



ANMF (Vic Branch) Policy

Onsite decontamination facilities

1. Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF (Vic Branch)) recognises that some nurses and midwives working in healthcare environments and other industries may have onsite decontamination facilities at their workplace during the course of their work, creating a risk to their health and safety.

The incidence of people exposed to toxic substances presenting for assessment and treatment is a risk to staff, the public and to healthcare facilities.

Risk(s) may be from inhalation of noxious gases, direct substance absorption through the skin; or by other routes when in contact with or in proximity to affected patients.

2. Objective

The ANMF (Vic Branch) objective is to support the prevention and management of risks to the health and safety of Victorian nurses and midwives, arising from facilities which are potentially or actually chemically or biologically contaminated.

3. Scope

This policy applies to all ANMF (Vic Branch) members and all nurses and midwives eligible for ANMF (Vic Branch) membership who are working in Victorian healthcare environments and other industries.

This policy does not include decontamination of people exposed to high level radiation, such as radiological terrorism (eg; nuclear incident, or "dirty" bomb). See ANMF policy *Exposure to Radiation*.

4. Definitions

Decontamination: The process of removing contamination from a person / object, particularly the cleaning off of dangerous materials, and thus render the person / object safe for other persons; removal of harmful substances such as noxious chemicals, harmful bacteria or other organisms from exposed individuals

5. Policy

- 5.1 Under the Victorian Occupational Health and Safety Act 2004, all employees have a right to perform their work in an environment that is safe and without risks to health associated with onsite decontamination facilities.
- 5.2 All workplaces where hazardous chemicals or substances are stored or used onsite should have appropriate decontamination facilities onsite.
- 5.3 Additionally, designated hospital accident and emergency departments (where emergency services are likely to take contaminated patients) must have in place appropriate decontamination facilities.

- 5.4 Where contamination occurs away from hospital decontamination should wherever possible occur at the incident scene.
- 5.5 Total body decontamination must occur prior to entry to an ED or health facility.
- 5.6 As necessary repeat decontamination of patients previously decontaminated on-scene must occur prior to entry to a health facility.
- 5.7 Training in the correct use of PPE, which will be available, must occur for all staff performing patient decontamination.
- 5.8 Where possible, patient comfort measures should be provided for during decontamination of the contaminated patient.
- 5.9 Where possible, privacy, gender, family unity and cultural issues should be considered during the process of decontamination.
- 5.10 When contamination for Oleoresin Capsicum aerosol occurs, police and correctional authorities must assist with the decontamination process and maintain staff safety.
- 5.11 All hospital accident and emergency departments must have in place documented plans and protocols to deal with situations where contaminated patients are brought to or present at Emergency Departments or other areas of the hospital.

6. Key elements

6.1 Employers

The ANMF (Vic Branch) requires employers to eliminate (where possible) and reduce the risks of injury to nurses and midwives as a result of onsite decontamination facilities through:

- 6.1.1 Providing a working environment that is safe and without risks to health. This duty of care extends to employees, patients, residents, visitors, and others.
- 6.1.2 Utilising a risk management approach to identify hazards, assess and control risks associated with hazardous substances.
- 6.1.3 Consulting with Health and Safety Representatives in the relation to changes to the workplace which may impact on health and safety (which incorporates all phases of construction or renovations).

6.2 Consultation

- 6.2.1 Management must notify HSRs and Job Representative before the planning / design stage of decontamination facilities.
- 6.2.2 The input of Health and Safety Representatives and staff should be facilitated through appropriate mechanisms, including through the Health and Safety Committee.
- 6.2.3 HSR and Job Representatives must be consulted regarding design, potential hazards, appropriate control measures, PPE and policies and procedures to be implemented.

6.3 Health and Safety Representatives

The ANMF (Vic Branch) supports involvement of HSRs in prevention of being exposed to onsite decontamination facilities through:

- a) Reporting decontamination related issues to management
- b) Representation and consultation with employers
- c) Health and Safety Committee (HSC) formulation, review and dissemination of plans for management of onsite contamination risks
- d) Workplace OHS issue resolution
- e) Provisional Improvement Notices (PINs) or requests for WorkSafe Inspectors to attend the workplaces if the employers have not acted to resolve risks related to onsite contamination risks

6.4 Design

The decontamination facilities shall consist of external shower facilities attached to Emergency Departments, which may be accessed through the ambulance bay. The decontamination facilities must:

6.4.1 Incorporate adequate space to accommodate trolleys for patients who are unable to walk or are brought in by wheelchair.

6.4.2 Contain a hand-held detachable showerhead.

6.4.3 Have hot and cold water available (though usually warm or hot water may not be used as part of the decontamination process as it may aerosolise the contaminant).

