

## Dressing Out and Decontamination



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## Terminal Objective

Receive and properly care for a patient contaminated with radioactive material

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## Enabling Objectives

- Designate and prepare an area in the Emergency Department to receive contaminated patients.
- Dress in appropriate protective clothing to prevent the spread of contamination
- Provide proper medical care with adaptations to prevent the spread of contamination
- Egress the contaminated area without spreading contamination

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## Steps for Proper Patient Care

1. Preparing the Area
2. Dressing Out
3. Hands-on Care
4. Leaving the Area

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## 1. Preparing the Area

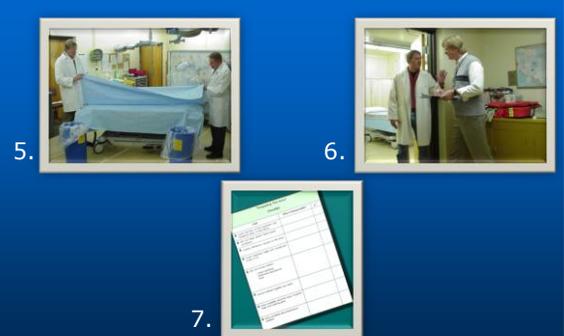


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## 1. Preparing the Area



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## 2. Dressing Out



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## 2. Dressing Out



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## 3. Hands-on Care

- Treat life threatening problems first
- Remove clothing when patient is medically stable
- Disrobing patient removes ~80% of contamination



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## 3. Hands-on Care

- Cut clothing from patient's head to feet



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## 3. Hands-on Care

- Roll clothes outward
- Keep contamination away from patient



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## 3. Hands-on Care

- Roll patient to side
- Protect cervical spine, if necessary
- Fold sheet over clothing



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### 3. Hands-on Care

- Roll patient to other side
- Roll sheet from head to feet
- Keep contaminated material away from patient's skin and airway



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### 3. Hands-on Care

- Remove contaminated material from immediate area
- Survey patient's back for contamination



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### 3. Hands-on Care

- Double bag contaminated linens and clothes
- Remove bag from immediate area
- Keep bag in designated holding area



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### 3. Hands-on Care

- Address medical problems first
- Treat life-threatening problems immediately
- Remove clothing and survey for radioactive contamination when patient is stable



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### 3. Hands-on Care

- Use distance to lower exposure rate, when possible



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### 3. Hands-on Care

- Bag wound dressing
- Label bag with name, date, and time
- Record meter reading (cpm)
- Double bag dressing and remove it from immediate area



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### 3. Hands-on Care

- Survey and define area of contamination at wound site
- Document initial reading (cpm)
- Record meter reading (cpm)
- Double bag and remove it from immediate area



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### 3. Hands-on Care

- Cover surrounding area with waterproof drapes

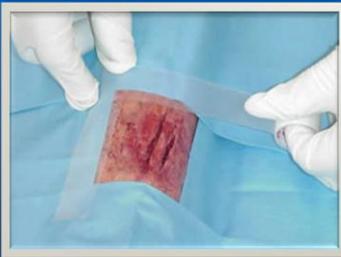


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### 3. Hands-on Care

- Tape edge of drapes to patient's skin



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### 3. Hands-on Care

- Direct any potential runoff into a lined garbage can



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### 3. Hands-on Care

- Protect from splashing with pads
- Wash and irrigate the wound
- Avoid flushing with high pressure



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### 3. Hands-on Care

- Blot wound one time with each 4x4 gauze
- Do not spread contamination



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### 3. Hands-on Care

- Cover and protect the wound
- Remove drapes and pads



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### 3. Hands-on Care

- Replace with clean waterproof pads
- Remove contaminated trash from the immediate patient area



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### 3. Hands-on Care

- Repeat meter reading (cpm)
- Compare current readings to initial meter reading
- Repeat washings of wound as long as they decrease survey readings
- A reasonable goal is less than three times the background level



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### 3. Hands-on Care

- Repeat draping and washing steps for each decontamination effort
- Stop when there is no decrease in survey readings



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### 3. Hands-on Care

- Wrap and bandage decontaminated wound



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### 3. Hands-on Care

- Make additional care decisions based on medical needs, not contamination concerns
- Contact REAC/TS if you have questions

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## 4. Leaving the Area



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## 4. Leaving the Area



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## 4. Leaving the Area



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## *What We Have Learned*

- Preparation of the Emergency Department
- Protective clothing for the caregivers
- Proper medical care with adaptations
- Leaving contamination in the contaminated area

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## *Questions?*



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