DEPARTMENT: Environment of Care **PROCEDURE:** EOC-250

SUBJECT: Hazardous Materials Incident

PURPOSE: To establish emergency procedures for response to any hazardous material spill/release of Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) event(s) and unknown events affecting the facility. Specific procedures for response to a hazardous material spill/release, termed HAZMAT, will help identify risks of contamination while protecting staff and the facility.
The primary concern during a hazardous materials incident is the protection of the facility's physical environment and protection of persons (patients, staff, and visitors) in immediate danger. It is the practice of Frances Mahon Deaconess Hospital (FMDH) to activate hospital lock-down procedures and shelter-in-place when necessary to best protect persons and the facility.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES: This plan utilizes the Hospital Incident Command System (HICS) for purposes of organization of the command structure and assignment of duties.
HAZMAT response and support teams will be assigned by the Incident Commander. Within these assignments will be a team leader who will be responsible for the HAZMAT-related operations. The specific tasks of the HAZMAT team leader include:

1. Assessments of the situation
2. Selection of Personal Protection Equipment (PPE)
3. Assist Incident Commander with incident briefings
4. Monitor safety
5. Oversee decontamination area setup and operations
6. Communicate with Incident Command
7. Allocate HAZMAT resources, including equipment and personnel

HAZMAT Personnel report directly to and work directly under the HAZMAT team leader. Consistent with the precepts of scalability that is inherent in the HICS structure, only those personnel determined as needed to effectively handle the incident will be called to duty under this plan.

PROCEDURE:
INITIATION OF RESPONSE:

1. Identify the need for a HAZMAT response.
    a. **Prior Notice** - HAZMAT incidents identified at the scene, where the hospital will receive notification from the field: With advanced notification, the hospital can act rapidly to implement a HAZMAT response to prevent contamination of the facility.
    b. **No Notice** - HAZMAT incidents not identified at the scene or for victims who self-refer and there is no advance warning: The presence of a hazardous material is not identified until after a contaminated victim has been brought into the facility. In these cases, the hospital must determine who (if anyone) has been exposed, and which portions of the facility have been contaminated. The HAZMAT response must focus

on limiting the impact of the contamination that has occurred and preventing additional contamination
2. Protect yourself from hazardous material exposure, and
3. Protect the facility, including staff and patients, from hazardous materials exposure.
4. HAZMAT will be announced overhead three times in succession.
   a. The facility will go into immediate lockdown, all access into the facility will be through the Emergency Department with prior screening, decontamination and triage prior to admittance into the facility.
5. Provide care to victims of a hazardous materials exposure.
6. The FMDH Incident Commander, in consultation with the incident command staff, and with information regarding the incident, will conduct an incident briefing to hospital personnel with information on the HAZMAT situation and the Incident Action Plan to be carried out in response.
   a. During the incident briefing the FMDH Incident Commander will assign personnel to perform RESPONSE or SUPPORT functions. The chart below summarizes similarities and differences between the two categories:

RESPONSE PERSONNEL	SUPPORT PERSONNEL
Provide support directly to victims who are contaminated by HAZMAT.	Provide support to Response Team personnel
Perform functions inside the area(s) of contamination.	Perform functions outside the area(s) of contamination
Must complete competency training related to decontamination of persons and equipment.	Must complete only training necessary to perform assigned functions
Are trained and qualified to wear personnel protective equipment (PPE) including respiratory equipment	Do not wear PPE or respiratory protective equipment
Always work in teams of two for safety reasons	Can work alone or in teams
Report to the Incident Commander	Report to the Incident Commander

7. Factors that will impact staffing assignments include:
   a. Number of victims and available personnel
   b. Type of hazardous material
   c. Condition of victims, including age and ability to follow instructions
   d. Amount of appropriate PPE available
   e. Layout of the decontamination area
8. As new information becomes available, hospital personnel will be apprised of the situation and provided updated instructions. Expect the FMDH Incident Action Plan to change as the HAZMAT event progresses.

