

**SPECIAL OPERATIONS FORCES
MEDICAL ELEMENT AUGMENTATION TEAM
UTC: FFGK8**

PATIENT DECONTAMINATION PROCEDURES



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1. Purpose. The Special Operations Forces Medical Element (SOFME) Augmentation Team (UTC: FFGK8) can provide limited field expedient nuclear, biological, or chemical (NBC) decontamination capabilities. FFGK8 personnel will decontaminate a maximum of ten people due to equipment and personnel limitations. Operations can take place in austere conditions, night or day. The team is comprised of one Independent Duty Medical Technician (IDMT), one Bioenvironmental Engineering (BEE) Journeyman, one Public Health (PH) Journeyman, and either a Medical Logistics or Medical Administration Journeyman. Personnel and equipment for this operation is extremely limited, due to the space and weight restrictions aboard SOF aircraft.

2. Personnel. Personnel duties are as follows:

BEE Journeyman	1. Check wind direction. 2. Set up decontamination area. 3. Decontaminate patients. 4. Load patients onto exfiltration aircraft. 5. Decontaminate IDMT/Logistics/Administration
PH Journeyman	1. Check wind direction. 2. Set up decontamination area. 3. Decontaminate patients. 4. Load patients onto exfiltration aircraft. 5. Decontaminate IDMT/Logistics/Administration
Medical Administration/Logistics Journeyman	1. Decontaminate patients. 2. Load patients onto extraction aircraft.
IDMT	1. Triage and treat contaminated patients. 2. Decontaminate patients. 3. Load patients onto extraction aircraft.

3. Training. All FFGK8 personnel require training for the following:

- a. Field and Medical Management of Chemical and Biological Casualties.
- b. Use of the Resuscitation Device, Individual, Chemical (RDIC)
- c. Proper use of Chemical Agent Monitor (CAM)
- d. Proper Decontamination Procedures (See Attachments)
- e. Decon Area Setup (See Attachment 2)
- f. Proper use of M-8 Paper
- g. Proper Self-Decontamination Procedures (See Attachments)
- h. Emergency Medical Technician – Basic (EMT-B)

4. Equipment. Equipment will be transported in one medical nesting box. See Attachment 2 for the equipment-packing list for this operation. The IDMT medical bag (dirty side) will be considered contaminated and left behind.

5. Ingress. Personnel will be transported to the decontamination site by SOF aircraft or opportunity.

- a. The medical nesting box, litters, litter carrier, and water cans will be secured to the floor of the aircraft. Each FFGK8 team member will have one redress bag with necessary clothes to change into after final personal decontamination. Personnel will use gunner's belts to attach themselves to the aircraft for flight. Redress bags will be placed on site with the clean side SOFME. See Attachment 1.

b. All FFGK8 personnel will dress to Mission Oriented Protective Posture (MOPP) level two (2) prior to departure. Personnel will wear flight gloves as glove inserts. Flight gloves will protect personnel during setup. Personnel will wear standard flight suits beneath J-LIST chemical protective over garments. The dirty side personnel will wear chemical protective aprons and voice emitters. The clean side SOFME will be required to dress to MOPP Level 2. All personnel will wear protective kneepads.

6. Decontamination Area Setup. The decon area will be established as outlined in Attachment 1.

a. Once FFGK8 deplanes, the team will set up the Charlie Horse. Decontamination equipment will be transported to the decon site on the Charlie Horse. The BEE/PH person will establish wind direction using a wind flag. The wind flag can be made using a flag from the SOFME Mishap Ruck and attaching a streamer. The BEE/PH person will establish the decontamination area using red, blue, and green chemical luminescent light sticks. See Attachment 1 for a setup diagram. The decontamination corridor should be approximately 30 yards long and 10 yards wide. The SOFME team will have fifteen minutes to complete the decon corridor setup.

b. Soapy water solution and clean water will be prepared and transported in five-gallon water cans. Two water cans of soapy water and one water can of clean water will be labeled and color-coded to distinguish between the two types of water. Adding two ounces of dish soap to each five-gallon water can will make the soapy water solution. One bucket of soapy water and one of clean water should be placed on either side of the patient litter at the red decontamination station.

c. One empty washbasin should be placed on each side of the patient (red decontamination area) to provide allocation to set down cutting tools.

d. The CAMs and M-8 paper will be placed at the monitoring station in the blue zone.

e. Redress bags will be positioned on the clean side.

7. Patient Triage and Treatment. The IDMT will start patient triage and treatment immediately. Treatment will be limited to antidote administration and airway, breathing, and hemorrhage control. One SOFME medical bag will accompany the IDMT. The clean-side SOFME will administer additional care for shock, wounds, and illnesses, which are so severe that delay may be life and limb threatening.

