

NON-AMBULATORY DECON UNIT LEADER

Mission: Ensure non-ambulatory patients are thoroughly decontaminated by working with a team of individuals in the physical decontamination area.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Setup Support Unit Leader Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours) [Operational Periods are arbitrary and may vary by incident.] Tasks are not in order of execution.	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Site Access Control Leader.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Report for medical baseline.		
Don appropriate PPE.		
Don appropriate unique identifier.		
Get briefing on nature of incident including identification, characteristics, and signs/symptoms of contaminant (if known), number of patients, and other items that might affect the response.		
Review hand signals and other communications methods along with Non-Ambulatory Decon Washer/Rinser Unit members.		
Review emergency egress procedures		
Assure that you have appropriate PPE including being labeled with the names of all team members on PPE.		
Initiate and maintain communications with Setup/Support Unit Leader.		
Take a position within the enclosure that will be used to physically decontaminate patients to enable control of the Team.		
Ensure the area is properly prepared to accept contaminated non-ambulatory patients.		
Ensure your area has sufficient doffing and washing materials for the number of patients expected.		
Ensure your area is prepared with adequate running water for patients to thoroughly wash contaminants from all parts of their bodies.		
Establish and maintain visual/verbal contact with Site Access Control Unit members.		
Call for a patient to be sent to you from the Safe Refuge area indicating gender if appropriate.		

Immediate (Operational Period 0-2 Hours) [Operational Periods are arbitrary and may vary by incident.] Tasks are not in order of execution.	Time	Initial
Ensure that the victim is transferred using appropriate patient management techniques (e.g., on backboard)		
Accept patient as he or she enters your location.		
Ensure at least one team member is on each side of prone patient.		
Maintain your position at the head of the patient that has entered area headfirst.		
Observe patient medical and physical condition.		
Begin decontamination process by washing head, face, and neck protecting the breathing area.		
Direct team members to cut away clothing from the head to the feet.		
Ensure patient is washed thoroughly on part of the body facing up.		
Secure the head and neck of the patient using cervical-spine precautions as appropriate.		
Direct team members to roll the patient to one side removing the clothing as they turn.		
Observe patient for any signs of stress or physical conditions that may interfere with complete decontamination.		
Direct team members to wash under the body and then turn to the other side, simultaneously washing backboard.		
Complete the patient washing and lay flat again.		
Send patient into Dryer/Dressing area when you are assured of complete decontamination transferring to a clean backboard.		
Prepare your area for the reception of the next patient.		
Call for the next patient from the Safe Refuge Area.		
May assist Ambulatory Washer/Rinser(s) if census allows.		
May not cross into Dryer/Dresser area at any time before self-decontamination is complete.		
At deactivation, or fatigue rotation, report through Contamination Reduction Corridor and be decontaminated by Stripper/Bagger or perform self decon.		
Continuously evaluate and recommend facility / staff protective action options to Setup Support Unit Leader.		
Advise the Setup Support Unit Leader of deviations from safe work practices or of any dangerous situations.		
Ensure your own protection from physical, environmental, biological, chemical hazards or exposures.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet when called upon with the Setup Support Unit Leader for status reports.		
Ensure you are rotated and replaced as needed.		
Ensure your own medical monitoring is conducted and coordinate with the Employee Health & Well-Being Unit Leader.		
Monitor hazard monitoring continues and issues are addressed.		
Advise Setup Support Unit Leader immediately of any operational issue you are not able to correct or resolve.		

Demobilization/System Recovery	Time	Initial
At deactivation, or fatigue rotation, report through Contamination Reduction Corridor and be decontaminated by Washer/Rinser or perform self decon.		
Ensure decontamination equipment that you used is cleaned, repaired, and replaced as warranted.		
Ensure disposable materials and wastes that you used or created are properly managed.		
Debrief with staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure you contribute to all documentation and Operational Logs (HICS Form 214) with the Setup Support Unit Leader or Victim Decon Unit Leader as appropriate.		
<ul style="list-style-type: none"> • Submit comments to the Setup Support Unit Leader for discussion and possible inclusion in the after-action report; topics include: • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan - reviewed • Hospital patient decontamination plan - reviewed (e.g., decontamination area drawings, procedures, and documentation logs) • Sufficient Doffing kits for one for each patient anticipated • Communication device if available