CORE FUNCTIONS:

1. Response Personnel Functions: Response personnel will be kept to a bare minimum. Response personnel shall approach with caution, with appropriate PPE and perform a formal assessment. The assessment should include obtaining additional information

regarding the incident and need for additional equipment. Radios will be used to maintain communication.

a. TRIAGE: Determine necessity of decontamination, order and level of decontamination. Monitor holding area. Interface with EMS regarding victim's medical condition(s), contamination status, and information regarding agent. Begin patient tracking process. Provide medical intervention within the scope of practice as necessary and appropriate. See EOC – 250f: Decontamination Team Patient Tracking Form
b. BAGGING: Assist ambulatory patients with removal of clothing and personal effects; bag and label belongings and clothing; provide instruction on self-decontamination to ambulatory patients.
c. WASHING: Direct or assist victims with wound decontamination, and definitive decontamination. (In teams of two or more for non-ambulatory patients).
d. COMMUNICATIONS: Communicate between the dirty and clean area. Receive report on condition of patients and responders; discuss equipment and staffing needs; share information to assist in identifying the agent(s) and manage the event.
e. SUPPLIES: Monitor supplies in the decontamination area. Coordinate transfer to additional materials from clean area as needed.
f. DETECTION: (Optional): Take appropriate laboratory samples or use nuclear or chemical detection equipment if necessary and available.

2. <u>Support Personnel Functions:</u>
   a. ENGINEERING: Oversee and direct setup of a physical plant and decontamination area. Monitor contamination to assure containment; work to correct containment breaches.
   b. SECURITY / CROWD CONTROL: Responsible for traffic control and patient flow. Oversee lockdown. Assure contaminated persons do not enter the clean areas and unauthorized persons do not enter the decontamination area.
   c. HAZMAT IDENTIFIER: Collect information about the agent and incident from the field, outside resources, victims and reference materials to help identify the type of hazardous material(s). Assist in determining requirements for the level of PPE, appropriate decontamination, and appropriate medical interventions. Determine the risk of secondary contamination to the care providers and facility. Report information to Incident Command.
   d. EQUIPMENT / SUIT SUPPORT / BUFFER: Assist patients as they leave the contaminated area; assist response personnel with removal of PPE. Control entrance and exit of personnel and equipment to and from the contaminated area and hospital.
   e. RECORDER / DOCUMENTER: Assist responders by receiving and documenting medical and decontamination information for the patient record(s).
   f. OCCUPATIONAL MED: Assure PPE is used properly. Monitor and record health statistics (before, during and after the event) of responders in PPE. Keep Incident Command apprised of staff health status and staffing needs in contaminated area. File Safety Data Sheet (SDS) in employee health file. Distribute copy of SDS to involved employees for their personal files and reference.
   g. RADIATION / NUCLEAR MED (optional): Monitor staff, patients, and equipment for nuclear contamination as they depart decontamination area.

3. Outside Support: The hospital may be able to obtain extra staffing and assistance for HAZMAT events from local entities (fire department, HAZMAT team, police department, etc). It is the Incident Commander's decision if outside support is needed, and if so, to see that a request is made.
4. Detection Equipment: The Incident Commander will work with experts in nuclear medicine, infection control and/or outside agencies to decide what detection equipment is needed for an event.

RECEIVING HAZMAT VICTIMS:

1. This procedure can be found in EOC-250d – Receiving HAZMAT Victims

DONNING PPE:

1. Only personnel meeting inclusion criteria and having met the required training standards will be allowed to dress in PPE. See EOC-250a – Staff Medical Monitoring & PPE Donning/Doffing Checklist and EOC-250b – FMDH PPE Donning Sequence.

MEDICAL MONITORING:

1. During a response, medical monitoring will be performed prior to donning and after doffing PPE. Appropriate PPE and respiratory devices should be used for Level C and D protection. See EOC-250a - Staff Medical Monitoring & PPE Donning/Doffing Checklist.

