

NHS England

Emergency Preparedness, Resilience and Response

Guidance for the initial management of self presenters from incidents involving hazardous materials

If a contaminated patient presents at your facility please turn to section 2 and the action card at the back of this document for immediate actions.

NHS England INFORMATION READER BOX**Directorate**

Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Strategy & Innovation
Finance		

Publishing Approval Reference: 000197

Document Purpose	Guidance
Document Name	Guidance for the initial management of self presenters from incidents involving hazardous materials
Author	NHS England, Operations and Information, National EPRR team
Publication Date	11 February 2019
Target Audience	Emergency Care Leads, NHS Organisation's Accountable Emergency Officers and EPRR leads
Additional Circulation List	CCG Accountable Officers, GPs
Description	This document is to assist healthcare facilities or NHS branded buildings, where patients may present, to plan for and respond to self-presenters from a hazardous materials (HazMat) or chemical, biological, radiological, nuclear or explosive (CBRNE) incidents.
Cross Reference	N/A
Superseded Docs (if applicable)	Preparation for incidents involving Hazardous Materials, Guidance for Primary and Community Care facilities
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	National EPRR team Area 3a, Skipton House 80 London Road London SE1 6LH www.england.nhs.uk/ourwork/epr

Document Status

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Guidance for the initial management of self presenters from incidents involving hazardous materials

Version number: v 1.0

First published: 11 February 2019

Prepared by: National Emergency Preparedness, Resilience and Response team

Classification: OFFICIAL

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1 Introduction

Experience from hazardous or potentially hazardous incidents demonstrates large numbers of people may leave the scene without first coming into contact with the responding emergency services. Later, as a result of developing symptoms, or as a result of widespread media coverage, they may self present at any health facility displaying an NHS logo in search of treatment, advice and reassurance.

A proportion of these people will not have been contaminated, but are concerned about their possible exposure to toxic substances. However, some will have been exposed and may need treatment, and may retain a degree of contamination on their bodies or clothing, posing a risk to healthcare staff and any members of the public that they come in to contact with.

Caustic material (acid) attacks, the Eastbourne gas cloud in 2017 and the Salisbury nerve agent incident in 2018 have demonstrated the importance of early intervention. The 'Remove, Remove, Remove' campaign details the importance of removal of clothes and prompt removal of the substance. These practical steps are aimed at public bystander first aid – but have equal importance at any healthcare facility.

There are many examples historically of industrial incidents involving contamination – for example, where farmers have been exposed to toxic substances, or where contamination has occurred as a result of a road traffic collision involving transportation of hazardous materials.

It is likely that the resources of the emergency services would be fully committed at the scene of any incident. All healthcare facilities should, therefore, plan for unsupported management of self-presenters in the initial stages; where they may need to initiate improvised or interim decontamination, obtain specialist advice and provide information to keep people calm whilst waiting for support from the emergency services or establishing specialist decontamination units (acute trusts with Emergency Departments only).

The initial operational response (IOR) was developed in 2014/15, and is a first aid measure applicable to contaminated casualties. Elements of the IOR are described later in this guidance, and relate to actions that are quickly and easily achievable across any healthcare setting in the absence of any specialist knowledge or equipment.

Research and guidance carried out in 2014¹ has provided further evidence that undertaking simple measures, such as undressing as early as possible, can dramatically reduce the level of exposure, and subsequently improve overall patient outcomes.

¹ Amlôt R, Carter H, Riddle L, Larner J, Chilcott RP (2017) Volunteer trials of a novel improvised dry decontamination protocol for use during mass casualty incidents as part of the UK'S Initial Operational Response (IOR). PLOS ONE 12(6): e0179309. <https://doi.org/10.1371/journal.pone.0179309>

2 Purpose

2.1 Scope

The purpose of this document is to assist healthcare facilities or NHS branded buildings where patients may present to plan for and respond to self-presenters from a hazardous materials (HazMat) or chemical, biological, radiological, nuclear or explosive (CBRNE) incident. In these incidents there is a need to care for potentially contaminated patients, but also to be aware of the risk to staff and others from secondary contamination.

This guidance compliments the existing Initial Operational Response (IOR) and STEPS 1-2-3 plus guidance and, where they are already taught, the principles of those protocols should remain. Further information on IOR and STEPS 1-2-3 plus is available in chapter 4.