8. Patient Decontamination. The team will have a maximum of 10 minutes to decontaminate one person; this is situation dependant. Personnel will use cutting knives and EMT scissors to remove clothing and equipment from contaminated personnel. Personnel will use M-295 decontamination kits to decontaminate chemical agents and soapy water for biological and radiological agents. Decontamination with the M-295 kit or soapy water will only be accomplished at areas of suspected contamination. If there are no visible signs of contamination, chemical protective clothing removal, following the instructions in the document, should be sufficient to remove contamination. If patients present without chemical protective clothing, special attention should be made to wound sites, rips, and tears in clothing, and wet or soiled areas for decontamination. Patients will always be fully removed from their clothing during the decontamination process. See attachments 3-6 for detailed decontamination procedures. Wool blankets will be used on the clean side for patient comfort.

a. Patients will be triaged in place. The BEE/PH and Medical Logistics/Administration will litter carry the patients to the red decon area. The patient will be decontaminated on the patient transport system they arrived on (I.E. litter, Skedco, etc...). Once decontaminated, the patient will be transferred to a clean litter, placed on the Charlie Horse litter transport device, and transported to the blue decon area to monitor for cleanliness. If the patient is clean they will be transported to the clean line and transferred to the SOFME. If the patient is dirty, the patient will be brought back to the red decon area for further decontamination. See attachments for details.

b. Wound and Bandage Management. The IDMT will remove bandages, splints, and tourniquets from contaminated casualties. Decontamination of wounds and mucous membranes (when contaminated) is primarily done by irrigation. Irrigation fluids can spread contaminants and must be controlled. The following

table describes how the body parts should be treated. All wet areas after irrigation, except in wound, will be decontaminated using the M-295 kit.

Body Part	First Aid
Eyes	Irrigate with water, washing from inner angle toward outer edge.
Ears	Irrigate and wipe with M-295 skin decontamination kit.
Mouth (conscious patient only, mask missing or damaged)	Irrigate with water.
Wounds	Irrigate with soapy water.
Contaminated tourniquet (s)	Decontaminate area of limb proximal (closer to body) to the tourniquet. Place a new tourniquet ½ to 1 inch above old tourniquet. Remove old tourniquet. Decontaminate area where old tourniquet was located.
Contaminated splints	Remove the splint and decontaminate exposed skin. Do not replace splints if removed. The SOFME will inform the clean side SOFME whenever this has been done.
Contaminated bandages	Cut away all bandages. Irrigate wounds with soapy water.
C-Collar	Old c-collar will be removed while manual head stabilization is maintained. Decon the area that was covered by the old c-collar with M-295 kits. Place a clean c-collar on patient.

b. Decontaminating Gloves and Cutting Instruments. The importance of decontaminating gloves and cutting instruments cannot be overemphasized. The cutting instruments and gloves must be decontaminated using the M-295 kit before making each cut to prevent contamination of the patient's uniform or underclothing.

c. The patient's non-sensitive personnel uniforms and gear will be collected in a pile to leave behind. The weapons will be given back to the contaminated patient's Team Chief (or who ever transported them for decontamination). Classified and sensitive equipment that are required to be removed from the site will be double bagged in garbage bags for removal with the evacuation aircraft. The patient's team chief should be instructed to remove classified and sensitive materials prior to decontamination. The patient's team chief will also collect and take control of all weapons. Aircrew weapons (9mm) will be double bagged in garbage bags.

9. Emergency Egress and Expedient Decon.

a. Emergency Egress. If at any time the decon area receives enemy fire, the Aircraft Commander will decide to evacuate. If evacuation is ordered, all patients, FFGK8, and SOFME will evacuate onto the helicopter in MOPP 4. The helicopter will then be considered contaminated. All personnel aboard will be required to wear MOPP 4.

b. Expedient Decon. If there is insufficient ground time to accomplish the decon procedures outlined in this document, the FFGK8 will take the following precautions to protect themselves and the aircraft:

1. The SOFME will respond to the patients and conduct triage and treatment as necessary.

3. Patients will be decontaminated using M-295 kits. FFGK8 personnel will decontaminate all exterior, exposed areas on the patient and their uniform. Sensitive or classified material will be double bagged in garbage bags and placed into a body bag with liner. Weapons and equipment will left with patient's team leader.

4. Patients will be placed into two layers of plastic for extraction. Wool blankets will be placed on the outside of the patient protective wrap or plastic for warmth. Duct tape will be used to secure the plastic.

5. Patients will litter carried to the evacuation aircraft. Medical care will continue in the evacuation aircraft.

6. All aircrew, FFGK8, and SOFME will wear MOPP IV for the duration of the return flight. All patients will require to be properly decontaminated upon return to an airbase. All aircrew, FFGK8, and SOFME will also require proper decontamination upon return to the airbase.

7. The aircraft will be considered dirty until the extent of contamination can be determined.

8. Equipment used will be limited to the medical treatment equipment, M-295 kits, plastic, duct tape, and wool blankets.

10. Closing Down Decontamination Facilities. Before leaving the decontamination area, the patient decontamination team members must decontaminate equipment and then each other.

a. Self-Decontamination. Self-decontamination will be performed in the blue decon area. Each team member must be decontaminated in the same way as an ambulatory patient would be decontaminated. The BEE/PH person will decontaminate and help remove the clothing from the IDMT and Medical Logistics/Administration personnel. The BEE/PH person will then help each decontaminate and remove their over-garments. Team members must ensure to:

1. Completely decontaminate their aprons and gloves again.
2. Remove aprons to avoid recontamination.
3. Decontaminate their overboot tops, then their gloves.
4. Monitor the entire ensemble for contamination and remove contaminated items.
5. Decontaminate boot soles.
6. Don't remove the mask until after crossing vapor hazard line.

b. Equipment Disposal and Egress.