6.4.4 Be serviced by a separate ventilation system containing an effective extraction system, which:

- a) exhausts into the outside atmosphere
- b) ensures that potentially contaminated air is not re-circulated into the hospital's general ventilation system; and
- c) complies with relevant Environmental Protection Authority (EPA) and Australian Standards

6.4.5 Have entry access into the accident and emergency department.

6.4.6 Have appropriate facilities for disposal / drainage of contaminated water, which complies with any EPA requirements.

6.4.7 Be adequate to accommodate multiple numbers of persons when necessary, for example an intake of a large group of persons following a large chemical spill at a factory.

6.4.8 Be maintained in good working order at all times.

6.4.9 A downdraft table, which has an extraction unit fitted beneath the bed to draw away fumes from the patient's body, may also be considered.

6.5 Policies and procedures

6.5.1 Hospitals must have in place written policies and protocols in relation to decontamination facilities, which incorporate the key elements.

6.5.2 The policies and procedures must be developed in consultation with nursing staff and their health and safety representatives, and must be regularly monitored and reviewed to ensure their effectiveness.

6.5.3 In developing policies and procedures, hospitals must have regard to, and keep up to date with, DHS (or DoH) policies and programs relating to chemical, biological, radiation and terrorism incidents / disasters with mass casualties.

6.6 Triage

6.6.1 Following an initial triage by staff, who are wearing appropriate PPE, in the ambulance bay, patients must be decontaminated in priority order, where able to be determined, in the external decontamination facility before entering the health facility.

6.6.2 Treatment other than basic measures will not be commenced until decontamination has been completed. An example of this is that manual airway clearance and support may be initiated but intubation and advanced techniques should generally be deferred until completion of decontamination.

6.6.3 Re-triage of patients will occur after decontamination has been completed.

6.7 Decontamination of patients' personal clothing and belongings

6.7.1 Decontamination involves the removal of all contaminated clothing including valuables, which should be placed in a hazardous waste bag for either further decontamination or disposal.

- 6.7.2 This is followed by showering / washing to remove any residue of the hazardous material involved from the skin of the affected person.
 - 6.7.3 Protocols and procedures need to be instituted for the storage and identification of contaminated personal belongings.
 - 6.7.4 Following decontamination, patients will require drying and clothing to be provided while awaiting assessment in the facility.
 - 6.7.5 Towels and any other linen used in decontamination process should also be disposed of in a hazardous waste bag.
- 6.8 Personal protective clothing and equipment (PPE)
- 6.8.1 The decontamination facility must be fully equipped with appropriate personal protective clothing and equipment (PPE), which complies with relevant Australian Standards, including:
 - a) Hooded, plastic, washable, (or disposable) overalls
 - b) Gumboots
 - c) Face shields or eye goggles
 - d) Butyl and rubber gloves
 - e) Full-face respirator(s) with a range of filters available to ensure effective protection is available from a range of contaminants.
 - 6.8.2 Equipment and clothing must ensure maximum protection and dexterity wherever possible.
 - 6.8.3 Personal protective equipment such as respirators must be personally fitted and comfortable to maximise protection.
 - 6.8.4 Contaminated clothing such as disposable overalls and gloves must be disposed of immediately after use, in accordance with EPA requirements for the disposal / management of medical waste.
 - 6.8.5 Personal protective clothing and equipment must be regularly cleaned and maintained in accordance with the manufacturer's instructions.
 - 6.8.6 Frequent rotation of decontamination teams will occur to minimise the time spent in full PPE, to avoid overheating or fatigue.
 - 6.8.7 The hospital must provide all nursing staff who may be required to use the decontamination facilities with instruction and training in the effective use, limitations and maintenance of the facilities, and their PPE and clothing, including regular refresher training at least annually.
- 6.9 Material safety data sheets (MSDS)
- 6.9.1 Usually, fire and emergency services will forewarn the hospital of the pending arrival of patients, and will provide all relevant information, including a Material Safety Data Sheet (MSDS), which contains information relating to hazards, contamination risks and decontamination associated with the product in question.
 - 6.9.2 Where such forewarning is not provided, the hospital must wherever practicable seek to identify the chemical / substance concerned, and obtain the relevant MSDS in order to ensure appropriate precautions are implemented. In these situations, or where patients self-present, hospitals should contact the MFB (Metropolitan Fire Brigade) or the Country Fire Authority (CFA) to obtain the information. Alternatively, MSDS may be obtained from the CSIRO, organisations such as Chemwatch or chemical manufacturers and suppliers.
 - 6.9.3 Employers must also maintain up-to-date MSDS relating to all chemicals stored or handled on-site, which can be accessed by staff, fire and emergency services personnel when needed.

6.10 Instruction, education & training

Health facilities must provide comprehensive training of staff in managing chemical and biological incidents including decontamination, use of PPE and all other related factors.

7 Relevant legislation

- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007

8 Relevant guidance

- ANMF (Vic Branch) Occupational Health and Safety Policy
- ANMF Policy Exposure to Radiation
- Department of Health and Human Services, Decontamination guidance for hospitals
- MFB, <http://www.mfb.vic.gov.au/index.html>