This guidance should also be considered in the event a potentially contaminated patient is encountered in the community.

The clinical management of a potentially contaminated patient is outside the scope of this document and is detailed in the CBRN Handbook published by Public Health England (PHE) and available through the link below.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/712888/Chemical_biological_radiological_and_nuclear_incidents_clinical_management_and_health_protection.pdf

2.2 Who is this document for?

The guidance can be applied to any healthcare setting or NHS branded building, including:

- Emergency departments, before the use of specialist equipment and protocols
- Health centres and Urgent Treatment Centres (UTCs) not co-located with emergency departments.
- Primary care - such as GP practices, pharmacies, dentists & opticians
- Mental Health facilities
- Other Community health services
- Providers of NHS funded services
- Any other NHS branded building where the public may present

2.3 How to use this document

This document is split into two sections.

Section 1 provides guidance and context. This section is for use by EPRR practitioners, business managers or to support training.

Section 2 details the actions to be taken by staff in the event of a contaminated person self presenting at any facility in a short guide.

2.4 Aim

To enable staff to initiate care for people self presenting as a consequence of any incident where a person or persons has been contaminated with or by a known or unknown substance likely to be hazardous to health; at the same time as protecting staff, existing patients and property from secondary contamination.

2.4.1 Objectives

Section 1

- To support acute and non-acute care settings in planning the initial response to a contamination incident by providing guidance.
- To promote an understanding of the implications of a contamination incident on the business continuity of these premises.
- To facilitate rapid recovery from any incident to allow return to normal business activity as early as possible.

Section 2

- To provide succinct advice to staff for dealing with the initial presentation of a contaminated casualty at a range of facilities.

Section 1

3 Planning

3.1 General Principles

Members of the public who may be contaminated, especially following large incidents, may leave the scene and subsequently seek assistance at a nearby healthcare facility. All healthcare facilities are required to have arrangements in place to manage self-presenting patients. These plans need to recognise that people concerned about the health impacts of a HazMat/CBRNE contamination incident, but not necessarily affected by it, may also attend healthcare facilities and other NHS sites even though they do not require treatment.

Plans should be prepared in partnership with other organisations such as the emergency services, other providers of NHS-funded healthcare, the local authority and voluntary organisations. This is especially important where there are several different providers located at one site.

Organisations may wish to consider how they will provide additional staff members to support the response at short notice.

3.2 Related Plans

Arrangements must be aligned to other EPRR procedural documents and plans such as:

- incident response plans
- business continuity plans
- lockdown plan

3.3 Alerting and Escalation

Timely alerting and escalation of the incident is essential. Incidents must be escalated in line with local procedures.

If a potentially contaminated patient presents at any facility that does not have an emergency department then the NHS ambulance service must be alerted via 999. This will be concurrent with the Remove, Remove, Remove process.

Depending on the severity and duration of the incident it may be appropriate for the affected organisation to enact its Incident Response Plan. Triggers for this should be included in plans.

3.4 Risk Assessment

As part of the planning process, a detailed risk assessment should be carried out to identify local hazards, such as industrial premises and agricultural services. This assessment should be informed by the national and local risk registers. This will influence the development of local risk mitigation strategies related to the building environment, staff training and equipment needs.

The risk assessment should also take account of the need to protect healthcare facilities, staff members and uncontaminated patients and the provision of timely and appropriate care to people self-presenting from a HazMat/CBRNE incident.

3.5 Premises

Premises should be assessed to determine how the plan will be implemented. Local plans will need to consider how to isolate potentially contaminated patients from others and link to local lockdown arrangements. Plans should be created in consultation with landlords, facilities management and other tenants, where applicable.

Organisations may wish to identify areas of their premises where IOR activities can take place. This would include access to clean running water and be considerate of patient modesty. Such areas could be marked with zones for patients to disrobe and then move to, making communication easier.

An incident of this nature has the potential to be disruptive and may result in the affected premises being compromised for a period of time. The plan will need to link to the organisation's business continuity arrangements to mitigate this.

