DECONTAMINATE USING THE RINSE – WIPE – RINSE TECHNIQUE

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Emergency wet decontamination using the 'rinse – wipe – rinse' technique is simple, effective and requires minimal equipment and training. This technique may be adapted to the situation and available resources.

If soap is not available decontamination should still be carried out using water. Similarly if cloths/ soft brushes etc are not available rinsing with water or soapy water is preferable to doing nothing.

A specialised decontamination solution (e.g. RSDL) may be used if available. Contain all solid waste and water run-off from the decontamination process, where possible. This is important for preventing secondary contamination.

Step 1	Blot off any liquid on the skin with clean absorbent material e.g. a wound dressing or incontinence pad. Gently brush off any solids, e.g. powder.
Step 2	Gently rinse/wash affected areas with soapy water (0.9% saline for open wounds): this dilutes the contaminant and removes particles and hydrophilic chemicals. Start with face/airways first and work down to toes. Pay special attention to skin folds, skin creases, nails, ears, and hair. Flush eyes copiously with 0.9% saline (or distilled water for sulphur mustard) as needed. If possible, use copious amounts of water as small amounts of water could facilitate the spread and absorption of some chemicals.
Step 3	Wipe affected areas gently but thoroughly with sponge or soft brush or washcloth: this removes organic chemicals and petrochemicals (not water soluble). Sponges and washcloths must be replaced regularly.
Step 4	Gently rinse affected areas.



Step 6

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Gently dry cleaned areas with disposable towels. Consider dressing open wounds.

Transfer patient to a new stretcher in the clean zone and wash 'dirty' stretcher for future use.



Make sure all staff self-decontaminate before leaving the decontamination area. This may require a change of clothing, so additional clothes should be available for staff.

In later care of the patient, consider any debris removed when treating trauma injuries as contaminated.

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Initial clinical management of patients exposed to chemical weapons

