAMINATED PATIENTS TO ISOLATION AREA</b>
<b>8</b>	<b>OPEN RESPONSE BOX</b> <b>A PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE) IF AVAILABLE<sup>1</sup></b> <b>B PUT UP PRE-PRINTED LAMINATED SIGNS<sup>2</sup></b>
<b>9</b>	<b>ADVISE ALL PATIENTS THAT HELP IS ON THE WAY</b>
<b>10</b>	<b>RECORD PATIENT DETAILS ON THE PATIENTS CONTACT TEMPLATE</b>
<b>11</b>	<b>WAIT FOR ASSISTANCE</b>
<b>12</b>	<b>KEEP PATIENTS INFORMED</b>
<b>13</b>	<b>FOLLOW SPECIALIST ADVICE PROVIDED BY THE EMERGENCY SERVICES OR PUBLIC HEALTH ENGLAND</b>

<sup>1</sup> Recommended Personal Protective Equipment for primary care settings is gloves, gown and surgical face mask.

<sup>2</sup> Templates are provided as part of this pack

## Aid memoire

Preparation for incidents involving hazardous materials

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<b>1<sup>ST</sup> – PREPARE THE BUILDING</b>		<b>TICK</b>
Identify an area where you can isolate people who self-present having been exposed to a hazardous material or substance		
Identify how you would lock-down areas to protect staff and patients		
Produce signage for front of building, entrance area, reception area and isolation room to inform patients on actions they should take		
Place preparation and response cards in reception and back office		
<b>2<sup>nd</sup> – PREPARE MANAGEMENT AND LOGISTICS</b>		<b>TICK</b>
Agree management arrangements with senior staff – who will be in charge?		
Prepare a response box to be held near reception containing;		
<b>A</b>	<b>Map</b> – a simple drawing of the layout of the building showing isolation area marked, doors to be locked or where signage to be placed	
<b>B</b>	<b>Laminated signage</b> – Clearly identifying where they should be placed	
<b>C</b>	<b>Action Cards</b> - Identifying who will do what, where and when	
<b>D</b>	<b>Pre-printed forms</b> – List of affected people, patient contact template	
<b>E</b>	<b>Personal protection and cleaning equipment</b> – Gloves, aprons, masks, tissues	
<b>F</b>	<b>Contact numbers</b> – Consider who you will need to inform and who can provide advice and guidance:	
	<b>Senior manager on call</b>	01743 454907
	<b>Local Accident and Emergency</b>	01743 261000
	<b>Public Health England</b>	0844 8920555
	<b>NHS E/I</b>	07623 515942 (pager)
Prepare a management pack containing copies of this guidance, other contact numbers, map/layout and pre-printed forms		
Consider staff welfare arrangements – see recovery details (section 5)		
<b>3<sup>rd</sup> PREPARE THE STAFF</b>		<b>TICK</b>
Ensure all staff, in particular front line staff, know how: to assess the risks, to lockdown the building, to obtain information and advice, to keep patients informed and who performs which role in the building		
Ensure all staff know where the response box is held and what it contains		
Ensure all staff are aware of procedures and protocols for assessment and treatment of contaminated staff or patients		
Ensure all staff are familiar with (and can access) business continuity plans for the building/service		