CONTAMINATION BREACHES:

1. If a HAZMAT incident occurs in close proximity to the hospital, there could be a risk of contamination spreading (blowing with the wind) to the hospital from the incident site. If there is a plausible risk to the hospital, the following measures should be implemented to secure the facility and minimize contamination.
    a. FACILITY ALERT + HAZMAT + LOCATION + DIRECTIONS will be announced overhead three times in succession.
    b. The facility will go into immediate Secure Access Level III (EOC-230), all access to the facility will be through the Emergency Department with prior screening, decontamination and triage prior to admittance into the facility.
    c. Notify 9-1-1 to dispatch fire, Emergency Management Services (EMS) and Valley County Hazmat Team for response
    d. Activate hospital Emergency Operations Plan.
    e. If there are visitors, patients, customers in the hospital, provide for their safety by asking them to stay - not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps immediately. Do not drive or walk outdoors.
    f. FMDH will go to diversion status.
    g. Unless there is an imminent threat, ask employees, visitors, patients, customers to call their emergency contact to let them know where they are and that they are safe.
    h. Within three minutes of overhead page lock all exterior doors and close and lock all windows. Place signs on doors clearly indicating that a "Shelter in Place" is in effect and that doors will not be opened until the "All Clear" is sounded.
    i. Include doors leading to courtyard by south employee entrance

i. Shut down the facility air handlers, fans, heating and air conditioning systems. This is best accomplished by going to the Nurse's Equipment Storage Room near the Nurse's station and pushing the red mushroom shutoff button located on the south wall marked "Emergency Air Handler Shutdown" "Push to Shutdown".
j. Turn off or seal all exhaust fans. If all exhaust fans cannot be shut off, Incident Command will decide the ramifications and act appropriately.
k. FMDH has a back-up generator system in the event that an incident requiring sheltering in place interrupts normal utility functions, this may not be an option due to low oxygen concentrations in the air or explosive chemicals.
l. If authorities warn of danger of explosion, close the window shades, blinds, or curtains. Close all doors.
m. Select interior rooms, with the fewest windows or vents. Avoid overcrowding by selecting several rooms if necessary. Appropriate locations would include:
    i. Surgery
    ii. Outpatient surgery
    iii. Dining room
    iv. General Surgery
    v. Radiology
n. Go to the room that has been designated. Seal all windows, doors, and vents with plastic sheeting and duct tape or anything else that is on hand. Use moistened towels to seal bottom of doors.
o. Communication between sheltering rooms can be made by use of phone extension or overhead page by use of "60" on telephone key pad.
p. Duct tape, plastic sheeting is located in the basement in the FEMA storage room along with battery powered radios, cots, and non-perishable food.
q. Bottled water can be obtained from the kitchen storage room.
r. First aid supplies should be gathered along with crash cart and taken to shelter area.
s. Write down the names of everyone in the room and call alternate command site to report who is in the room and affiliation with FMDH (employee, visitor, patient, customer)
t. Listen to the emergency weather radio, television, radio, or use the internet for further instructions until you are told all is safe or to evacuate. Valley County EOC may call for coordinated evacuation by specific areas in the city.

2. All Clear Procedure for Hazardous Incident:
    a. The "All Clear" message will be broadcast by Valley County EOC officials over AM/FM radio, emergency alert radio, or through FMDH Incident Command. Outside air quality has to be tested.
    b. All employees, visitors, patients, customers will leave the shelter room and immediately go outside of the facility to an alternate care site, established by FMDH Incident Command.
    c. Air handlers will be turned back on after the facility's air handling equipment has been cleaned appropriately and is safe for use; doors and windows will be opened when everyone has left the building. Inside air quality has to be tested (FS-315)
    d. At the alternate care center all employees, visitors, patients, customers will be accounted for.

e. Return to FMDH facility after it has been thoroughly ventilated, this will be determined by building engineers after the emergency in coordination with Valley County EOC.
f. Debrief and evaluate with Hot Wash
g. Document and report with After Action Report