1. The pile of patient's non-sensitive, unclassified clothes, and equipment will be left behind. The FFGK8 will not take weapons from the decon area. Sensitive or classified equipment/material that was placed into garbage bags will be taken back with the medics after the BAG has been checked for contamination and decontaminated with the M-295 kit as necessary. The CAM units will be decontaminated using the M-295 kit and then double bagged in garbage bags. All equipment in garbage bags will be placed into a body bag with liner. The SOFME chemical masks will be double bagged in garbage bags (after personal decon) for removal with the extraction aircraft. The IDMT medical bag will be left behind.
2. All medical decontamination team members will process onto SOF aircraft of opportunity or other SOF transportation means for exfiltration.

Attachment 3

NBC Triage Categories

Triage	Immediate	Minimal	Delayed	Expectant
Nerve (Paralysis)	Severe SX, but minor resp. trouble, awake, and no seizures. Prognosis is excellent. Give 3 MARK 1 kits and Diazepam. More Atropine PRN.	Walking and talking. No need for any immediate or life saving care.	Patient recovering from severe exposure and has received large amounts of antidotes (may or may not be ventilated). Will need observation.	Unconscious, apnea, seizures, and BP can't be supported and suitable meds given (plus ventilation).
Vesicant (Blisters)	This category not often used for vesicants; but might be for Moderate-Severe resp. signs and symptoms.	Lesions on <5% of Body Surface Area. Most returned to duty.	Lesions on <50% of Body Surface Area. Respiratory contact will need help later and can wait. No TX for eye injury; it also waits.	Severe respiratory effects within 4-6 hours of exposure. Also, over 50% involvement of Body Surface Area.
Cyanide (Metabolic Poison)	Presents within minutes of inhalation with seizures or recent on-set apnea. Circulation intact. IMMEDIATE ANTIDOTE is life saving.	Has inhaled less than lethal amount and has mild effects. Antidote may reduce symptoms but not necessary to save life.	Is recovering from mild effects or from successful TX. Many hours before full recovery evacuation not necessary but may be done while patient recovers.	Apnea with circulatory failure (note: Generally inhalation victims living long enough to reach medical care will survive with minimal care.
Pulmonary (For Triage in <12 Hours)	If ONLY pulmonary edema is present and intensive care is immediately available.	Dyspnea only. Close Observation. Retriage hourly.	Known exposure without SX. Observe and triage every 2 hours.	Pulmonary edema, cyanosis, and low BP.

Attachment 4**Equipment Packing List**

NSN	Nomenclature	Quantity
6850-01-357-8456	M-295 Decontamination Kit	10 Kits (40 mitts)
6515-01-352-0446	60cc Syringes	4 Each
6530-01-075-2723	Wash Basins	8 Each
6260-01-074-4229	Green Light Sticks (Ten for Medical Bag)	30 Each
6260-01-178-5560	Blue Light Sticks (Ten for Medical Bag)	30 Each
6260-01-178-5559	Red Light Sticks (Ten for Medical Bag)	30 Each
6665-01-106-4302	Resuscitation Device, Chemical	2 Kits
7240-00-089-3827	5-Gallon Water Can	3 Each
Unknown	SOFME Medical Bag (Vest used until new one found)	1 Each
6515-01-167-6637	Nasal Pharyngeal Airway (Medical Bag) – 30 Fr	3 Each
6515-00-687-8052	Oral Pharyngeal Airway (Medical Bag) – Large Adult	3 Each
6510-01-460-0849	Israel Bandage (Medical Bag)	6 Each
6505-01-174-9919	Antidote Kit, Nerve Agent (Medical Bag)	10 Each
6505-01-274-0951	Diazepam Auto-Injector (Medical Bag)	10 Each
6515-00-383-0565	Tourniquet (Medical Bag)	5 Each
6515-01-330-1590	Adjustable C-Collar	2 Each
6510-00-721-9808	4x4 Gauze	250 Each
Local Purchase	Dishwashing Soap	1 Bottle
6515-00-935-7138	EMT Shears	5 Each
5110-00-524-6924	Rescue Knives	3 Each
8415-00-033-3519	Chemical Protective Apron	3 Each
8415-01-458-8699	Knee Pads	4 Pair
6665-01-199-4153	CAMS	2 Each
6665-00-050-8529	M-8 Paper	10 Booklets
3740-01-454-1982	Wind Flag	1 Each
6530-01-380-7309	Litters	10 Each
5830-01-364-4595	Voice Emitters	4 Each
9930-00-170-1492	Body Bag with Liner	1 Each
8105-01-221-3237	55-Gal Heavy Duty Garbage Bags	10 Each
	Plastic Sheeting (8 foot by 7 foot)	10 each
5640-00-103-2254	Duct Tape	1 Roll
Local Purchase	Charlie Horse Litter Transport	1 Each

Attachment 5

Litter Patient Decontamination Procedures for Patients Wearing the Battle Dress Uniform (BDU) and Battle Dress Overgarment (BDO).