3.6 Planning for Psycho-social Impacts

The likely emotional impacts during and after an incident and the psychological care of patients and staff members must be considered. This includes providing psychological first aid and support to those directly affected by the incident and reflective sessions for staff involved.

There are five planning elements relating to the psychosocial management of patients during the decontamination process.

3.6.1 Likely public behavior during decontamination

Available evidence suggests public behavior will be orderly and there will be no panic.

3.6.2 Responder management style

The public's behavior will be determined by how the incident is managed. Ineffective decontamination management (for example, withholding information, or refusing to respect public needs for privacy) may result in reduced compliance.

3.6.3 Effective communication

Effective communication is essential to promote compliance and cooperation during decontamination. Research suggests the emphasis should be on showing respect, treating people as individuals and respecting the public's needs.

3.6.4 Respect for concerns about privacy and modesty

Evidence from decontamination incidents and live exercises demonstrate that failing to respect the public's need for privacy can result in reduced trust in responders and reduced compliance with decontamination. Every effort should be made to protect self-presenters' privacy, modesty and beliefs whilst ensuring rapid removal of any contaminant.

3.6.5 Understanding the needs of vulnerable groups

Responders should be aware that some casualties may have difficulty in undergoing decontamination. Responders should, where practicable and whilst maintaining the principles of no physical contact, make provisions for assisting these individuals.

3.7 Training and Exercising

In line with the existing EPRR Framework staff members should be provided with:

- Appropriate training to ensure they are confident and competent to respond to incidents.
- Relevant documentation (e.g. action card)
- Opportunities to exercise the arrangements

3.8 Equipment and Supplies

These arrangements and the Remove, Remove, Remove model do not require staff members to wear specialist protective equipment nor does it require specialist decontamination equipment for the patient to use. Instead the model utilises any absorbent material such as blue roll or paper towels which can be retrieved from most building's toilets or kitchen facilities.

3.9 Lockdown

Lockdown is the process of preventing entry into and movement around buildings or areas, in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets. It is not within the scope of this guidance to cover all elements of lockdown procedures. For the purposes of this guidance lockdown should be planned for and considered as part of a response to a HazMat/CBRNE incident to minimise the risk of contamination of the healthcare facility, staff, patients or members of the public.

Use of the lockdown process for controlling the movement and access, both entry and exit – of people around a building or area is an effective way of minimising risk to patients, staff and premises. It should be noted, however, that healthcare organisations cannot physically prevent people from leaving their premises (even if the hazard or threat is outside the building which is locked down).

Lockdown is achieved through a combination of physical security measures and the appropriate deployment of security personnel (where available). The speed at which the assessment of need and the decision to activate a lockdown is taken is critical. This will determine the success of the lockdown in preventing the situation from worsening.

4 Response

The response may be initiated by the identification of a single patient or potentially by the use of the STEPS 1-2-3 plus protocol.

4.1 STEPS 1-2-3 plus

The Emergency Services use the STEPS 1-2-3 plus process as a recognition and risk assessment tool. If one incapacitated patient is encountered with unexplained symptoms then they are treated using NHS universal precautions. If two incapacitated patients are encountered together with unexplained symptoms they are treated with caution and a high index of suspicion of contamination using NHS universal precautions. When three or more incapacitated patients are encountered together with unexplained symptoms the staff withdraw to a safe distance and call for specialist resources and advice. At the same time the plus element indicates the instigation of IOR as per chapter 4.2.

This guidance document focuses on facilities where the public may present and as such they are unlikely to be incapacitated. However, staff should be aware of the need to be alert to multiple patients presenting with unexplained symptoms i.e. not from a medical condition.

4.2 Initial Operational Response (IOR)

The IOR model - remove, remove, remove describes a set of actions to be taken by a staff member in the event of encountering potentially contaminated patients. A key aspect of the model is guided self-care which means that the staff member is not required to touch the individual or their clothes. To reiterate the IOR actions are summarised below.

Tell those affected to:

1. **Remove themselves...** from the immediate area to avoid exposing others. Fresh air is important.
 - If skin is itchy or painful find a water source
2. **Remove outer clothing...** if affected by the substance advise the person to:
 - Avoid pulling clothing over the head, if possible
 - Not eat, drink or smoke
 - Not pull off clothing stuck to skin
3. **Remove the substance...** from the skin using a dry absorbent material to either soak it up or brush it off – for example blue roll or kitchen towel.
 - Only rinse with water if the skin is itchy or painful.

