

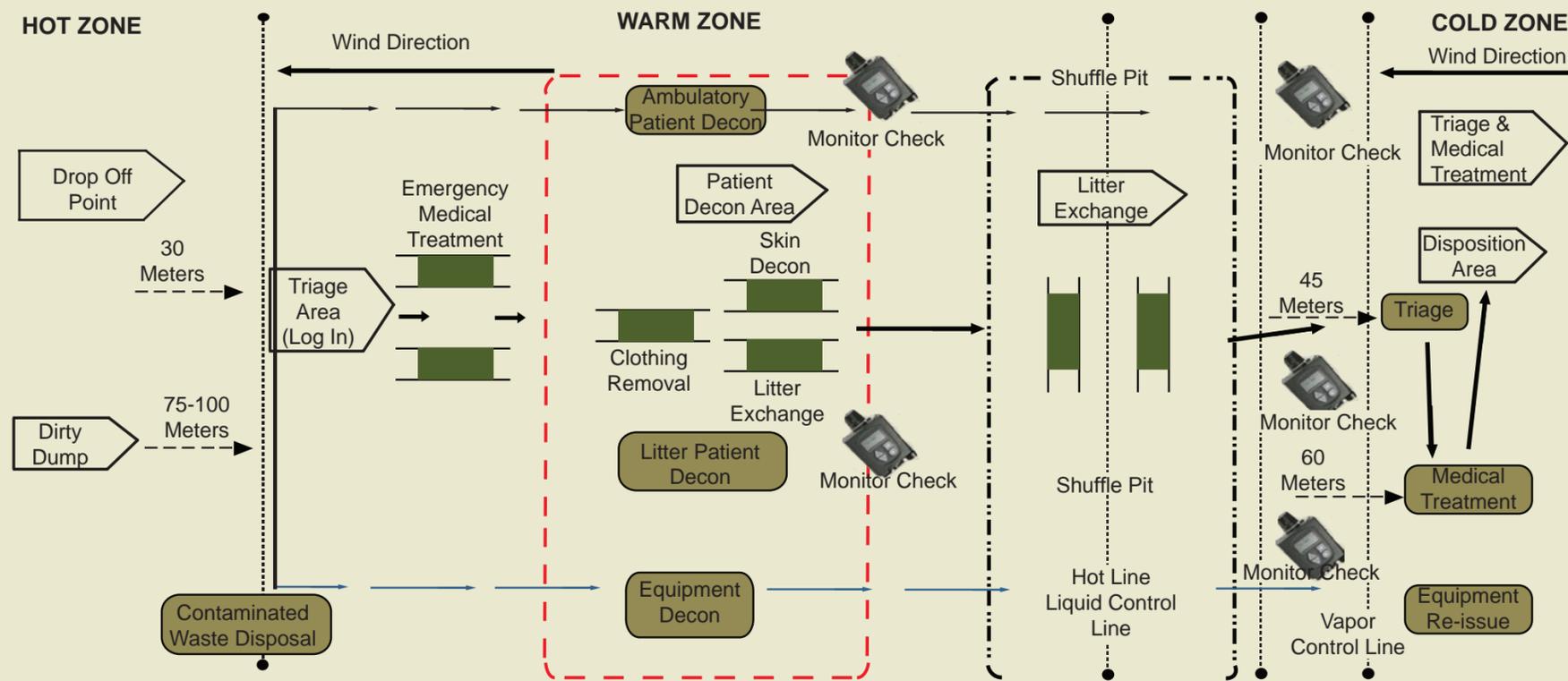
GTA 03-08-002  
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# Contaminated Casualty Care



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## CASUALTY DECONTAMINATION SITE (EXAMPLE)



CENTER FOR ARMY LESSONS LEARNED  
10 Meade Avenue, Building 50  
Fort Leavenworth, KS 66027-1350  
<http://call.army.mil>

ASYMMETRIC WARFARE GROUP  
2270 Rock Avenue  
Fort Meade, MD 20755-5355  
<http://www.awg.army.mil>



References:  
Army Techniques Publication (ATP) 4-02.7, *Multi-Service Tactics, Techniques, and Procedures (TTP) for Health Service Support in a Chemical, Biological, Radiological, and Nuclear (CBRN) Environment*, 15 MAR 2016  
Field Manual 3-11.9, *Potential Military Chemical/Biological Agents and Compounds*, 10 JAN 2005

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## PATIENT DECONTAMINATION RESPONSIBILITIES

\* See ATP 4-02.7, Chapter 5, for detailed information on patient decontamination.

Patient decontamination begins at the incident site.

**Self-aid.** Perform immediate lifesaving self-aid and personal decontamination. Administer antidotes (for nerve agent exposure) and assume the appropriate mission-oriented protective posture (MOPP) level.

**Buddy aid.** The individual may be incapable of providing self-aid. Buddy aid actions include:

- Treat immediate life-threatening injuries (Tactical Combat Casualty Care [TCCC]): massive hemorrhaging, airway, respiration, circulation, and hypothermia [MARCH].
- Determine type of contamination (chemical, biological, radiological).
- Administer appropriate antidotes (use the casualty's own antidotes).
- Decontaminate exposed skin and contaminated MOPP gear using:
  - Reactive Skin Decontamination Lotion or M291 Skin Decontamination Kit (chemical).
  - Soap and water (chemical, biological, radiological).
  - Dry earth, bleach and water, etc. (chemical).
  - Brushing or vacuum (radiological).
- Put the remaining protective clothing on the casualty.
- Move to decontamination point as soon as possible for more definitive care.