1. Original Patient Transport System. The patient will be at the site on a dirty litter or other patient transport system. Decontamination will take place on that transport system. Transferring the patient to a clean litter will take place after the patient's clothes have been removed and the skin has been decontaminated.
2. Remove Load Carrying Equipment (LCE). Remove the LCE by unfastening all connectors or tie straps and place in the pile for equipment to be left behind.
3. Remove Hood.
 - a. MCU2A/P Mask (Air Force). Before cutting the hood, decontaminate the cutting device using the M-295 kit. Remove the hood by cutting it off or loosening it from the mask attachment points. Release or cut hood shoulder straps. Cut neck cord. Cut up from bottom front of hood, through the elastic line below voice emitter. Cut the temple straps of the hood, NOT the mask (one person). Roll left and right sides away from the patient's head (two person).
 - b. M-40 Mask (Army). Remove the hood by cutting it with scissors or by loosening it from the mask attachment points for the quick-doff hood or other similar hoods. Before cutting the hood, decontaminate the cutter using the M-295 kit. Cut the neck cord and the small string under the voice emitter. Release or cut the hood shoulder straps and unzip the hood zipper. Cut the hood upward to the top of the eye-lens outsert, staying close to the filter-inlet cover and eye-lens outsert, then across the forehead to the outer edge of the other eye-lens outsert. Proceed downward toward the patient's shoulder, staying close to the eye lens outsert and filter-inlet cover, then across the lower part of the voice emitter to the zipper. After decontaminating the cutter using the M-295 kit, cut the hood from the center of the forehead over the top of the head. Fold the left and right sides of the hood to the side of the patient's head, laying the sides of the hood on the litter.
4. Decontaminate Protective Masks and Exposed Skin. Use the M295 kit to decontaminate the mask. Continue by wiping the exposed areas of the patient's face, to include the neck and behind and inside the ears. Do not remove the protective mask.
5. Remove Gross Contamination from Patient's Overgarment. Remove all visible gross contamination by scraping with a stick or other scraping device. Decontaminate spots with the M295 kit.
6. Remove the Patient's Personal Effects. Remove the patient's personal effects from his protective overgarment and BDU pockets. Place sensitive/classified articles into a double garbage bag for removal with the extraction aircraft. Do not remove the patient's dog tags.
7. Remove Patient's BDO. Before cutting the BDO, decontaminate the cutting device using the M-295 kit to prevent contamination of the patient's BDU or undergarments. The overgarment jacket and trousers may be cut simultaneously. Two persons may be cutting clothing at the same time. Remove bandages, tourniquets, and splints.
 - a. Remove Overgarment Jacket. Make two cuts down each sleeve through the collar, from the shoulder to the wrist. Decontaminate the cutting device using the M-295 kit before making each cut to prevent contamination of the patient's uniform or underclothing. Keep the cuts close to the inside of the arms so that most of the sleeve material can be folded outward. Unzip (or cut) the jacket front; roll the chest sections to the respective sides, with the inner surface outward. Continue by tucking the clothing between the arm and chest. Roll the cut sleeves away from the arms, exposing the black liner.
 - b. Remove Overgarment Trousers. Cut both trouser legs starting at the waist. Keep the cuts near the inseams to the crotch. With the left leg, continue cutting to the ankle, avoiding the pockets. With the right leg, cut from the left leg cut, across the crotch to the right inseam, and down to the right ankle. Fold the cut trouser halves

away from the patient and allow the halves to drop to the litter with contaminated side down. Roll the inner leg portion under and between the legs.

8. Remove Outer Gloves. This procedure can be done with one person on each side of the patient working simultaneously. The team will decontaminate their gloves using the M-295 kit. Next, lift the patient's arms up and out of the cutaway sleeves unless detrimental to the patient's condition. Grasp the cuff of the glove; roll the cuff over the fingers, turning the glove inside out. Do not remove the inner cotton glove liners at this time. Carefully lower the arms across the chest after the outer gloves have been removed. Do not allow the patient's arms to come into contact with the exterior of his overgarment. Place the gloves in the pile for equipment to be left behind. Decontaminate your gloves using the M-295 kit.

9. Remove Overboots. Decontaminate the cutting device using the M-295 kit before making each cut. Cut down the center of the overboot to the toe, cutting through the rubber and elastic eyelets. Remove the two overboots simultaneously. This reduces the likelihood of contaminating one of the combat boots. While holding the heels off the litter, have one team member decon the end of the litter with the M-295 kit to neutralize any liquid contamination that was transferred to the litter from the overboots. Lower the patient's heels onto the decontaminated litter. Place the overboots in the pile for equipment to be left behind. Personnel will then decontaminate their gloves using the M-295 kit.

10. Remove Battledress Uniform (BDU). Cut the BDU jacket and trousers as described in paragraphs 7 above for the protective overgarment. Roll the jacket and trousers as described in 7 for the protective overgarment.

11. Remove Combat Boots. Cut the bootlaces along the tongue. Remove the boots by pulling them towards you. Place the boots in the pile for equipment to be left behind. Do not touch the patient's skin with contaminated gloves when removing his boots.

12. Remove Undergarments. Follow the procedures for cutting away the protective overgarment and rolling it away from the patient. If the patient is wearing a brassiere, cut it between the cups. Cut both shoulder straps where they attach to the cups and lay them back off of the shoulders. Remove the socks and cotton glove liners. Do not remove the patient's identification tags.

13. Decontaminate Skin.

a. With the patient lying on his/her back, decontaminate the skin using the M295 kit. Decontaminate areas of potential contamination to include areas around the neck, wrists, and lower parts of the face. Decontaminate the patient's identification tags and chain, if necessary.

b. Before touching the patient, the decontamination team will thoroughly decontaminate their gloves using the M-295 kit. Two FFGK8 team members will grab the patient and roll him towards themselves and hold him in place. One member will hold the back of the patient's head and shoulders with one hand and the middle of the patient's back with the other. Another team member will grab the patient's hand and hip with one hand and back of the calves with the other. The patient should now be on his side facing decon team members.

c. While the patient is on his side, a third FFGK8 member will decontaminate the back of the patient using the M-295 kit. The third FFGK8 member will then retrieve a clean litter and place against the back of the patient. The patient is then carefully lowered onto the clean litter.

