

***VALLEYCARE***  
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS**  
**POLICY & PROCEDURE**

**NUMBER: 2646**  
**VERSION: 1**

**SUBJECT/TITLE:**     **EMERGENCY DECONTAMINATION SHOWER AND PROCEDURES**

**POLICY:**             It is the policy of Olive View-UCLA Medical Center to decontaminate all patients presenting to the facility who have been potentially exposed to any toxic or harmful substances before they enter the facility; and to ensure the safe working environment within the hospital grounds and physical plant for all hospital personnel.

**PURPOSE:**           To ensure that all contaminated patients presenting to the hospital during an emergency incident are properly decontaminated in a timely manner.

**DEPARTMENTS:**     **ALL**

**DEFINITIONS:**     Items that can be decontaminated include:

- Eyeglasses
- Simple jewelry and non-leather waterproof watches
- Keys (excluding leather straps)
- Plastic ID cards (such as Driver’s License, Credit Cards)

Items that cannot be decontaminated include:

- Paper ID
- Paper cash and checkbooks
- Wallets
- Purses and handbags
- Leather briefcases

**PROCEDURE:**       The Safety Officer or Decontamination Team Safety officer is responsible for managing and overseeing the decontamination process. When an emergency incident occurs requiring the activation of the Emergency Decontamination Shower or Decontamination Team, the Safety Officer shall be notified by dialing x111. Upon activation, the following procedures shall be followed to ensure proper decontamination of patients and or staff.

Ambulatory Patient Decontamination Procedure

1. Instruct patient to enter the “hot zone” decontamination area.
2. Instruct patient to remove all clothing, personal possessions and removable items.
3. Instruct patient to place all items except those that can be decontaminated

**SUBJECT/TITLE: EMERGENCY DECONTAMINATION SHOWER AND PROCEDURES**

**Policy Number: 2646**

**Page Number: 2**

(such as eyeglasses, rings, canes) in a red bag, label and seal. Leather items cannot be decontaminated.

4. Instruct patient to shower with liquid soap and warm water, or use “hot zone” personnel to assist. Carefully clean under the armpits and the groin.
5. Instruct patient to thoroughly rinse with warm water.
6. Instruct patient to dry with clean towel and dispose of towel.
7. Instruct patient to don dry clothing such as hospital gown, paper scrubs or a tyvek suit.
8. Provide a wristband or tag indicating that decontamination has been completed.
9. Guide patient to the “cold zone” observation and treatment area.

Non-ambulatory Patient Decontamination Procedure

1. Wear appropriate Personal Protective Equipment (PPE).
2. Bring the patient into the “hot zone” decontamination area on a backboard or stretcher.
3. Cut away or remove patient’s clothing and place in a red bag, label and seal.
4. Starting with the front, spray or wipe one quarter of the patient at a time.
5. Roll the patient to their side, spray and wipe the back from highest to lowest point.
6. Thoroughly rinse the patient.
7. Dry the patient with a clean towel.
8. Place the patient on a clean board or stretcher.
9. Cover patient with a clean sheet or blanket.
10. Place a wristband or tag on the patient indicating that decontamination has been completed.
11. Transport the patient to the “cold zone” observation and treatment area.

Pediatric Patient Decontamination Procedure

A. Children 8 to 18 years of age:

1. Ambulatory children should disrobe when instructed to do so by “hot zone” personnel. All clothes and items that cannot be decontaminated are placed in a red bag, labeled and sealed. Each child should then walk through the decontamination shower, essentially decontaminating him/herself.
2. Non-ambulatory children will be placed on a stretcher by “hot zone” personnel and disrobed (using trauma shears if necessary). All clothes and items that cannot be decontaminated are placed in a red bag and labeled. Each child is then escorted through the decontamination shower to ensure the entire patient is properly decontaminated.
3. Once through the shower, the child will be given a clean towel to dry and a hospital gown or sheet to cover him/herself; and will be immediately given a unique identification number on a wristband. The child will then be triaged to an appropriate area for medical evaluation.
4. Children and their families (parents or caregivers) should not be separated,

**SUBJECT/TITLE: EMERGENCY DECONTAMINATION SHOWER AND PROCEDURES**

**Policy Number: 2646**

**Page Number: 3**

unless critical medical issues take priority.

**B. Children 2 to 8 years of age:**

1. Ambulatory children should be assisted in disrobing by either the child's caregiver or "hot zone" personnel. All clothes and items that cannot be decontaminated are placed in a red bag, labeled and sealed. Each child should then be accompanied through the shower by either the child's caregiver or "hot zone" personnel to ensure the entire patient is properly decontaminated. It is recommended that the child not be separated from the adult caregiver.
2. Non-ambulatory children will be placed on a stretcher by "hot zone" personnel, disrobed (all clothes and items that cannot be decontaminated are placed in a red bag, labeled and sealed), and escorted through the decontamination shower to ensure the entire patient is properly decontaminated.
3. Once through the shower, the child will be given a clean towel to dry and a hospital gown or sheet to cover him/herself; and will be immediately given a unique identification number on a wristband. The child will then be triaged to an appropriate area for medical evaluation.
4. Children and their families (parents or caregivers) should not be separated unless, critical medical issues take priority.

**C. Children less than 2 years of age (infants and toddlers):**

1. Ambulatory children should be placed on a stretcher and disrobed by either the child's caregiver or "hot zone" personnel. All clothes and items that cannot be decontaminated are placed in a red bag, labeled and sealed. Each child should then be accompanied through the decontamination shower by either the child's caregiver or "hot zone" personnel to ensure the entire patient is properly decontaminated. It is recommended that the child not be separated from their adult caregiver. It is not recommended that the caregiver carry the child due to the possibility of accidental trauma resulting from a fall. Special attention must be given to the child's airway while in the shower.
2. Non-ambulatory children will be placed on a stretcher by "hot zone" personnel, disrobed (all clothes and items that cannot be decontaminated are placed in a red bag, labeled and sealed), and escorted through the decontamination shower by either the child's caregiver or "hot zone" personnel to ensure the entire patient is properly decontaminated. Special attention must be paid to the child's airway while in the shower.

Staff Decontamination Procedure

1. Remove all clothing. Potentially contaminated clothing that would normally be removed over the head (e.g., t-shirts) should be cut off. Place all clothing in a red bag, label and seal.
2. Remove all other external items from contact with the body such as hearing aids, artificial limbs, jewelry, watches, toupees, and wigs.
3. Bag any valuables in a separate bag, label and seal.
4. Decontaminate hands by washing with soap and water.
5. Remove eyeglasses and contact lenses. Eyeglasses and prosthetic devices can be expediently decontaminated by washing with detergent soap and

**SUBJECT/TITLE: EMERGENCY DECONTAMINATION SHOWER AND PROCEDURES**

**Policy Number: 2646**

**Page Number: 4**

hot water solution and rinsing thoroughly with plain water. Replace contact lenses with new ones.

6. Flush the eyes with large amounts of warm water.
7. Wash hands, face and hair with soap and warm water, followed by a thorough rinse with warm water.
8. Decontaminate other body surface likely to have been contaminated by washing with copious amounts of warm soapy water and rinsing with warm water.
9. Change into uncontaminated clothing such as scrubs or tyvek suit.
10. Proceed to “cold zone” observation and treatment area.

References:	
Approved by: VEC-2011Jan	Date: 07/19/2011
Review Date: <b>08/10/2014</b>	Revision Date:
Distribution: Emergency Medicine	
Original Date: 07/19/2011	