3. If a HAZMAT incident is an internal incident or results in unannounced victims, the following measures should be taken immediately
   a. Keep six (6) feet or more away from potentially contaminated people and objects. Avoid physical contact with any surface that may have been in contact with contamination.
   b. Activate CODE HAZMAT
   c. Inform anyone who was in contact with the contaminant to minimize touching anything, including his or her own body or face.
   d. Instruct staff, patients and visitors who have not touched the contaminate or a contaminated person or object to exit through the nearest exit. Instruct them to wait in a safe area until they can be medically assessed and questioned about the event.
   e. Instruct anyone who is ambulatory (walking) and is contaminated or potentially contaminated to wrap themselves in sheet or blanket (to reduce off-gassing) and to exit the building through the contaminated exit. Direct these people to a holding and staging area for decontamination.
   f. If victims are not ambulatory, do not attempt to move or assist without first donning appropriate PPE.
   g. Do not attempt to clean up the contamination without first donning appropriate PPE and receiving instruction on cleanup from Incident Command.
   h. If you are contaminated, report to the holding and staging area for decontamination process along with other victims
   i. SECURE THE AREA: Complete the following tasks:
      i. Isolate the area. Close all doors and windows a safe distance around the perimeter of the area.
      ii. Evaluate the need to shut down ventilation and air intake systems.
      iii. Secure and monitor all access points to the area. Post hazard signs, security tape.
      iv. Allow no one to enter the area, unless authorized.
      v. Evacuate the floors directly above and below the area of contamination, if instructed to do so.

CLEAN UP AND RECOVERY:

1. If cleanup and recovery of the area is necessary AND can be done safely, the Incident Commander will assign personnel to this effort and provide information regarding appropriate PPE and instructions on how cleanup is to be conducted.

PRE-DECONTAMINATION TRIAGE

1. Procedure can be found in EOC-250e – Victim Pre-Decon Triage.

DECONTAMINATION:

1. Indicators that decontamination is absolutely necessary:

a. HAZMAT agent is unknown, or
b. HAZMAT agent is extremely dangerous, or
c. Victim was exposed to a HAZMAT agent, or
d. The HAZMAT agent is able to cause problems due to secondary exposure (likely to harm people), or
e. Victim has moderate or serious signs and symptoms of contamination, or
f. Victim was in close proximity to the release site

2. Indicators that decontamination may not be necessary:
   a. HAZMAT agent is known, and
   b. Victim was exposed to benign form of a hazardous material (some aerosols or vapors), or
   c. HAZMAT agent is unable or unlikely to harm others due to secondary exposure, or
   d. Benefit of rapid medical intervention outweighs risk of skipping/delaying decontamination, or
   e. Victim was fully decontaminated at the scene, or
   f. Victim has few or no signs of contamination, or
   g. Victim's symptoms have improved over time.

ISOLATION PERIMETER AND CONTROL ZONE DEFINITIONS:

1. The following control zones shall be secured as follows, based on incident hazards and environmental conditions:
   a. HOT ZONE / Contamination Zone (Limited Access)
   b. WARM ZONE / Hospital Decontamination Zone (Limited Access)
   c. COLD ZONE / Hospital Post-Decontamination Zone (Clean Area)

DECONTAMINATION (DECON) AREA PREPARATION:

1. First, determine the type of response needed (single victim, multiple victims) and type of decontamination to be used (self-decontamination, air decontamination, dry vs. wet, radiological, technical, gross).
2. Where and how the decon area will be set up depends largely on the characteristics of the HAZMAT incident – number of victims, weather, etc. During the incident briefing, the Incident Commander will provide specific instructions regarding the setup of the decontamination area.
3. The following are essential characteristics of any HAZMAT Decon Area:
   a. Ventilation to prevent hazardous vapors from entering the facility or accumulating in the decontamination area.
   b. Ability to seal the site
   c. Lighting and warm water sources
   d. Compatibility with or accessibility to communication mechanisms
   e. Traffic patterns that minimize cross-contamination
   f. Adequate size
4. The following are nice to have, but are not necessary characteristics of a HAZMAT Decon Area:
   a. Patient privacy
   b. Heating and/or ability to protect against inclement weather
   c. Close proximity to an ambulance drop off point

d. Close to emergency department
e. Runoff water can be contained (if necessary)
f. Does not obstruct emergency department entrances for other patients