NOTE: Complete body wash is not appropriate and may be injurious to the patient. During complete body wash the patient would have to be rolled over to reach all areas of the skin. This is not necessary for adequate decontamination.

WARNINGS: DO NOT APPLY THE M295 KIT OR IRRIGATE WOUNDS IN THE ABDOMINAL AND THORACIC CAVITIES OR INTRACRANIAL HEAD INJURIES.

14. Transfer Litter and Patient to Blue Decon Zone. Two FFGK8 members will transfer the patient to the Blue Decon Zone using the Charlie Horse patient transport system. The FFGK8 personnel should shuffle their feet to ensure they do not carry contamination to the blue decon area.

15. Check Patient for Completeness of Decontamination. The patient is checked with a CAM and with M8 detector paper for completeness of decontamination. Two FFGK8 personnel should accomplish this to save time. If the patient is clean proceed to step 16. If the patient is not clean, return to the decontamination location and accomplish steps 14.

16. Transfer Patient to Clean Line. The litter is moved halfway across the clean line; the mask is removed from the patient, and then the clean side SOFME pulls the litter over to the clean side. The FFGK8 personnel remove the patient's mask by grabbing the lower portion of the mask and pulling up and out to remove from the patient's head.

Attachment 6

Litter Patient Decontamination Procedures for Patients Wearing the Chemical Protective Flight Suit and Aircrew Eye and Respiratory Protection System (AERPS).

1. Decontaminate AERPS System and Helmet. Wipe all external parts of the mask, hood blower unit, communication box, breathing tubes, and helmet with the M-295 kit. The AERPS hood will already be tucked under the upper portion of the chemical protective flight suit. Wipe all visible portions of the AERPS hood with the M-295 kit. Be very careful to clean the length of hose between the mask and airflow valve to prevent contamination of the patient later in the process. Do not remove the protective mask or helmet.
2. Reposition AERPS Breathing Hoses, Blower Unit, and Communication Box. The AERPS consists of a face piece, blower and filter unit, a communications box, and breathing hoses. See attachment 2 for AERPS diagram and parts identification.
 - a. Communication can be established with the patient by talking into the communication box. The box has a rotating knob on one side to switch between communication modes. The Talk/Listen mode is the proper mode to communicate with the patient. If the communication boxes mode can't be determined, the knob can be turned clockwise until it stops and then back two clicks to place the communication box into Talk/Listen mode.
 - b. Cut the four green nylon straps holding the AERPS to the patient's chest.
 - c. Remove the blower unit's green nylon strap from over the patients shoulder and have one FFGK8 member hold the AERPS off the ground. Ensure the blower units filter is facing down to prevent water from entering the filter opening. Periodically check to ensure the filter opening is not covered with material or plastic.
3. Remove Gross Contamination From Patient's Chemical Protective Flight Suit. Remove all visible gross contamination by scraping with a stick or other scraping device. Decontaminate spots with the M295 kit.
4. Remove Patient's Personal Effects. Remove the patient's personal effects from his chemical protective flight suit. Place sensitive/classified articles into a double garbage bag for removal with the extraction aircraft. Do not remove patient's dog tags.
5. Remove Patient's Chemical Protective Flight Suit.
 - a. Before cutting the chemical protective flight suit, decontaminate the cutting device using the M-295 kit to prevent contamination of the patient's undergarments or skin. Remove bandages, tourniquets, and splints.
 - b. Decontaminate the cutting device using the M-295 kit before making each cut to prevent contamination of the patient's uniform or underclothing. Do not allow your gloves to touch the patient along the cut line. Make four cuts to remove the chemical protective flight suit. Keep the cuts close to the inside of the arms and legs so that most of the sleeve material can be folded outward. The first two cuts are through the collar and across the shoulder, then down each sleeve from shoulder to wrist. The third cut starts at the collar, continues down the left side of the flight suit zipper to the left ankle. The fourth cut starts where the first cut crosses the crotch area. Cut from the third cut, across the top of the crotch, and continue down to the right ankle. Roll the chest sections to the respective sides, with the inner surface outward. Continue by tucking the clothing between the arm and chest. Roll the cut sleeves away from the arms, exposing the inner liner. Fold the pant leg halves away from the patient and allow the halves to drop to the litter with contaminated side down. Roll the inner leg portion under and between the legs.
6. Remove Outer Gloves. Aircrew members wearing the chemical protective flight suit will be wearing flight gloves over their butyl rubber outer gloves. Remove both the flight gloves and outer gloves in the same manner. Grasp the cuff of the glove, roll the cuff over the fingers, and turn the glove inside out. Do not remove the inner cotton gloves at this time. Drop the gloves into the pile for equipment to be left behind. Do not allow the patient to touch his clothing or other contaminated objects with his hands.

7. Remove Combat Boots. Cut the bootlaces along the tongue. Remove the boots by pulling them towards you. Place the boots in the pile for equipment to be left behind. Do not touch the patient's skin with contaminated gloves when removing his boots.

8. Remove Undergarments. Personnel will probably be wearing normal undergarments, but may be wearing cold weather long underwear or shorts. Follow the procedures for cutting away the patient's BDU and roll it away from the patient. If the patient is wearing a brassiere, cut it between the cups. Cut both shoulder straps where they attach to the cups and lay them back off of the shoulders. Remove the socks and cotton glove liners. Do not remove the patient's identification tags.

