

SOUTH PORTLAND FIRE DEPARTMENT

STANDARD OPERATING GUIDELINES

SOG #:	6.625	Effective Date:	2/17/2022
Title:	Civilian Mass Decon (Non WMD)	# of pages:	4
Category:	Hazardous Materials Response	Classification:	Red

1. **PURPOSE:** To assure that any potentially harmful or dangerous residues, on persons, equipment or apparatus are confined within the Hot Zone.

Decontamination is intended to prevent the spread of contaminants beyond the already contaminated area, including the ambulances, hospitals, and other environments.

The specific measures required to decontaminate personnel will vary with the contaminant, the circumstances and the level of contamination. An EMERGENCY DECON is an option which may also be the best option. This SOG focuses on a formal Mass Decon process. These factors must be considered on a case-by-case basis, within the guidelines described in this procedure.

2. **PROCEDURES:** Command is responsible for ensuring that the Hazmat Branch establishes a Decontamination Group at incidents which involve a potential contamination problem. Decontamination must be integrated into the incident action plan (IAP) of the hazardous materials incident. The Decontamination Officer is responsible for determining the most appropriate decontamination procedures and managing the decontamination process. This should be done in conjunction with advice from the Poison Control Center.

The initial assessment of decontamination requirements must be based upon the specific needs of the situation. The decontamination process must be appropriately designed for the specific materials involved and the degree and type of exposure encountered. The assessment will require research and may involve consultation with toxicology resources.

For large scale events three decon lines for civilians should be set up as part of the operational plan to include two Ambulatory, and one Special Needs / Non Ambulatory line. They should be staffed by both male and female responders. Normally civilian decon will occur using the decon tent from HM-401.

A separate technical decon line shall be set up for emergency responders away from victims and is addressed in a different SOG.

The Decontamination Officer must assume that all personnel preparing to leave the Hot Zone are contaminated. Three courses of action are available:

- Confirm no contamination by using instruments or investigation based on the nature of the situation.
- Decontaminate (as appropriate to the situation) and release.
- Retain and package items for removal from the site for disposal or decontamination at a different location.

In all cases, the primary objective must be to avoid cross contaminating anyone or anything beyond the Hot Zone. When in doubt about contamination, decon all affected victims.

The Decontamination Area should be established within the Hot Zone perimeter adjacent to the Entrance/Exit Corridor (Lobby Control) in an area commonly referred to as the warm zone. Victims shall not be permitted to leave the Hot Zone without approval from the Decontamination Officer.

The Decontamination Area should provide a corridor leading away from the source of contamination toward the exit, with stations along the way for the deposit of personal items. Monitoring personnel and equipment should be appropriately placed along the path. A person traveling along the path should experience a decreasing level of contamination along the way. When showers or spray nozzles are used, adequate space must be provided to avoid contamination of other areas or persons.

All contaminated items must remain within the perimeter of the Hot Zone until decontaminated or safely packaged for removal. The Hazard Branch Officer or Decontamination Officer will be responsible for supervising proper removal of these items. Personnel should be assigned to inspect victims before being released from the Decontamination Area. This inspection may be visual or may involve the use of monitoring instruments, when appropriate. It must be assumed that items or persons are contaminated, unless their non-contamination can be confirmed.

Decontamination Area Precautions

During the decontamination process, all personnel working in the Decontamination Area must be adequately protected from contaminants. The Decontamination Officer will identify and require the appropriate protective equipment. These individuals and their equipment may also require decontamination after use.

Any runoff or residue from decontamination procedures must be contained within the Hot Zone and retained for proper disposal. Contaminated run-off must not be allowed to spread or escape. Diking may be necessary, and should be directed back to the Hot Zone.

Contaminated Patients

Patients in need of medical treatment should be removed from the source of contamination as quickly as possible, but remain within the Hot Zone perimeter until properly decontaminated. These patients must not be allowed to contaminate further areas or persons. It may be necessary to bring treatment personnel (with adequate protective clothing) into the Hot Zone to deal with these patients, unless they can be rapidly and effectively decontaminated. After decontamination, the patients and treatment personnel may leave the Hot Zone.

Transportation

Transporting of Level I patients should not be delayed for complete decontamination.

Patients should be quickly treated for life threatening injuries simultaneous with decontamination efforts. Once treatment is completed and the patient is ready for transport,

the patient should be covered and transported. The ambulance should be brought to the Warm Zone perimeter for loading. When feasible, the ambulance should be prepared by draping exposed surfaces with sheets or polyurethane covers. Patients should be wrapped or covered to lessen off-gassing of the products within the Ambulance. Ambulance and treatment personnel may still have to wear protective garments and SCBA. while enroute to the hospital.

If it is necessary to transport contaminated patients to medical facilities the receiving hospital must be notified in advance of the nature of the contamination in order to make necessary preparations. The ambulance used will be considered contaminated and will have to be decontaminated before being used to transport any non-contaminated persons.

Because the area hospitals are not staffed to quickly decon a patient, full decon on-scene and then transport may be the better option as this may be the quicker option than waiting for the hospital decon to be operational.

Decontaminated Persons

When persons are decontaminated at a Decontamination Area, they may be allowed to leave the Hazard Zone. The Decontamination Officer will determine when it is appropriate to release custody of protective clothing, personal effects and equipment after consulting appropriate medical personnel (i.e., health center physician or Poison Control Center physician).

The Decontamination Officer may release individuals who are substantially decontaminated and direct them to medical facilities for further evaluation or decontamination. Individuals may also be directed to shower, change clothes or take other secondary decontamination measures. These personnel should complete an exposure form.

Personal Effects

When feasible, personal effects should be decontaminated and released from the Hot Zone with the individual. If the Decontamination Officer determines this is not feasible, these items will be impounded in the Decontamination Area. Personal effects will be carefully guarded by Decontamination personnel until a determination can be made regarding their final disposition.

Tools and Equipment

The Decontamination Officer will determine when tools, equipment and apparatus may be released from the Hot Zone. No item shall be removed without approval. The Decontamination Officer may impound equipment for later evaluation and have it packaged for storage or transportation. This impoundment will be accomplished following the consultation of medical and technical assistance.

Termination

Upon completion of the event all equipment that cannot be decontaminated will be left in the warm zone. All members assigned to the decontamination group will decon themselves and verify by the same testing methods as the patients that they are “clean”. Site cleanup

(including decon line) will most likely be handled by a private contractor. Any equipment that is not recoverable will be replaced and report submitted to the IC for billing.

3. REFERENCES:

- None

By Order Of:



James P. Wilson
Fire Chief