<b>OVERVIEW</b>	
<b>Aim</b>	For primary and community care facilities to be able to take necessary actions to prepare themselves for the consequences on an incident involving hazardous chemicals.
<b>Objectives</b>	To care for self-presenters,; to maintain staff safety; to recognise the role of front line 'first receivers' to maintain essential services; to return to normal business as soon as possible
<b>Why Prepare</b>	Following an incident where people have been exposed to hazardous materials many worried well and potentially contaminated people will self-present at primary and community care facilities without having been assessed or treated by emergency services at the scene. Evidence shows that frontline healthcare staff can suffer secondary contamination if they are not prepared for such incidents. <sup>3</sup>
<b>PRINCIPLES OF PREPAREDNESS FOR PRIMARY AND COMMUNITY CARE</b>	
<ul style="list-style-type: none"> <li>• Recognise unusual circumstances and be aware of the risks</li> <li>• Manage the incident and limit the spread of contamination</li> <li>• Give priority to minimising exposure and safety risks to staff</li> <li>• Provide care and information to patients</li> <li>• Communicate and obtain guidance from external agencies and other primary care facilities</li> <li>• Maintain business continuity and recover to normal business as early as possible</li> </ul>	
<b>KEY PREPARATION ACTIONS</b>	
<b>1<sup>ST</sup> PREPARE THE BUILDING</b>	
How do you lock down your facility to prevent people entering?	Produce a lock-down procedure with the reception area and train staff.
How to isolate people and limit the spread of contamination?	Identify an isolation area. Have signage ready. Train staff in isolation procedures
<b>2<sup>ND</sup> PREPARE MANAGEMENT AND LOGISTICS</b>	
How are you alerted to the risk?	Coordinate with NHS and health partners. Make sure that systems to alert you are correct and tested regularly
How to assess the risks to your staff and facility?	Train staff to understand the range of risks. Produce a quick reference checklist Further support from PHE or Emergency Planning Officer
How to manage the incident	Identify who will be in charge. Produce an action card for the incident manager. Train staff and conduct exercises.
How to cascade alerts and information?	Produce a contact list for external agencies and primary care organisations. Test alerts regularly.
Who to contact for advice and guidance?	Produce a contact list of who can provide you with advice and guidance. Ensure that you know how to contact your local PHE office where further advice will be given at the time.
How to continue to continue business as normal?	Maintain current and tested business continuity plan
<b>3<sup>RD</sup> PREPARE STAFF</b>	
How to prepare front line staff to be aware of & recognise risks	Train staff in the STEP 1-2-3 safety code previously described
How to prepare back-office staff to support front line staff and manage these incidents	Train staff in how to support front line staff
How to minimise exposure and keep staff safe	Train frontline staff in infection control procedures and to minimise contamination risks
How to care for self presenters	Produce procedure for frontline staff to first assess patients; then to advise on what information to give and what decontamination/treatment to provide if advised to do so. Ensure staff are aware that expert advice will be provided about when and how its safe for patients and staff to leave.
What equipment to have ready	Consider preparation of a response box to be available at reception with suitable personal protection equipment and selected items (forms etc). Ensure that PPE is

<sup>3</sup> Wheeler, H 1999. Chemical Terrorism: The Japan experience and lessons learnt. Chemical Incident Report. Issue 14 CHAPD

	reviewed and updated regularly. Provide action cards to staff. Test internal alerting six monthly (recommended). Consider conducting exercises with local partners.
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**Ensure you:**  
 1. Call 999 if there is a medical emergency  
 2. Contact PHE – 24 hour number **0844 8920555**

**Notes**

Preparation for incidents involving hazardous materials

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**NOTE 1**

- Whenever an incident resulting in contamination (or possible contamination) of people, animals, air water, food etc. is known to have taken place, identifications of the substance is a priority. Several agencies can be involved in making this identification and in assessing the impact on human life and the environment, once the substance is known. Public health England (PHE) will assess the impact on Public Health and will provide advice to the affected premises as well as advice and communication to the local authority and local NHS.
- If the incident may have implications for the community, information will be developed by PHE regarding the substance (if known) and the risks and action to be taken in the event of self-presenters. This will be sent out as quickly as possible to primary and community care providers.
- The message will be sent widely, not just to premises in the immediate vicinity because contaminated people may have travelled some distance before deciding to seek help.
- Self- presenters should be managed according to the instruction in the guidance.

**NOTE 2**

**Protecting yourself, other patients/staff and premises**

- The aim is to minimise the contact that the potentially contaminated patient has with other people and parts of your premises.
- Immediate action – isolate the person in a separate room – if not contaminated with a substance with a strong smell i.e. petrol – preferably somewhere without soft furnishing.

**DO NOT TOUCH THEM**

- Cordon off the part of the premises they have walked through and anything they have touched. If necessary lock the doors and put notices up outside the premises to redirect other patients away from the area.
- Those involved in patient contact should wear the following Personal Protective Equipment if available;
  - Apron or waterproof gown
  - Gloves
  - Mask (highest specification available i.e. FFP3)
- PPE should be disposed of as contaminated waste
- Re-route other patients away from the area
- Staff and patients who have come into contact should be reassured and asked to stay on the premises until further information is received about the contaminant.

## Preparation for Incidents involving Hazardous Materials

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### PATIENTS– Recovery Information

1. Ensure detailed records of all patients involved within your premises have been taken and are kept. Include name, DOB, home address, contact telephone number, GP, symptoms and any action taken – see Patient Contact Template

2. Keep in contact with the Ambulance Service and PHE for updates and further advice about sending patients home or moving patients for further care.

**3 Continuing sensitive and timely communications** with your patients and the public will help ensure their on-going cooperation and provide reassurance.

