Protocol for Field Assessment to Determine Need For On-Scene Decontamination Prior To Transport

- I. This protocol is a tool to evaluate potential personal contamination that would require field decontamination prior to patient/subject transport to another facility.
- II. All sections of the protocol should be completed. A "yes" answer to any question indicates that there is a high probability of a need for field decontamination prior to transport.
- III. The decision to perform field decontamination must always be made with consideration of the health status of the patient/subject and the risk of injury/contamination to health care or other service providers, facilities, or patient transport vehicles, especially ambulances. Additional consultation with other medical authority is appropriate.
- IV. Persons removed from contaminated environments such as chemical spills, fires, or explosions should be presumed to be contaminated and should be decontaminated unless medical need prevents it or unless the individual can otherwise be made safe to transport.

| Yes | <u>No</u> | | |
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| | | I. | Visible Residue Or Stains, Powders, Liquids Or Solids. On skin, especially face, arms, and hands or hair. On clothes. On shoes. |
| | | II. | Detectable Unusual Odors: Ammonia, urine-like. Garlic-like. Solvent-like, ether, white gas, lacquer thinner, camp stove fuel, etc. Sulfur-like, skunk-like. Other Unusual Odors |
| | | III. | Visible Dermal Injury. Redness/Rashes. 1 st , 2 nd , or 3 rd degree burns. Blisters. White patches on skin. |
| | | IV. | Possession of chemicals, solvents or products on person. |
| | | V. | Other indications of contamination. |
| | | VI. | Evaluation. Any "Yes" answer indicates a potential need for field decontamination. If all answers are "No", then field decontamination is not required. |