



North Carolina College of Emergency Physician's  
**Standards Procedure (Skill)**



**Decontamination**

	EMT	
I	EMT- I	I
P	EMT- P	P

**Clinical Indications:**

- Any patient who may have been exposed to significant hazardous materials, including chemical, biological, or radiological weapons.

**Procedure:**

- In coordination with HazMAT and other Emergency Management personnel, establish hot, warm and cold zones of operation.
- Ensure that personnel assigned to operate within each zone have proper personal protective equipment.
- In coordination with other public safety personnel, assure each patient from the hot zone undergoes appropriate initial decontamination. This is specific to each incident; such decontamination may include:
  - Removal of patients from Hot Zone
  - Simple removal of clothing
  - Irrigation of eyes
  - Passage through high-volume water bath (e.g., between two fire apparatus) for patients contaminated with liquids or certain solids. Patients exposed to gases, vapors, and powders often will not require this step as it may unnecessarily delay treatment and/or increase dermal absorption of the agent(s).
- Initial triage of patients should occur after step #3. Immediate life threats should be addressed prior to technical decontamination.
- Assist patients with technical decontamination (unless contraindicated based on #3 above). This may include removal of all clothing and gentle cleansing with soap and water. All body areas should be thoroughly cleansed, although overly harsh scrubbing which could break the skin should be avoided.
- Place triage identification on each patient. Match triage information with each patient's personal belongings which were removed during technical decontamination. Preserve these personnel affects for law enforcement.
- Monitor all patients for environmental illness.
- Transport patients per local protocol.

**Certification Requirements:**

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.