

**Summary of “Nuclear, biological, and chemical decontamination”
from *Joint Commission Perspectives*, December 2001 (pages 20-21)–**

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) suggests that a decontamination area have the following:

- a location with controlled access;
- an easy procedure for removing contaminants;
- a means of handling contaminated material and storing it before removal by a certified hazardous materials removal contractor;
- disposable medical equipment or medical equipment that can be cleaned to treat victims’ injuries; and
- personal protective equipment (PPE) for the decontamination team.

Location

With regard to location, the JCAHO suggests the following:

- The best place to set up a decontamination area is outdoors at the main facility, in order to protect staff, equipment, and other patients from becoming contaminated.
- In cold weather, tents or other temporary structures should be used.
- The organization’s emergency management plan should address how it would respond to the inability to use part of the facility due to contamination.
- A dedicated decontamination room should be used only in the event that there are just a few contaminated victims and they will not be transported a long distance through the emergency department or other common areas. The room should not be near other care areas.
- Organizations should coordinate decontamination efforts with their communities’ local hazmat response teams.

– This special issue of *Joint Commission Perspectives* was based on interviews with providers that responded to the September 11, 2001, World Trade Center and Pentagon attacks and the June 2001 Houston floods caused by tropical storm Allison. The information here does not necessarily reflect JCAHO standards.

- Organizations should review their HVAC systems and determine how to prevent spreading a contaminant throughout the building.

Training

With regard to training, the JCAHO suggests the following:

- Organizations should train staff, including the entire professional staff, “to recognize possible hazardous situations and to respond properly and immediately.”
- Training should be focused on identifying patients who may have been exposed to biological or chemical agents and preventing contamination of the facility and staff.

Decontamination and Treatment

The JCAHO indicates that:

- “The primary goal is to make the victim ‘as clean as possible’ (ACAP) after life-threatening conditions have been addressed.”
- When possible, victims should remove clothing, double-bag the items, and seal the bags. Staff will then label the bags. When victims cannot do this themselves, staff must follow that procedure, while keeping themselves from becoming contaminated.
- The victim’s skin should be washed with soap and a sponge beneath a spray of water. The procedure should be explained to the victim so that the victim is calm and compliant.
- If there are multiple victims, they must be triaged, with the following priority:
 - Treat life-threatening conditions;
 - Perform a primary assessment and contamination reduction;
 - Decontaminate; and
 - Identify hazardous material.
- Once a victim is decontaminated, the victim should be treated as a “normal” patient.

Maintaining Future Readiness

The JCAHO suggests that organizations:

- Review staffing patterns in areas including security, infection control, pathology, medical records, and health education.
- Train security personnel in many areas, including the recognition of suspicious packages and controlling access to the facility.

- Work with public health officials to determine who will be tested for chemical and biological agents, when they will be tested, and how they will be treated.
- Identify the appropriate type of PPE and where to store such equipment.
- Plan for decontamination of large numbers of victims.
- Direct staff as to when to provide treatment, how to protect themselves, and what areas of the facility might be lost to contamination.