## SPECIAL EQUIPMENT

- Litters, litter stands, backboards and wheeled carriers
- Voice amplifiers for pro mask
- Radios
- Joint Chemical Agent Detector (JCAD)/ Improved Chemical Agent Monitor (ICAM)
- VDR-2 or PDR-77 Radiac Set 3
- Chemical lights, engineer tape
- Colored tape (lane and boundary markings)
- Signage for stations
- Stakes (to anchor tape and other markings)
- Excavator to dig drainage pits
- Toxicological Agent Protective (TAP) Apron
- Decontaminants (bleach)

**NOTE:** Refer to the Joint Acquisition CBRN Knowledge System (JACKS) website at <https://jacks.jpeocbd.osd.mil>; ATP 3-11.32, *Multi-Service TTP for CBRN Passive Defense*, 13 MAY 2016; and the references listed in this GTA for the most current CBRN information.

\* Distribution restrictions may apply to some references.

### INITIAL WOUND DECONTAMINATION

- During thorough patient decontamination, all bandages suspected of contamination are removed and the wounds are flushed with isotonic saline solution or water.
- Bandages are replaced only if bleeding begins after decontamination.
- Tourniquets suspected of being contaminated are replaced with clean tourniquets, and the sites of the original tourniquets are decontaminated.
- Both bandage replacement and tourniquet replacement are performed by medical personnel in the warm zone before transferring to the cold zone (see the casualty decontamination site example).
- Splints are thoroughly decontaminated but removed only by a physician or under a physician's supervision.
- Once the patient has been thoroughly decontaminated and enters the medical facility, the new dressings are removed and submerged in 5 percent hypochlorite or sealed in a plastic bag.

### DECONTAMINANTS

Type of Application	Type of Contaminant					
	Chemical		Biological		Radiological/Nuclear	
	personnel: (immediate and time critical)	surface/ material/area	personnel: (not time critical)	surface/ material/area	personnel: (less time critical)	surface/ material/area
Decontaminants/ techniques						
Misting hair/clothes	minimize reaerosolization		minimize reaerosolization		minimize reaerosolization	
Physical removal	remove outer garments		remove outer garments		remove outer garments	
Water only	X	X	X			
Soap and water	X	X	X	X	X	X
Weathering		X		X		
Individual equipment decontamination kit		equipment		equipment		
M100 Sorbent Decontamination System (SDS) reactive powder		X		X		X

### RADIATION SICKNESS SYMPTOMS

- Bleeding from the nose, mouth, gums
- Bloody stool
- Bruising
- Confusion
- Dehydration
- Diarrhea
- Fainting
- Fatigue
- Mild fever
- Hair loss
- Mouth ulcers
- Nausea and vomiting
- Skin burns

### SIMILARITIES BETWEEN HEAT INJURIES AND NERVE AGENT POISONING

<u>HEAT INJURIES</u>	<u>NERVE POISONING</u>
<b>HEAT EXHAUSTION:</b> Nausea Dizziness Headache Weakness Clumsy/unsteady walk Muscle cramps*	<b>MILD NERVE POISONING:</b> Nausea Pinpoint pupils Runny nose Sweating Vomiting Slight difficulty breathing*
<b>HEAT STROKE:</b> Loss of consciousness Convulsions and chills Vomiting Profuse sweating Confusion, mumbling* Possibly combative*	<b>SEVERE NERVE POISONING:</b> Loss of consciousness Convulsions Loss of bodily fluid control Loss of breathing Muscle twitching* Paralysis*

\* Unique symptom to injury

### OTHER CHEMICAL WARFARE AGENT SYMPTOMS (BY AGENT TYPE)

<b>Blood Agent (hydrogen cyanide [AC], cyanogen chloride [CK], arsine [SA]):</b> Confusion Nausea Gasping for air Seizures	<b>Incapacitating Agent (3-Quinuclidinyl benzilate [BZ], other):</b> Dry mouth and skin Altered consciousness, delusions Lack of coordination Hallucinations	<b>Blister Agent (sulfur mustard [H, HD], lewisite [L], phosgene oxime [CX], nitrogen mustard [HN-series]):</b> Redness and blistering of the skin Tearing, conjunctivitis Mild respiratory distress	<b>Choking agent (chlorine [Cl], hydrochloric acid [HCl], phosgene):</b> Eye and skin irritation Airway irritation Coughing Sore throat Chest tightness
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### ANTIDOTE TREATMENT-NERVE AGENT, AUTO-INJECTOR (ATNAA) AND CONVULSIVE ANTIDOTE, NERVE AGENT (CANA) INSTRUCTIONS

- Administer ATNAA as soon as any signs or symptoms are noted.
- If symptoms of the nerve agent are not relieved, the Service member should be given two additional ATNAAs.
- Administer the CANA after administering three ATNAAs to severely poisoned casualties or those obviously seizing.
- Atropine and pyridine-2-aldoxime methiodide (2-PAM) chloride solutions freeze at about 30 F. Store in a MOPP pocket to keep warm during cold weather.

(New Injector)



(Old Injector)



### BIOLOGICAL AGENT CONTAMINATION

If biological agents are suspected, Soldiers should enter quarantine after they have been decontaminated. Most biological agents would need an incubation period of several days (1 to 7) in order to cause sickness. Many biological agents can mimic symptoms related to the flu, so the diagnosis of contamination is difficult.