9. Decontaminate Skin.

a. With the patient lying on his/her back, decontaminate the skin using the M295 kit. Decontaminate areas of potential contamination to include areas around the neck, wrists, and lower parts of the face. Decontaminate the patient's identification tags and chain, if necessary.

b. Before touching the patient, the decontamination team will thoroughly decontaminate their gloves using the M-295 kit. Two FFGK8 team members will grab the patient and roll him towards themselves and hold him in place. One member will hold the back of the patient's head and shoulders with one hand and the middle of the patient's back with the other. Another team member will grab the patient's hand and hip with one hand and back of the calves with the other. The patient should now be on his side facing decon team members.

c. While the patient is on his side, a third FFGK8 member will decontaminate the back of the patient using the M-295 kit. The third FFGK8 member will then retrieve a clean litter and place against the back of the patient. The patient is then carefully lowered onto the clean litter.

NOTE: Complete body wash is not appropriate and may be injurious to the patient. During complete body wash the patient would have to be rolled over to reach all areas of the skin. This is not necessary for adequate decontamination.

WARNINGS: DO NOT APPLY THE M295 KIT OR IRRIGATE WOUNDS IN THE ABDOMINAL AND THORACIC CAVITIES OR INTRACRANIAL HEAD INJURIES.

10. Remove Helmet. The helmet holds the AERPS to the patient's face to provide adequate seal around the nose cup since the AERPS does not have a traditional respirator head harness. It is attached to the AERPS system with two metal clips. Pull the clips toward the front of the helmet to release the clips. The AERPS system uses a mechanical blower unit to provide constant airflow to the mask similar to a powered air-purifying respirator (PAPR). The mask and hood has positive internal pressure as long as the blower unit is operating. Removal of the helmet will not break the mask and hood's protective seal, but the hood may inflate without the helmet to keep it compressed. This inflation is normal and can be controlled, if desired, by tightening the elastic straps on the back of the patient's hood (back of the head). The contaminated helmet is placed in the contaminated-waste nesting box.

11. Decontaminate Hood. After removal of the patient's helmet, the hood must be decontaminated to prevent contamination of the patient in future steps. Decontaminate all visible portions of the AERPS hood using the M-295 kit. Do not remove the protective mask.

12. Transfer Litter and Patient to Blue Decon Zone. Two FFGK8 members will transfer the patient to the Blue Decon Zone using the Charlie Horse patient transport system. The FFGK8 personnel should shuffle their feet to ensure they do not carry contamination to the blue decon area.

13. Check Patient for Completeness of Decontamination. The patient is checked with a CAM or with M8 detector paper for completeness of decontamination. Two FFGK8 personnel should accomplish this to save time. If the patient is clean proceed to 14. If the patient is not clean, return to the decontamination location and accomplish steps 9.

14. Transfer the Patient to the Clean Line. The litter is moved halfway across the clean line, the mask is removed from the patient, and then the clean side SOFME pulls the litter over to the clean side. The FFGK8 personnel remove the patient's mask by cutting the AERPS hood from center of the patient's chest up through the inner black rubber seal. Remove the mask by pulling the mask up and over the patient's head.

Attachment 7

Ambulatory Patient Decontamination Procedures for Patients Wearing the Battle Dress Uniform (BDU) and Battle Dress Overgarment (BDO).

1. Some procedures in the following steps can be done with one person, while others require more than one.
2. Remove Load Carrying Equipment (LCE). Remove the LCE by unfastening all connectors or tie straps and then place in the contaminated-waste nesting box for destruction.
3. Decontaminate Hood. Use the M295 kit to decontaminate the front, sides, and top of the mask hood.
4. Remove Hood.
 - a. MCU2A/P Mask (Air Force). Before cutting the hood, decontaminate the cutting device using the M-295 kit. Remove the hood by cutting it off or loosening it from the mask attachment points. Release or cut hood shoulder straps. Cut neck cord. Cut up from bottom front of hood, through the elastic line below voice emitter. Cut the temple straps of the hood, NOT the mask (one person). Roll left and right sides away from the patient's head (two person).
 - b. M-40 Mask (Army). Remove the hood by cutting it with scissors or by loosening it from the mask attachment points for the quick-doff hood or other similar hoods. Before cutting the hood, decontaminate the cutter using the M-295 kit. Cut the neck cord and the small string under the voice emitter. Release or cut the hood shoulder straps and unzip the hood zipper. Cut the hood upward to the top of the eye-lens outsert, staying close to the filter-inlet cover and eye-lens outsert, then across the forehead to the outer edge of the other eye-lens outsert. Proceed downward toward the patient's shoulder, staying close to the eye lens outsert and filter-inlet cover, then across the lower part of the voice emitter to the zipper. After decontaminating the cutter using the M-295 kit, cut the hood from the center of the forehead over the top of the head. Fold the left and right sides of the hood to the side of the patient's head, laying the sides of the hood on the litter.
5. Decontaminate Protective Masks and Exposed Skin. Use the M295 kit to decontaminate the external parts of the mask and the exposed areas of the patient's face, to include the neck and behind the ears. Do not remove the protective mask.
6. Remove Gross Contamination from Patient's Overgarment. Remove all visible gross contamination by scraping with a stick or other scraping device. Decontaminate spots with the M295 kit.
7. Remove the Patient's Personal Effects. Remove the patient's personal effects from his protective overgarment and BDU pockets. Place the articles into the pile for equipment to be left behind. Place sensitive/classified articles into a double garbage bag for removal with the extraction aircraft.
8. Remove Overgarment Jacket.
 - a. Have the patient stand with his feet spread apart at shoulder width. Unsnap the front flap of the jacket and unzip the jacket (or cut). If the patient can extend his arms, have him clench his fist and extend his arms backward at about a 30° angle. Move behind the patient, grasp his jacket collar at the sides of the neck, and peel the jacket off the shoulders at a 30° angle down and away from the patient. Avoid any rapid or sharp jerks, which spread contamination. Gently pull the inside sleeves over the patient's wrists and hands. Place the jacket into the pile of equipment to be left behind.
 - b. If the patient cannot extend his arms, you must cut the jacket to aid in its removal. Before cutting the overgarment jacket, decontaminate the cutting device using the M-295 kit to prevent contamination of the patient's BDU or undergarment. Remove all bandages, tourniquets, and splints. As with the litter patient, make two cuts, each through the collar and across the shoulder, then down each sleeve from the shoulder to the wrist. Do not allow your gloves to touch the patient along the cut line. Peel the jacket back and downward to avoid