DECONTAMINATION (DECON) AREA SETUP:

1. The following steps should be followed when setting up a Decon area:
   a. Establish the perimeters for the contamination area. Cordon off the area using ropes, tape, tarps, and barricades.
   b. Obtain the decontamination set up equipment (basement of FMDH – FEMA room).
   c. Post warning signs indicating contamination areas and boundaries, and prohibiting access.
   d. Place large, plastic lined containers in appropriate locations for collection of clothing, linens, dressings, and other contaminated items.
   e. Place see-through plastic baggies and markers near triage area for collecting and labeling personal effects.
   f. Place soap, shampoo, sponges, brushes, buckets, near decontamination stations.
   g. Set up privacy barriers (if appropriate and available).
   h. Assemble and test decontamination units.
   i. All personnel must exit the area or don appropriate PPE

DECONTAMINATION:

1. If the patient has any of the following special needs, see EOC-250h – Victims with Special Needs
   a. Canes/Walkers
   b. Glasses/Contac Lenses
   c. PIC lines/Saline locks
   d. Hearing Aids
   e. Dentures
   f. Law Enforcement Officers
   g. Animals
2. If the patient is a child, see EOC-250i – Pediatric Victims Special Considerations.
3. The following procedure should be followed if the patient is ambulatory:
   a. Victim should be given Self Decontamination Instructions as soon as it is available. Self-Decontamination instructions are located in EOC-250g.
   b. Victim should quickly remove all clothing putting valuables into the small clear plastic bag and clothing into large bag, close bags, and put into designated area.
   c. The clothing bag should be set aside in secure area.
   d. If tag is available, Hospital Decontamination Team member should give both bag and victim a numbered tag to wear through decontamination and treatment.
   e. If additional Hospital Decontamination Team members are available, victim's name and number should be recorded on Hospital Decontamination Team *Patient Tracking Form*, see EOC-250f – Decontamination Team Patient Tracking Form.
   f. Victim should continue forward into the decontamination area.
   g. Victim should quickly rinse themselves from head-to- toe with water using a hand held sprayer, garden hose, or shower head for at least one minute.

h. Victim should next wash with soap and water. See section titled "Instructions for Decontamination With Soap and Water".
i. After the rinse/wash/rinse cycle is complete, the victim should next proceed to the towel-off area and complete drying off and leave towel in trashcan.
j. Following drying off, the victim should put on the victim gown and proceed to the post-decontamination triage/medical treatment area for rapid assessment.
k. Additional treatment will be limited only to those interventions deemed necessary. Any antidote administration should be done via the Intramuscular (IM) route after cleaning the affected area first.