- Explain the current situation and your ongoing plans
- Set out options for the different categories of patients (i.e. exposed patients, worried well, urgent regular cases and non urgent cases)
- Consider introducing clinical assessment and triage at reception
- Use sign posting at the front entrance and within the building
- Create a temporary answer phone message for the recovery phase.

#### 4. Consider the welfare of your patients

- Provide hydration and refreshments if at all possible
- Provide clean clothing and blankets. 'Dirty' clothing should be sealed in plastic bags if advised by PHE
- Ensure they have access to regular medications they may be on
- Ensure access to telephones for the purpose of contacting friends and relatives and making arrangements for dependants.

### STAFF – Recovery Information

#### 1. Consider staff welfare

- Provide refreshments and regular breaks
- Provide clean clothing and blankets
- Consider arrangements for transporting staff home when its safe to do so
- Ensuring they have access to any medication they may be on
- Ensure access to telephones for the purpose of contacting friends and relatives and making arrangements for dependants.
- Consider the potential need for ongoing psychological support for staff involved in the incident.

#### 2. Maintain service continuity

- Review workforce plans – including the availability of staff/critical resources and staffing arrangements for the next working days.
- Consider when normal services can continue and how long contaminated staff might need to be off work. Refer to your service business continuity plan and liaise with the senior manager on call.
- Review any missed or cancelled appointments and waiting lists for services and manage any backlog
- Prioritise your essential services and urgent patients until normal service can resume.
- Afterwards conduct a review of the incident and response plans and update as necessary.

### BUILDINGS – Post Incident Information

- Take advice from PHE, local authority Environmental Health Department or Environment Agency whichever has the lead.
- The contaminated area should not be reopened until advice has been taken. If required due to complex or gross contamination the Government Decontamination Service will be contacted for advice by the on call managers working in liaison with estates.
- **Any contaminated clothing and washing products or use PPE should be double bagged and stored in the 'dirty' zone within the isolation area. Advice on how to deal with, or dispose of the contaminated clothing should be taken as it may be required as evidence by the police or health and Safety Executive.**
- Significant contamination incidents are initially likely to be treated as crime scenes for the preservation of evidence relevant to subsequent investigations. Therefore, no property or documents should be discarded.

- Take advice about potential contamination of the water supply from PHE or water supplier if felt it has been compromised in some way.

## First Responder Decontamination Guidelines

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### Purpose of these guidelines

These guidelines are provided to advise Minor Injury Unit staff or staff of other Primary care facilities of how to decontaminate casualties presenting to them having a history of being contaminated.

Patients may become exposed to a chemical substance in several ways including, but not limited to:

- exposure incurred during a household accident
- exposure incurred during an occupational accident
- exposure incurred during the deployment of a chemical compound as a weapon or terrorist act.

Normally where the emergency services respond to the incidents described above they have the responsibility to decontaminate casualties prior to bringing them to emergency departments.

These guidelines cover the situations where casualties self present to minor injury units or primary care facilities without being assessed formally for the risk of being contaminated.

### Recognition of contamination

**History** - patient tells you they were exposed or potentially exposed to a chemical spill / event. Physical signs could include grossly contaminated or wet clothing, noxious odour / off-gassing, upper airway irritation including eye tearing, gross production of nasal secretions, tightness in throat /chest, skin redness and irritation.

In situations where the contaminant could be volatile or gassing off the patient may need treatment outside the minor injuries unit and in most of these cases the removal of outer clothing required.

**Note: turn off any air conditioning systems to prevent smell or air borne contaminate being distributed.**

### Immediate actions

- confine the movement of the patient to prevent cross contamination of additional staff, patients, and the facility.
- wear appropriate personal protective equipment and
- institute the hospital lock down procedure should there be any risk of further casualties.
- Inform the senior manager in the building or senior manager on call

<b>Improved Dry Decontamination Protocol</b>		
<b>Indication: Urgent clinical assessment or treatment required</b>		
<b>STEP</b>	<b>ACTION</b>	<b>COMPLETED</b>
1	Secure an area in which to decontaminate – preferably outside	
2	Self-protect with appropriate Personal Protective Equipment	
3	Confirm nature of contamination – if caustic or irritant substance (acid or alkali) then see wet decontamination of casualties guidance	
4	<p>If patients are walking instruct and supervise self-dry decontamination</p> <p><u>Equipment required.</u></p> <ul style="list-style-type: none"> <li>• Staff PPE + mask &amp; gloves for patient(s)</li> <li>• Yellow infectious waste bags, clear property bag per person</li> <li>• Dry absorbent material i.e. kitchen towel, toilet roll, paper tissues – blue roll, Towels or clean rags, Strip of blankets or sheets</li> <li>• Scissors/trauma shears</li> <li>• Blanket or bed sheet for modesty</li> </ul>	
5	Patient to put on surgical mask (highest protection available i.e. FFP3) and gloves.	
6	Remove any contaminated clothing – see <a href="#">Disrobing Guidelines</a> below. Ensure patients property goes in clear plastic bag i.e. watch, rings, phones, wallet	
7	Expose skin surfaces should now be blotted and lightly rubbed, starting with the face, head and neck and moving down and away from the centre of the body. Change absorbent material regularly	
8	Place used absorbent material in a yellow bag – separate from the patients clothes	
9	Wrap patient in a bed sheet or blanket to maintain modesty/warmth	
10	Move patient to isolation area, attend to clinical needs and document	