4.2.1 Alerting and escalation

Given the nature of a HazMat/CBRNE incident and its possible impact on the NHS, urgent and clear escalation is important. Organisations without dedicated decontamination facilities should escalate to the ambulance service via 999. Call

handlers for the ambulance service will be able to offer guidance to aid the local response while waiting for an ambulance to arrive.

It is also important that organisations use their existing internal escalation processes (generally via an on call system for major or critical incidents, alongside normal line management escalation) to allow appropriate plans to be enacted, such as an organisation's major incident or business continuity plan.

4.2.2 Remove themselves

Potentially contaminated patients that self-present should be isolated from other patients and staff members. A safe area, preferably outside, should be identified as ventilation is important.

If possible, the area should have a source of clean water however water should not be routinely used unless the contaminant is caustic and causing pain to the individual or if the agent is known to be biological or radioactive in nature. If water is used then it should be used from the head down, with contaminated skin areas being dowsed first.

It is important that staff members clearly communicate what is being done to help the individual and how they can help themselves. This will help foster the individual's confidence in the staff member and help promote compliance with the process.

4.2.3 Remove outer clothing

Scientific research has shown that the majority of skin surface contaminants are removed if disrobing, followed by appropriate decontamination, is done effectively.

Undressing should be systematic to avoid transferring any contamination from clothing to the skin. Any clothing that has adhered to the skin should not be forcibly removed. Where possible clothing should be removed from the top down and nothing should be pulled over the head. Scissors (if available) should be passed to patients to cut clothing from the body.

Staff members should consider the potential for hypothermia, modesty concerns and respect individual's cultural or religious beliefs. If available, alternative clothing or blankets should be provided.

Staff members should communicate:

- Why and how casualties need to be disrobe and decontaminate themselves
- That those who are capable should assist others who are injured or less able to carry out tasks - if they can and risk of cross contamination is low
- That more help is coming and not to leave the area
- Not to eat, drink or smoke and avoid touching their face due to the risk of ingesting or transferring hazardous materials
- Consider all options to communicate the message including providing demonstration of how to disrobe and undertake dry decontamination.

It is essential for crime scene investigation purposes that contaminated waste materials and clothing are contained in bags and left for a potential police investigation team. This however should be a secondary concern to the rapid disrobing, decontamination and treatment of casualties.

4.2.4 Remove the Substance

Decontamination must be performed on all disrobed individuals unless medical advice is received to the contrary. Dry decontamination should be undertaken unless the casualties are demonstrating signs or symptoms of exposure to caustic or irritant substances (for example, redness, itching and burning of the eyes or skin). Dry decontamination requires exposed skin surfaces to be blotted and lightly rubbed with any available dry absorbent material such as paper tissue, clean cloth, etc.

All waste material arising from decontamination should be left on the ground/floor or if possible bagged for disposal at a later stage. This should only be done by the casualties.

Depending on the nature and extent of contamination wet decontamination may be needed to decontaminate hair. However, the critical steps of rapid isolation, disrobe and dry decontamination should NOT be substituted or delayed whilst interim wet decontamination is established. Whether wet decontamination follows dry decontamination should be the subject of a dynamic risk assessment by the staff member as the nature and extent of contamination will be context-specific.

Water should only be used for decontamination where the casualty's signs and symptoms are consistent with exposure to caustic substances (itching or burning) such as acids or alkalis or the contamination has been identified as biological or radiological in nature. Wet decontamination may be performed using any available source of water such as taps, showers, fixed installation hose reels, sprinklers, etc.

When using water, it is important, to use a washing aid such as a cloth or sponge. Improvised decontamination should not involve overly aggressive methods to remove contamination as this could drive the contamination further into the skin and be delivered for a minimum of 90 seconds.

Additional note:

- Following improvised decontamination, remain cautious and watch for signs and symptoms in the decontaminated person
- If water is used to decontaminate casualties this may become contaminated, and therefore hazardous, and a potential source of further contamination spread;
- All materials (paper, tissues, etc.) used in this process may also be contaminated and should not be used on other casualties;
- The risk from hypothermia should be considered when disrobe and any form of wet decontamination is carried out;
- People who have been contaminated should not eat, drink or smoke before, during, or after the IOR decontamination process and should avoid touching their faces.