4. The following procedure should be followed if the patient is not ambulatory:
   a. Victim should be brought to the Decontamination Area and tended to by a minimum of four Hospital Decontamination Team members. Each victim should be put onto a backboard or stretcher w/ the pad removed.
   b. All victims' clothing should be removed and valuables put into the clear plastic bag and clothing into large bag. Close bags and put into designated area. Attach tag number to bag and victim if available. Clothing should be cut away where necessary.
   c. Attention should be paid to minimizing the aerosolization spread of particulate matter by folding clothing inside out as removal is being done and dabbing the skin with sticky tape and/or vacuuming.
   d. The clothing bag should be set aside in secure area.
   e. If additional Hospital Decontamination Team members are available, victim's name and number should be recorded on the Hospital Decontamination Team *Patient Tracking Form*, see EOC-250f – Decontamination Team Patient Tracking Form.
   f. While resting on backboard, stretcher or other device, the victim should quickly be rinsed from head-to-toe with water using either the hand held sprayer, garden hose or shower head; protection from aspiration of the rinse water should be initiated.
   g. Next the victim should be washed with soap and water, using brush or wash cloth when available, in a systematic fashion cleaning airway first followed by open wounds then in a head to toe fashion for 5 minutes when the agent is non persistent and 8 minutes when a persistent or unknown agent is involved. Avoid rubbing too vigorously. Careful attention should be given to washing the voids and creases such as the ears, eyes, axilla, and groin. See section titled "Instructions for Decontamination With Soap and Water".
   h. The victim should be rolled on their side for washing of the posterior head, neck, back, buttocks and lower extremities by three Hospital Decontamination Team members; attention to a possible neck injury should be given.
   i. Topical eye anesthetic may be required for effective eye irrigation to be done.
   j. The victim should then be rinsed in a head-to-toe fashion that minimizes contamination spread for about one minute. Overspray or holding the rinsing device too close so as to irritate the skin should be avoided.
   k. Hospital Decontamination Team members should be alert to the probability that the non-ambulatory victim may require ABC's support (airway positioning, suctioning, O2 administration, spinal stabilization etc.) and administration of life saving antidote administration by IM injection. If Intravenous (IV) therapy is needed, the extremity site for the IV should be decontaminated quickly before the IV is started. If IV

therapy is needed, the victim should be pulled out of line in the Decontamination Corridor but remain in the decontamination area.

l. The victim should be dried off, put into a hospital gown and transferred to a clean backboard (or clean off and dry the board they are on if additional boards are not available). Victims on a stretcher should be transferred to a clean backboard.
m. Soap bars, brushes and sponges should be put into a trashcan and not carried into the Cold Zone. O2 material should remain in the decontamination area.
n. The victim should be taken to the post-decontamination triage/medical treatment area for rapid assessment.

INSTRUCTIONS FOR DECONTAMINATION WITH SOAP AND WATER:

1. Decontaminate exposed wounds. Carefully remove dirty bandages, remove clothing or debris from wounds, flush with saline or water, cover with waterproof dressing or tape plastic wrap over wound.
2. Remove sheet or blanket and enter decontaminator shower.
3. Rinse whole body with low pressure, warm water. Instruct victims to keep eyes and mouth closed during decontamination.
4. Starting from the head and working down, wash patients with mild soap using a soft brush or sponge to loosen contaminates from skins surface. Be careful not to abrade skin and use caution over broken skin. Be careful to include groin, armpits, hair, nail beds, and skin folds.
5. If victim is wearing contact lenses, remove contact lenses and dispose of lenses.
6. Rinse with copious amounts of water.
7. Consider repeating wash up to 3 times if needed.
8. Contain all runoff water from decontamination procedures if possible (unless permission is granted by sanitarian to allow runoff into the sewer system.)
9. Provide towel to dry patient and sheets or gowns and foot covers to protect privacy. Use disposable items if possible.
10. To complete decontamination after leaving area if eye contamination is suspected, rinse eyes using saline solution, rinse mouth with water or saline. Spit it out. Swab nose and irrigate external ear canal as necessary.
    a. Note: Soap bars, washcloths, brushes and sponges used for decontamination should be put into a nearby trashcan and NOT carried into the Cold Zone.

FMDH PERSONNEL DECONTAMINATION:

1. Prior to leaving the Decontamination Zone the Hospital Decontamination Team must undergo decontamination. Emergency decontamination of Hospital Decontamination Team members shall be conducted when staff member distress is recognized by buddy or other member. Medical care rendered as warranted.
    a. All equipment used by the hospital decontamination team members must be placed in appropriate receptacles or in bins designated for equipment which can be cleaned and reused.
    b. Hospital Decontamination Team will undergo a technical decontamination wash from head-to-toe involving the outer garments, gloves, and boots.