<b>WET Decontamination Protocol – Rinse – Wipe - Rinse</b>		
<b>Indication: Urgent clinical assessment or treatment required</b>		
<b>STEP</b>	<b>ACTION</b>	<b>COMPLETED</b>
	Self protect with appropriate Personal Protective Equipment	
	Secure and move patient to an area for decontamination (preferable external and near drainage or on grass)	
	<b>Assemble equipment</b> (ask someone to do this – stay with patient) <ul style="list-style-type: none"> <li>• Staff PPE+ mask &amp; gloves for patient(s)</li> <li>• Yellow infectious bags, clear property bag</li> <li>• Water, preferably warm</li> <li>• 2 buckets or other container (5-10 litre capacity) filled with warm water</li> <li>• Detergent – liquid soap/washing up liquid add 5ml per litre of water to water in buckets</li> <li>• Sponge/soft brush/towel for washing</li> <li>• Towels for drying</li> <li>• Blanket or bed sheet for modesty</li> </ul>	
	Re-confirm nature of contamination – is caustic or irritant substance (acid or alkali) if not then revert to dry decontamination method	
	If casualties are walking instruct and supervise self wet decontamination – can be done with casualty seated.	
	Remove any contaminated clothing – see Disrobing Guidelines below. Ensure patients property goes in clear plastic bag i.e. watch, rings, phones, wallet	
	<b>RINSE</b> – the affected areas with clean water – <b>NO DETERGENT</b> . RINSE from the highest point downward	
	<b>WIPE</b> – using water with detergent added - affected areas with sponge/soft brush. WIPE from the highest point downward	

	<b>RINSE- using water with NO detergent – affected areas from the highest point down</b>	
	<b>DRY</b> – the skin with a clean dry towel and protect modesty	
	<b>REPEAT</b> – only if skin contamination remains obvious	

### **Disrobing Guidelines**

**The process of disrobing is highly effective at reducing reaction to contamination (including CBRN) when performed within fifteen minutes of exposure. Disrobing is quoted as removing 80%-90% of contamination.**

If disrobing is followed by appropriate decontamination is done effectively, scientific research has shown that you could be confident of removing the vast majority of skin surface contaminants.

Therefore, disrobing must be considered the primary action to be taken to minimise risk and on-going injury.

#### **Disrobing procedure;**

#### **The patient should**

1. Put on gloves
2. Wipe face and then blow nose onto paper towel
3. Put on surgical mask (or highest level mask available)
4. Remove clothing down to underwear, cut off to avoid pulling clothing over the head thus spreading contaminant to eyes and respiratory system.
5. Dispose of clothes and other material to contaminated waste plastic bag, valuables to separate bag if possible then placed in bag with other items
6. Take off facemask and gloves and place in the plastic bag
7. Seal the bag by tying knot or roll up

**All attempts should be made to disrobe before treatment however a judgement needs to be made about the risk verses the clinical need.**



**Patient Contact Template** Addition copies should be made if needed

Preparation for incidents involving hazardous materials

**Records of all people involved in your premises must be made and kept. A copy of this list should be made available to the emergency services, Public Health and Occupational Health (for staff).**

No	Family Name	First Name	Date of Birth DD/MM/YY	Address (inc. postcode)	Telephone No.	GP Name & Surgery	Contamination details/Symptoms/Action Taken

**Lockdown**

The aim of conducting lock down of your building is to control entry to and exit from the building, or to isolate specific area within the building. This should enable you to protect the staff (and patients) already inside, and prevent contamination that has entered your premises from spreading further.

Reception areas may become contaminated by the presence of a contaminated patients seeking medical advice, and may, therefore, need to be isolated from other areas of the building.