4.3 Risk Assessment

The purpose of a risk assessment is to identify hazards and the level of resources required to reduce the risk to an acceptable level and to inform the risk owner of the degree of risk they are responsible for and may be called to account for.

When a risk assessment is required for an activity that may be subject to rapid change (e.g. contaminated patients) and a delay would increase the risk of harm; a dynamic (qualitative) risk assessment should be carried out.

When conducting a dynamic risk assessment there are five principal stages to be followed:

Stage 1 - Identify the hazard

The first step is to look for hazards. Consider the location that the activity or process is carried out and check for potential dangers. Concentrate on anything with the potential to cause serious harm to employees, members of the public and the patient(s).

Stage 2 – Decide who might be harmed and how

Decide who and how many might be at risk

Stage 3 – Evaluate the risks and identify suitable and sufficient control measures

Implement the Remove Remove Remove procedures

Stage 4 – Record and implement findings

The findings of the risk assessment must be brought to the attention of those at risk to harm and appropriate training and instruction given on the implementation of the control measures.

Decide who and how many may be at risk; is it those undertaking the activity or may it also affect members of the public and staff.

Stage 5 – Review the assessment

All risk assessments should be reviewed at a frequency proportional to the risk.

5 Specialist Advice

In incidents involving contaminated patients it may be necessary to seek specialist advice. In the first instance the ambulance service will be able to provide operational guidance and advice. Specialist advice for health will be provided by PHE with the Local PHE Health Protection Team being the first contact for advice. Healthcare professionals can access advice and guidance on treatment from the National Poisons Information Service's TOXBASE.

If required, Local Health Protection Teams will be able to access advice and support from national resources such as the Emergency Coordination of Scientific Advice (ECOSA). ECOSA can also be accessed directly on - Tel: 0300 3033 493

6 Self-protection and personnel/client safety

Due to the nature of HazMat/CBRNE incidents the first priority must be the safety of staff and the public. Where available, personal protective equipment (PPE) should be worn but it is noted that standard PPE on site will vary depending on the environment, with sites such as Walk-in Centres having ready access to items such as aprons, face masks and gloves in a way that non-patient facing sites with the NHS logo will not.

The principle to be followed by staff in all non-acute settings is that direct physical contact with the patient(s) should be avoided with the focus on isolating patients, escalating for urgent assistance and following the principles of Remove Remove Remove. Consideration should be given to any waste material which may be contaminated that may need to be collected by the Police as evidence.

7 Quarantine (inside vs outside)

The most effective response to contamination as a result of HazMat/CBRNE is to direct people outside and follow the steps outlined in this document and in the action card. However, it is noted that it is not always feasible to do so and in some cases a more effective response can be coordinated in an appropriate indoor area. The most obvious example is presentation to a site in built up areas, where high footfall, busy roads etc. will prevent effective quarantine outside the building and may increase the risk of cross contamination. Whether quarantine is inside or outside consideration must be given to contaminated water run-off.

Quarantine of patients can be a difficult undertaking, particularly for staff who are not used to dealing with such situations. Consideration must be given to the dignity and privacy of patients, and while the first priority must be responding to the incident, cultural and religious sensitivities should be noted as a potential issue, as well as patients who may have a learning disability or mental health issues, as described in section 3.6. Consideration should also be given to the issue of language barriers and the consequences of unclear communication, which could result in contaminated patients leaving the site rather than awaiting instruction.

The most appropriate method of quarantine should be based on risk assessment – if the site does not allow for effective quarantine outside the building a designated area should be pre-identified to isolate affected patients, as was the case for non-acute facilities during the West African Ebola virus epidemic. Where quarantine inside the building is considered most appropriate then local guidance relating to partial or total lockdown must be followed as described in section 3.9. Advice from the emergency services and PHE Health Protection Teams should be followed.

8 Recovery

Recovery from a HazMat/CBRNE incident, as with any major incident, aims to minimise the consequences of an incident and resume normal operations as soon as

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is reasonably achievable. It is vital that recovery is considered early during the response phase of the incident as recovery can be a complex and long-running process which may involve more resources than during the response phase of the incident and is likely to include the involvement of multiple agencies.