spreading contamination. Ensure that the outside of the jacket does not touch the patient or his inner clothing. Place the jacket into the pile for equipment to be left behind.

9. Cut and Remove Overgarment Trousers. Remove all bandages, tourniquets, and splints. Cut both trouser legs starting at the waist. Keep the cuts near the inside of the legs, along the inseam, to the crotch. Continue to cut down both sides of the zipper to the ankle and allow the narrow strip with the zipper to drop between the legs. Pull the trousers off of the patient to the rear. Place the trousers into the pile for equipment to be left behind.

10. Remove Outer Gloves. Grasp the cuff of the glove, roll the cuff over the fingers, and turn the gloves inside out. Do not remove the inner cotton gloves at this time. Drop the gloves into the pile for equipment to be left behind. Do not allow the patient to touch his clothing or other contaminated objects with his hands.

11. Remove Overboots. Cut down the center of the overboot to the toe, cutting through the rubber and elastic eyelets. Grasp the sides of the overboot on the ground and have the patient step out of it. Repeat this procedure for the other overboot.

12. Remove Battledress Uniform (BDU). Remove the BDU jacket and trousers as described in paragraphs 8. and 9. above for the protective overgarment.

13. Remove Undergarments. Follow the procedures for cutting away the protective overgarment and rolling it away from the patient. If the patient is wearing a brassiere, cut it between the cups. Cut both shoulder straps where they attach to the cups and lay them back off of the shoulders. Remove the socks and cotton glove liners. Do not remove the patient's identification tags.

14. Remove Patient's Cotton Glove Liners. Instruct the patient to remove his cotton glove liners to reduce the possibility of spreading contamination. Have the patient grasp the heel of one glove liner with the other gloved hand, peeling it off of his hand. Hold the removed glove by the inside and grasp the heel of the other glove, peeling it off of his hand. Place both gloves into the pile for equipment to be left behind.

15. Decon Patient's Skin. Use the M-295 kit to spot decon the skin and areas of potential contamination, to include areas around the neck, wrists, and lower parts of the face. Decon the patient's identification tags and chain, if necessary. Do Not Remove Patient's Identification Tags. To ensure that the patient's boots are well decontaminated, have him hold each boot up behind him and a decontamination team member will decon the soles and exterior of the boots with the M-295 kit. The decontamination team member will cut the bootlaces.

16. Contaminated-Waste Disposal. Dispose of contaminated bandages and coverings by placing them in the pile for equipment to be left behind.

17. Proceed with Patient to the Blue Decon Zone. The SOFME personnel and the patient should shuffle their feet to ensure they do not carry contamination to the blue decon area.

18. Check Patient for Completeness of Decontamination. The patient is checked with a CAM or with M8 detector paper for completeness of decontamination. Two FFGK8 personnel should accomplish this to save time. If the patient is clean proceed to 19. If the patient is not clean, return to the decontamination location and accomplish steps 15.

19. Have Patient Proceed to Clean Side. Remove the patient's mask. The patient will hold one foot up, the decontamination team member will remove his boot, and the patient will step onto the clean side. Repeat for second boot. The mask and boots will be placed into the pile for equipment to be left behind.

Attachment 8

Ambulatory Patient Decontamination Procedures for Patients Wearing Chemical Protective Flight Suit and Aircrew Eye and Respiratory Protection System (AERPS).