Full lockdown guidance for the NHS is available (Lockdown Guidance – protecting your NHS, Security Management Service, February 2009).

The range of different buildings utilised for primary and community care facilities varies and it is not possible to create a single template that fits all.

Primary and community care managers should conduct individual surveys of their own building and construct simple diagrams or maps to identify:

- Points of entry and exit
- Lockable doors
- Access to keys
- Staff only areas
- Usual flow of patients
- Possible amended patient flows – following lockdown

**PPE requirements**

Primary and community care practitioners may already have a range of personal protective equipment (PPE) available to them within their work environment. This guidance does not recommend the purchase of additional items, but suggests that a small supply of basic items is made available and accessible to front line primary and community care staff and positioned close to patient reception areas. These may provide a small amount of additional protection where the contaminant is chemically based.

The basic PPE that should be available will include:

- Apron/gowns (splash/waterproof)
- Gloves
- Surgical mask
- Goggles

**Response Box**

The term 'response box' is referred to in this guidance. It is meant to indicate an identified and accessible resource for front line primary care or clinic staff.

It should be located in a place easily accessible for clinic or practice staff, such as behind the reception area, and should contain items that may be urgently required when an incident involving hazardous materials is suspected. This may include items of PPE, together with:

- Maps or diagrams previously prepared for the premises
- Signage provided – preferably laminated and with clear instructions for use
- Action cards – provided with this guidance
- Relevant contact numbers

# **THIS FACILITY IS CLOSED**

**If you have been involved in an incident, or worried that you might have been, please wait outside for assistance**

**If you have not been involved in an incident, please go to another facility.**

**The next nearest NHS facility is:**

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## Annex 8.5 of the SCHAT Emergency Response Plans

### Definitions

#### Definitions

**Contamination** A person is contaminated when they have a hazardous substance in or on them.

**Exposure** A patient who has been exposed to a hazardous substance may be suffering from the effects of that exposure but only need to be decontaminated if they are contaminated, e.g. a patient exposed to radiation from a remote source, or to a gas such as carbon monoxide does not need to be decontaminated.

**Decontamination** Decontamination is defined as the removal or reduction of hazardous materials to lower the risk of further harm to casualties and/or cross contamination. Decontamination can range from self-help to full clinical decontamination.

**HazMat** A non-criminal accidental release of a substance, agent or material, which results in illness or injury to the public, the denial of access to an area or the interruption to the food chain. The commercial, industrial, medical, or military substances involved in a HazMat incident could be from any of the CBRN categories outlined below. Strict guidelines exist for the storage, handling and transport of these materials and the number of incidents involving their accidental release or spillage is low, although likely to be the most common type of incident involving contamination.

**CBRNe** A deliberate and malicious act, the intention of which is to cause harm or fear amongst a population by using or threatening to use CBRNe materials. The incident is crime focussed and may range from cases of relatively minor harassment and alarm through to terrorist acts of mass murder or genocide.

CBRNe stands for chemical, biological, radiological, nuclear and explosive.

Business continuity	The activity performed by an organisation to ensure that critical business functions will be available to customers, suppliers, regulators and other entities who must have access to those functions.
CBR(N)E	Chemicals, biological agents, Radiation, Nuclear and Explosive contaminants deliberately released as an act of terrorism. These contaminants may be in the form of a mixture to deliberately cause harm or confusion.
Hazardous Materials	Also called hazmat can be solid, liquid or gases with the potential to harm people, agriculture or animals. This term is associated with an accidental release of contaminants.
Isolation Area	A predefined area within a building to separate contaminated or suspected contaminated individuals, to protect those who have not been in contact with contaminant being exposed. Whilst it is indicated this area is inside a building, it may be necessary to evacuate contaminated people into fresh air if the contaminant is giving off gas, very strong fumes or people become symptomatic of being exposed whilst in the area of the isolation area
Self Presenters	People leaving the scene of an incident before cordons are established by the emergency services. Initially they may not know they have been contaminated until later when they become symptomatic or anxious when they present to health care. It should be noted that they may have travelled some distance from the incident before seeking help.
Worried Well	Members of the public who may be near to an incident when it happens, or have heard about it third hand, and who are worried that they have been affected by the incident or consider themselves likely to need medical intervention. It is understood that in a large CBR(N)E incident that the numbers of worried well could be significant.

## References

The Decontamination of People Exposed to Chemical, Biological, Radiological or Nuclear (CBRN) Substances or Material Home Office 2004

CBRN Incidents: A Guide to Clinical Management and Health Protection health Protection Agency web site accessed 16th January 2014.

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