The main objectives of the recovery phase are to:

- save and preserve human life
- contain and limit the spread of contamination
- implement adequate remediation
- protect the health and safety of casualties, patients and personnel involved in managing the incident
- protect the public
- protect (as far as is reasonably practicable) assets
- safeguard the environment
- provide clear communication with casualties, patients, staff, public and partner agencies.

To manage and coordinate the recovery process, a recovery coordinating group (RCG) should be established. The RCG may be either an internal group or part of wider external group involving partners. The complexity of a HazMat/CBRNE incident can vary widely depending on the scale, nature, locality and impact of the incident. In high profile cases with multiple fatalities recovery will be significantly more complex. Whatever response is required, recovery should always be based on an assessment of risk.

To ensure an effective recovery process, the RCG should consider the following:

- perform a dynamic risk assessment to determine the impact and set out actions in order of priority
- decide on remediation options, e.g. thorough cleaning, decontamination, destruction
- have procedures in place to ensure the health and safety of staff and patients
- restore and/or maintain critical services
- facilitate a return to 'business as usual'
- assess, prioritise and arrange for adequate resources
- decontamination of equipment and premises
- establish re-occupancy/re-use criteria
- communication with the public, media and staff
- return of personal effects after decontamination
- assess financial implications (including cross agency tasking)
- assess reputational damage
- adequate logging/record keeping of actions
- evaluate the recovery effort
- debrief (single organisation and multi-agency)

Some recovery measures require advice and/or involvement of other agencies, e.g. seeking Public Health England's advice on acceptable levels of residual contamination; liaising with partner agencies to ensure clear, accurate and

unambiguous information is disseminated to the public and media; setting up a 'helpline' or dedicated phone line with support from NHS 111 for enquiries and advice or the cleaning up of contaminated buildings and equipment by specialist contractors taking account of the source and nature of the contamination.

Consideration should be given to the fact that the police may consider an area to be a crime scene and personal belongings, equipment and waste may need to be collected as evidence. If the incident causes contaminated fatalities, disaster victim identification will be required as well as procedures for handling contaminated remains and/or decontamination of the deceased or body bag(s). In light of this, the RCG should make sure that, as well as addressing internal business continuity priorities, timely liaison with other agencies takes place to seek professional advice and work collaboratively to ensure the best possible outcome of the recovery will be realised.

After the incident and debrief, all relevant documents (incident response plans, business continuity plans, multi-agency plans, training and exercise content etc.) should be reviewed and updated accordingly with any lessons identified.

9 Next steps

- Review organisational arrangements for managing incidents including business continuity plans
- Encourage staff to view the IOR video hosted at the following link - <https://naru.org.uk/videos/ior-nhs/>
- Ensure the action card from this guidance is available at all reception desks and security points
- Consider discussing this guidance at staff meetings or as part of mandatory training

Section 2

Short guide for the initial management of self presenters from incidents involving hazardous materials

10 Response

A contaminated person may present at any healthcare setting or NHS branded building. It is likely the first contact with a staff member will not be a clinician but a member of reception, counter or security staff. The guidance in this section can be followed by all staff with little or no training and could make a significant positive impact upon a patient's outcome.

The information in this section is summarised on an action card which can be found on the last page of this document. It is advisable to make this section and the action card available and visible to staff who are likely to have the first contact with a contaminated person.

10.1 Recognition

The following signs may indicate a person is contaminated:

- Signs of powder, liquid or other contaminant on skin or clothing
- Coughing
- Sore, bloodshot or watering eyes
- Indicating they have been at an incident and may be contaminated

The above symptoms can be present in range of other conditions and as such staff may need to use intuition to recognise an incident has taken place. Further information which could help with the recognition of a contaminated person is listed below.

- Media reports of an incident
- Signs of an incident occurring – loud noises, smoke plume
- Numerous persons presenting with the same symptoms
- Emergency service activity in the area

The emergency services use a process called STEPS 1-2-3 plus. This process warns responders to be cautious of multiple patients in an area all displaying the same unexplained symptoms. This process is explained in detail in chapter 4.1 in section 1.

