

349th Chemical Company Conducts Domestic CBRN Decontamination Exercise

By Lieutenant Colonel Edward Martinez

It was 1800 hours, and the Soldiers from the 349th Chemical Company (U.S. Army Reserve) were returning from a week of annual training in Yakima, Washington. The unit had spent the previous week conducting decontamination and smoke operations and was heading back to Seattle to prepare for an upcoming chemical, biological, radiological, and nuclear (CBRN) exercise with personnel from the 6250th U.S. Army Hospital.

What the Soldiers of the 349th did not realize was that they were about to go through a domestic-response casualty decontamination (DRCD) exercise conducted by the Fifth U.S. Army (with support from the Seattle Fire Department and medical staff from Northwest Memorial Hospital). Personnel from Delta Team, Civil Support Training Group, Fifth U.S. Army, Fort Sam Houston, Texas, had been working the joint effort with officials from the city of Seattle and Northwest Memorial Hospital for six months. According to the Delta Team Chief, the staffs from both organizations were enthusiastic about the training opportunity. The exercise gave hospital personnel the opportunity to work side by side with local military organizations and provided officials from the city of Seattle the opportunity to view the military assets available to provide assistance in the event of a weapons of mass destruction (WMD) attack.

The exercise was conducted for two primary reasons: to conduct an external evaluation of the DRCD capabilities of the 349th Chemical Company and to foster a relationship between the military and Seattle's first responders. In the last few years, the 349th has conducted several joint WMD exercises with local emergency personnel to enhance the incident response capabilities of all personnel involved. The 349th Chemical Company is based at Camp Lawton, northwest of Seattle.



Nine nurses from Northwest Memorial Hospital participated in the exercise. Additionally, senior hospital staff viewed the training to get a better understanding of the capability and to foster the alliance. The exercise took place on the lawn of the hospital administrative building. In an actual emergency, the decontamination unit would set up operations at the emergency room entrance so that patients could receive medical care immediately after being decontaminated.

On the morning of the exercise, the defense coordinating officer contacted the commander of the 349th Chemical Company to report a training scenario with a chemical attack at Seattle Seahawk Stadium. The company commander immediately dispatched an advance party to meet with the incident commander for an update on the situation and to survey the area chosen for the decontamination site. Special interest was paid to critical factors such as the wind direction, the terrain elevation, and the expected direction of arrival for incoming casualties. Other essential items reviewed by the advance party were the locations for remote alarms, site security, communications, and wastewater collection.

The company's main body arrived within thirty minutes of the advance party and was immediately briefed by their commander on the site location, including the major areas and equipment sites. Additional information was briefed to the company section chiefs and medical personnel as other personnel immediately began to off-load the 5-ton trucks and assemble the decontamination line.

At the casualty collection point and triage station, patients arrived as walk-ins or were delivered by emergency vehicles. Army medical personnel and four civilian nurses triaged patients as they arrived. Patients were placed in one of four categories—expectant, immediate, delayed, or minimal—based on an assessment of their injuries. After initial triage evaluations, patients were classified as ambulatory or nonambulatory casualties. Unit personnel were designated as litter bearers for the nonambulatory, reserving the trained medical personnel for patient care. Based on the severity and urgency of their injuries, patients were processed through the log-in station, where information was obtained and personal valuables were collected, recorded, and placed in secure bags for later decontamination and return to the patient.



The next station in the decontamination process was the undress tent. In the undress area, the patients removed their clothing and, thus, most of the exterior contamination. Two decontamination lines were set up, one for ambulatory patients and one for nonambulatory patients. Ambulatory patients were escorted to the undress tent where they were met by a company Soldier. The Soldier instructed patients to undress and provided assistance with placing contaminated clothing in sealed plastic bags for disposal. Nonambulatory patients were wheeled on litters to the nonambulatory tent and told to remain on backboards. In the nonambulatory undress tent, two Soldiers cut off patients' clothing while medical personnel looked on and



provided advice on handling procedures based on injuries. Scissors and rubber gloves were rinsed often in decontamination solution to prevent cross contamination. All contaminated garments were discarded in a plastic bag-lined trash can outside the tent window. The ambulatory patients in the first decontamination line were guided to the shower stations to shower with decontamination and rinse solutions under the supervision of a station operator.

In the nonambulatory decontamination line, the patients were rolled on backboards and placed on a metal roller/conveyor, where operators washed them with

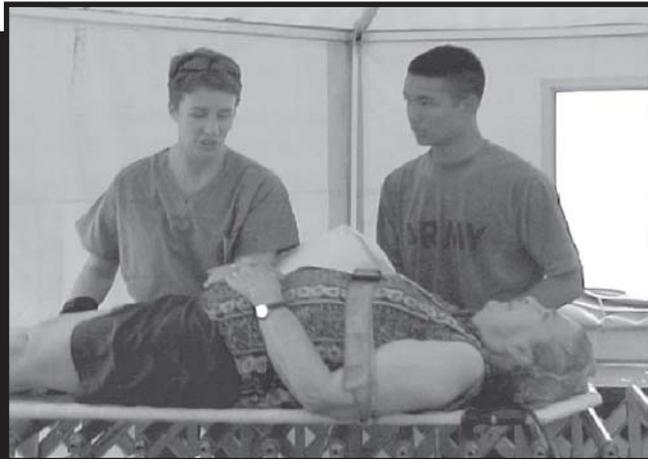


decontamination and rinse solutions. Medical personnel were present to monitor patient status and to advise and direct the operators on the proper patient handling techniques based on injuries.

After the decontamination shower station, both ambulatory and nonambulatory patients were monitored with chemical detection devices to determine if any



residual contamination was present in excess of the predetermined allowable limits set by the incident commander. If a patient's level of contamination was within the allowable limits, he proceeded to the next station. If the level exceeded the limits, he underwent a second decontamination wash and rinse treatment.



were captured and discussed. All participants indicated that they intended to incorporate changes in their programs and future operations. The tactics, techniques, and procedures for planning a large-scale WMD event proved to be extremely educational for everyone involved. But the greatest part of this training exercise was the dedication to get it right! Everyone took it seriously because they understood the importance of the training and the relationship it plays in our existence as a free Nation. Vigilance and preparedness are the key factors that will ensure us a free tomorrow. We must remain prepared by sharing our ideas, knowledge, and lessons learned. This will strengthen our ability to reduce the severity of attacks and defend our great Nation against terrorism. 🙏🙏

Patients cleared for release proceeded to the redress tent station, toweled off, redressed in garments given to them, and proceeded to the log-out station. Nonambulatory patients were toweled off, draped in a blanket, and told to remain on backboards. The patients were then lifted by a four-person crew onto a wheeled litter and transported to the log-out station. Released patients were escorted to a disposition area for transport to a medical facility to receive medical care. Medical personnel monitored the patients to ensure that those who needed immediate care were transported on a priority basis.

This training experience was beneficial to all participating parties. According to the comments shared during the after-action review, several lessons learned



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