MEDICAL MONTIORING:

1. The need to perform ongoing medical monitoring of those healthcare personnel participating in the decontamination procedure is mandatory. Any assessments are to become part of the employee's health file. See EOC-250a – Staff Medical Monitoring & PPE Donning/Doffing Checklist. Medical monitoring should be performed prior to donning PPE in order to:
    a. Ascertain baseline vital signs
    b. Identify staff who will be disqualified from donning PPE and participating in the decontamination process due to pre-existing medical conditions
    c. Identify staff that may be at higher risk for potential adverse effects while working in this environment.
2. Medical monitoring includes evaluation of:
    a. Medical history
    b. Blood pressure
    c. Heart Rate
    d. Respiration
    e. Temperature
    f. Weight
    g. Lungs
    h. Pupil /eyes
    i. Skin
    j. Hydration
    k. Mental status
    l. Slurred speech, clumsiness, weakness

PPE DOFFING:

1. See EOC-250a – Staff Medical Monitoring & PPE Donning/Doffing Checklist. The following procedure should be followed when doffing PPE:
    a. Wash hands thoroughly.
    b. While still wearing PPE, wash self, starting at the top of the head and working down to the bottom of the boots. Have a partner wash your back.
    c. Un-tape boots and gloves, but do not remove them.
    d. Unlock Powered Air Purifying Respirator (PAPR) and place it on chair/gurney/floor, etc.
    e. Remove the outer suit—roll the suit away from you, inside out (with help from a partner). Remove outer gloves along with the outer suit.
    f. Remove PAPR and hood, place in waste bend.
    g. Step out of boots and suit into final rinse area (keep inner gloves and clothing on). Wash and rinse thoroughly (with partner's help).
    h. In COLD WEATHER: Remove (inner) suit, place in waste.
    i. Remove nitrile gloves: first pinch one glove and roll it down partially, then place thumb in other glove & remove both gloves simultaneously.
    j. Wash again, removing inner clothing, then step out of decontamination shower and into towels/blankets.
2. A printable version of this procedure can be found in EOC-250c – FMDH PPE Doffing Sequence.

POST-ENTRY MEDICAL MONITORING:

1. See EOC-250a – Staff Medical Monitoring & PPE Donning/Doffing Checklist
   a. Performed after doffing PPE
   b. Based on buddy evaluation by team member, Emergency Department (ED) physician, or another trained professional
   c. Observe for changes in gait, speech or behavior
   d. Any complaints of chest pain, dizziness, shortness of breath, weakness, headache, nausea or vomiting should be reported.
   e. Vital signs return to normal base line in PRE-ENTRY within 10 minutes rest.
   f. Oral rehydration started immediately
   g. If significant changes in the clinical data are found or subjectively offered information indicates the need for more comprehensive evaluation or medical treatment, the staff member is sent to the Emergency Department.
   h. Staff using PPE for a second work rotation are to have another pre-entry evaluation before donning PPE if the last exam performed was abnormal or greater than 2 hours old.

AGENT SPECIFIC AND SPECIAL CONSIDERATIONS:

1. Victims of biological contamination do not usually exhibit signs and symptoms until days or weeks after exposure.
2. The only time a biological contaminant requires decontamination is if there is reason to believe someone has been recently exposed to a biological agent. Examples: laboratory accident, terrorist act, victim contact with an unknown and suspect source.

RECOVERY:

1. When the Incident Commander determines that all contaminated victims have been decontaminated and that no other contaminated victims will be received, the HAZMAT ALL CLEAR will be announced.
2. The HAZMAT ALL CLEAR is the signal to shift HAZMAT response from patient decontamination to cleanup and recovery of the contaminated area(s) of the facility.
3. Victims may still be receiving care in the emergency department and other portions of the hospital response plan may still be activated.
4. Ongoing assessments will be conducted throughout the HAZMAT event to determine the necessary actions to bring the facility back to normal operation. Based on this assessment, FMDH will utilize appropriate resources necessary to resume operations.

REVIEW PROCESS: This procedure should be reviewed and revised every three years unless significant changes warrant earlier revision.