10.2 Initial Response

If a contaminated patient presents at your facility you should immediately call for assistance from a colleague or supervisor.

Escalate the incident by asking the colleague to either call 999 for an ambulance or if your facility has an Emergency Department contact the Nurse in Charge for further advice.

Remain at a safe distance from the patient and, if available at your site, wear standard clinical gloves and a mask. Even if equipment is available ensure you do not approach or touch the patient.

Help those affected to follow the Remove, Remove, Remove process as detailed below:

1. **Remove themselves...** from the immediate area to avoid exposing others. Fresh air is important.
 - If skin is itchy or painful find a water source
2. **Remove outer clothing...** if affected by the substance advise the person to:
 - Avoid pulling clothing over the head, if possible
 - Not eat, drink or smoke
 - Not pull off clothing stuck to skin
3. **Remove the substance...** from the skin using a dry absorbent material to either soak it up or brush it off – for example blue roll or kitchen towel.
 - Only rinse with water if the skin is itchy or painful.

Consider locking down the area by closing doors or using barrier tape to deter anyone else from entering vicinity.

10.3 Further Assistance

During the incident specialist advice can be sought from a number of channels:

- National Poisons Information Service's TOXBASE - Tel: 0344 892 0111
- Emergency Coordinated Scientific Advice system (ECOSA)
- Tel: 0300 3033 493
- PHE local Health Protection teams
- The Ambulance Service

10.4 Local Escalation

Senior managers should be made aware of the incident and organisation's incident response plans should be enacted.

The incident should also be urgently escalated to commissioners through existing on-call routes. Business continuity plans will need to be enacted to ensure services are maintained for patients.

10.5 Further Resource

A training video showing the IOR process enacted at an acute trust is available through the following link:

<https://naru.org.uk/videos/ior-nhs/>

First Contact Action Card

Emergency actions when managing potentially contaminated patient(s) in any healthcare setting. Tell those affected to:



REMOVE THEMSELVES

...from the immediate area to avoid further exposure to the substance or exposing others. Fresh air is important. If the skin is itchy or painful, find a water source.



REMOVE OUTER CLOTHING

...if affected by the substance. Try to avoid pulling clothing over the head. Do not smoke, eat or drink. Do not pull off clothing stuck to skin.



REMOVE THE SUBSTANCE

...from skin using a dry absorbent material to either soak it up or brush it off. Rinse continually with water only if the skin is itchy or painful.

Additional guidance relating to REMOVE, REMOVE, REMOVE:

REMOVE or ISOLATE	Reassure patient(s), direct outside if feasible or move to isolation area, limit their movement, do not touch
CONTAIN	Consider need for lockdown, limiting access and egress, switch air conditioning off
ALERT	Dial 999 for ambulance, provide details of substance if known, symptoms and numbers of casualties, follow internal alerting process
DISROBE	Instruct patient to REMOVE outer clothing, not to eat, drink or smoke (avoid pulling clothes over-head, do not to pull off if stuck to the skin)
ASSESS	REMOVE the substance from the skin using either dry, absorbent material or water dependant on:

↓	↓
<p><u>IF THE SUBSTANCE IS BURNING OR IRRITATING THE SKIN</u></p> <ul style="list-style-type: none"> • DO NOT touch the patient(s) • Provide / direct patient(s) to clean, running water source • Instruct patient(s) to begin rinsing affected areas starting with hair, (head back) hands, face working down and away from body for minimum of 90 seconds • Instruct patient(s) to place all used waste in waste bags / bins and isolate • Attempt to maintain privacy and dignity and follow any other specialist advice • Observe for signs of effects of substance on non-exposed personnel 	<p><u>IF THE SUBSTANCE IS NOT BURNING OR IRRITATING THE SKIN</u></p> <ul style="list-style-type: none"> • DO NOT touch the patient(s) • Provide blue / white tissue roll or other absorbent material • Instruct patient(s) to blot and rub exposed skin surfaces in a non-vigorous manner. Start with hair (head back), hands, face working down and away from body • Instruct patient(s) to place all used waste in waste bags / bins and isolate • Attempt to maintain privacy and dignity and follow any other specialist advice • Observe for signs of effects of substance on non-exposed personnel