1. Some procedures in the following steps can be done with one person, while others require more than one.
2. Decontaminate AERPS System and Helmet. Use the M295 kit to decontaminate all external parts of the mask, hood blower unit, communication box, breathing tubes, and helmet. The AERPS hood will be tucked under the upper portion of the chemical protective flight suit. Decontaminate all visible portions of the AERPS hood with the M-295 kit. Be careful to clean the length of hose between the mask and airflow valve very well to prevent contamination of the patient later in the process. Do not remove the protective mask or helmet.
3. Reposition AERPS Breathing Hoses, Blower Unit, and Communication Box. The AERPS consists of a face piece, blower and filter unit, a communications box, and breathing hoses. See attachment 2 for AERPS diagram and parts identification.
 - a. Communication can be established with the patient by talking into the communication box. The box has a rotating knob on one side to switch between communication modes. The Talk/Listen mode is the proper mode to communicate with the patient. If the communication boxes mode can't be determined, the knob can be turned clockwise until it stops and then back two clicks to place the communication box into Talk/Listen mode.
 - b. Cut the four green nylon straps holding the AERPS to the patient's chest.
 - c. Remove the green nylon shoulder strap from over the patients shoulder and ask the patient to hold the AERPS to his side. Ensure the blower units filter is facing down to prevent water from entering the filter opening. Periodically check to ensure the filter opening is not covered with material or plastic.
4. Remove Gross Contamination from Patient's Chemical Protective Flight Suit. Remove all visible gross contamination by scraping with a stick or other scraping device. Decontaminate spots with the M295 kit.
5. Remove Patient's Personal Effects. Remove the patient's personal effects from his chemical protective flight suit. Place the articles into the pile for equipment to be left behind. Place sensitive/classified articles into a double garbage bag for removal with the extraction aircraft.
6. Remove Patient's Chemical Protective Flight Suit. Remove bandages, tourniquets, and splints. A total of four cuts will be made to remove the chemical protective flight suit.
 - a. Decontaminate the cutting device using the M-295 kit before making each cut to prevent contamination of the patient's uniform or underclothing. Do not allow your gloves to touch the patient along the cut line. Make four cuts to remove the chemical protective flight suit. Keep the cuts close to the inside of the arms and legs so that most of the sleeve material can be folded outward. The first two cuts are through the collar and across the shoulder, then down each sleeve from shoulder to wrist. The third cut starts at the collar, continues down the left side of the flight suit zipper to the left ankle. The fourth cut starts where the first cut crosses the crotch area. Cut from the third cut, across the top of the crotch, and continue down to the right ankle. Roll the chest sections to the respective sides, with the inner surface outward. Continue by tucking the clothing between the arm and chest. Roll the cut sleeves away from the arms, exposing the inner liner. Fold the pant leg halves away from the patient and allow the halves to drop to the litter with contaminated side down. Roll the inner leg portion under and between the legs.
 - b. After all cuts are made; an FFGK8 member will remove the patient's chemical protective flight suit by pulling it off and to the rear of the patient.

7. Remove Outer Gloves. Aircrew members wearing the chemical protective flight suit will be wearing flight gloves over their outer gloves. Remove both the flight gloves and the butyl rubber outer gloves in the same manner. Grasp the glove cuff, roll the cuff over the fingers, and turn the glove inside out. Do not remove the inner cotton gloves at this time. Drop the gloves into the pile for equipment to be left behind. Do not allow the patient to touch his clothing or other contaminated objects with his hands.

8 Remove Cotton Glove Liners. Instruct the patient to remove his cotton glove liners to reduce the possibility of spreading contamination. Have the patient grasp the heel of one glove liner with the other gloved hand, peeling it off his hand. Hold the removed glove by the inside and grasp the heel of the other glove, peeling it off his hand. Place both gloves into the pile for equipment to be left behind.

9. Decon Patient's Skin. Use the M-295 kit to spot decon the skin and areas of potential contamination, to include areas around the neck, wrists, and lower parts of the face. Decon the patient's identification tags and chain, if necessary. Do not remove the patient's identification tags.

10. Contaminated-Waste Disposal. Dispose of contaminated bandages and coverings by placing them into the pile for equipment to be left behind.

11. Remove Helmet. The helmet holds the AERPS to the flyers face to provide adequate seal around the nose cup since the AERPS does not have a traditional respirator head harness. It is attached to the AERPS system with two metal clips. Pull the clips toward the front of the helmet to release the clips. The AERPS system uses a mechanical blower unit to provide constant airflow to the mask similar to a powered air-purifying respirator (PAPR). The mask and hood has positive internal pressure as long as the blower unit is operating. Removal of the helmet will not break the mask and hoods protective seal, but the hood may inflate with out the helmet to keep it compressed. This inflation is normal and can be controlled, if desired, by tightening to elastic straps on the back of the patients hood (back of the head). The helmet is placed into the pile for equipment to be left behind.

12. Decontaminate Hood. After removal of the patient's helmet, decontaminate all visible portions of the hood to prevent contamination of the patient in future steps. Do not remove the protective mask.

13. Decontaminate the Patient's Boots. To ensure the patient's boots are well decontaminated, have him hold each boot up behind him and a decon team member will decon the soles and exterior of the boots with the M-295 kit. A FFGK8 member will cut the bootlaces. Decontaminate the cutting device using the M-295 kit before making the cut to prevent contamination of the patient's sock.

14. Proceed with Patient to Blue Decon Area. FFGK8 personnel and the patient will shuffle their feet to ensure they do not carry contamination to the blue decon area.

15. Check Patient for Completeness of Decontamination. The patient is checked with a CAM or with M8 detector paper for completeness of decontamination. Two FFGK8 personnel should accomplish this to save time. If the patient is clean proceed to 16. If the patient is not clean, return to the decontamination location and accomplish steps 9.

15. Have Patient Proceed to Clean Side. Remove the AERPS by cutting the AERPS hood from the center of the patient's back to the top of the head. Remove the mask by rolling the hood sides forward and removing the mask to the patients front. The patient will hold one foot up, the decontamination team member will remove his boot, and the patient will step onto the clean side. Repeat for second boot. The mask and boots will be placed into the pile for equipment to be left behind.