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| <b>Title</b>          | IMDG Code 2016 / SUPPLEMENT / MFAG / Table 1 |
| <b>Effective Date</b> | 1-1-2012                                     |
| <b>Invalid from</b>   | 1-1-2014                                     |
| <b>Note</b>           | Incorporating Amendment 35-10                |

## TABLE 1

### RESCUE

Rescuers must be adequately protected from exposure before entering a contaminated area in order to avoid injury. When a chemical is unidentified, worst-case assumptions concerning toxicity must be assumed.

#### ARRIVAL AT SCENE

- Upon arrival at the scene, an initial assessment of the situation should be made and the size of the incident should be determined.

Rescuers must **NOT**:

- Enter a contaminated area without using a pressure demand self-contained breathing apparatus and wearing full protective clothing;
- Enter an enclosed space unless they are trained members of a rescue team and follow correct procedures;
- Walk through any spilled materials;
- Allow unnecessary contamination of equipment;
- Attempt to recover shipping papers or manifests from contaminated area unless adequately protected;
- Become exposed while approaching a potentially contaminated area;
- Attempt rescue unless trained and equipped with appropriate personal protective equipment (PPE) and protective clothing for the situation.

#### QUICKLY ESTABLISH AN EXCLUSION OR HOT ZONE

- Assume that anyone leaving the Exclusion Zone is contaminated and should be assessed and decontaminated, if necessary.
- Do not remove non-ambulatory casualties from the Exclusion Zone unless properly trained personnel with the appropriate PPE are available and decontamination has been accomplished.

#### INITIAL TRIAGE OF CASUALTIES (SORTING AND PRIORITY)

##### **One unconscious casualty**

- Give immediate treatment to the unconscious casualty only, and
- Send for help.

##### **Several unconscious casualties**

If there is more than one unconscious casualty:

- Send for help, and
- Give appropriate treatment to the worst casualty in the priority order of:
  - 1 Casualties who have stopped breathing or have no pulse (see **Table 2**)
  - 2 Casualties who are unconscious (see **Table 4**).

##### **Casualty is unconscious but breathing**

If the casualty is unconscious or cyanotic (bluish skin) but breathing, connect to portable oxygen.

##### **Neck or back trauma**

Apply neck and back support before moving casualty if there is any question of neck or back trauma.

##### **Priority: Airway, Breathing, Circulation (A-B-C)**

Initial management of **Airway**, **Breathing** and **Circulation** (A-B-C, see **Table 2**) is all that should be undertaken while there is potential for further injury to the casualty or to response personnel.

##### **Gross decontamination**

If the casualty is contaminated with chemicals, gross decontamination should be performed.

- Cut away or remove all suspected contaminated clothing, including jewellery and watches.
- Brush or wipe off any obvious contamination.
- Care should be taken to protect open wounds from contamination.
- Every effort should be made by personnel to avoid contact with potentially contaminated casualties. Rescuers should wear protective clothing, if necessary.
- Cover or wrap casualty to prevent spread of contamination.

##### **Removal of casualties from Exclusion Zone**

Once gross decontamination has been performed, the casualties should be removed from the Exclusion Zone.

- If casualties can walk, lead them out of the Exclusion Zone to an area where decontamination and further evaluation can take place.
- If casualties are unable to walk, remove them on stretchers. If stretchers are unavailable, carefully carry or drag casualties to an area where decontamination and further evaluation can take place.

## DECONTAMINATION

### Decontaminate from head down.

- Take care not to introduce contaminants into open wounds.
- Decontaminate exposed wounds and eyes before intact skin areas.
- Cover wounds with a waterproof dressing after decontamination.

### For external contamination, begin with the least aggressive methods.

- Limit mechanical or chemical irritation of the skin.
- Wash contaminated area gently under a stream of water for at least ten minutes, and wash carefully with soap and warm (never hot) water scrubbing with a soft brush or surgical sponge.

### Reduce level of contaminants

- Remove contaminants to the level that they are no longer a threat to casualty or response personnel.
- Isolate the casualty from the environment to prevent the spread of any remaining contaminants.

### Contain runoff, bag contaminated clothing

- If possible, contain all runoff from decontamination procedures for proper disposal.
- Ensure that all potentially contaminated casualty clothing and belongings have been removed and placed in properly labelled bags.

## SUMMARY OF TREATMENT OF CASUALTIES

- Assign highest priorities to Airway, Breathing, Circulation (ABC) and then decontamination.
- Complete primary and secondary assessments as conditions allow.
- Obtain information on chemical(s) to which the casualty has been exposed from shipping papers, labels or other documents.
- If there are multiple casualties, direct attention to the most seriously affected individuals first.
- Treat symptoms and signs as appropriate and when conditions allow.
- Obtain RADIO MEDICAL ADVICE when conditions allow.
- Perform invasive procedures only in uncontaminated areas.
- Reassess the casualty frequently because many chemicals have latent physiological effects.
- Delay preventive measures until the casualty is decontaminated.

## TRANSFER TO SHIP'S HOSPITAL

Casualties who have been stabilized (airway, breathing and circulation) and decontaminated can be transported to the ship's hospital for further evaluation.

Further advice: see **Appendix 1**