RECOGNIZING CHEMICAL TERRORISM-RELATED ILLNESSES

• Adequate planning and regular training are key to preparedness for terrorism-related events. This wall chart is only a summary of important information. For more detail, refer to the planning and training resources.

• Healthcare providers should be alert to signs in patients and reports of environmental stressors that might signal an overall catastrophic event. The following clinical, epidemiological, and circumstantial data may signal a possible chemical terrorist event:

  a. Microscopic injuries in the number of people seeking medical attention
  b. Unexplained illness or death of anyone, particularly children
  c. Unexplained respiratory or gastrointestinal symptoms
  d. Any clustering of symptoms or illness in a well-defined area (e.g., chemical exposure in a workplace)
  e. Any unusual (uncharacteristic) increase in patients in your area (e.g., persons who obtained the same dose of a chemical at a single site)
  f. Location of release not consistent with a chemical's use

Any unusual symptoms, illness, or clusters of such should be reported immediately. Notify the health department and local Police Control Centers immediately.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

DO NOT BECOME A CASUALTY! Implement procedures to decontaminate and treat incoming patients.

DEFACEMENT DECONTAMINATION

Benzalkonium chloride is the most important first step in patient decontamination. Otherwise provide patient decontamination as available.

To decontaminate:

1. Immediately remove patient clothing. Removed clothing should be double bagged and sealed.
2. Wash skin with soap and water. Do not use alcohol. Follow with a thorough water rinse.
3. Do not use bleach, concentrated bleach, or iodophores.

Agents and Antidotes

Table 1. RECOGNIZING, DIAGNOSING, AND TREATING HEALTH EFFECTS OF CHEMICAL AGENTS

<table>
<thead>
<tr>
<th>Agent Type</th>
<th>Agent Names</th>
<th>Mode of Action</th>
<th>Any Unique Characteristics</th>
<th>Signs and Symptoms</th>
<th>Treatment</th>
<th>Other Patient Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent 1</td>
<td>Sulfur mustard</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Agent 2</td>
<td>Lewisite</td>
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Table 2. NERVE AGENT ANTIDOTE RECOMMENDATIONS

Nerve agents are low molecular weight organophosphorus compounds, highly unstable, and rapidly absorbed through the skin, eyes, and respiratory tract. Nerve agents are not readily degraded and are highly susceptible to environmental factors, including exposure to heat, light, and oxygen. Antidotes are of two types: physostigmine and oximes such as Pralidoxime (2-PAM)chloride and Atropine. Physostigmine is not considered a complete anticholinesterase.