



Wednesday, October 31, 2012

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Captain, U.S. Public Health Service  
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U.S. Department of Homeland Security (DHS)  
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Re: Patient Decontamination in a Mass Chemical Exposure Incident draft document

Dear Dr. Cibulsky and Captain Ignacio:

The Association of Public Health Laboratories (APHL) appreciates the opportunity to comment on the Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities document. APHL asserts that the public health labs have capability for immediate detection and identification of a chemical which is critical for assessing need for and evaluate decontamination in response to a chemical incident. APHL also asserts that internal exposure to a potential chemical threat agent requires follow up testing.

Public health laboratories have the capability to perform biomonitoring, a tool used to measure environmental chemicals in people's blood, urine, and other fluids. Biomonitoring also provides critical information for responding to public health problems involving chemicals. Also, from the Public health laboratory perspective there is not only the patient diagnostic and decontamination effectiveness aspect but also the assessment of exposure of the First Responders and First Receivers from patient contact and decontamination and the coordination of these activities in a mass casualty/exposure incident.

APHL asks that the Department of Homeland Security consider including language in the draft guidance document to examine the internal health of patients exposed to a chemical threat agent, as well as the environment in which the chemical release occurred. These tests cannot be performed in the field, but the sample collection can take place on site then shipped to public health laboratories for testing. The Laboratory Response Network labs are equipped to test for such samples in a timely manner.

APHL requests the following language be inserted throughout the current draft guidance:

- A separate section on laboratory testing of human and environmental samples that are collected on site.
- Under the *Guiding Principles: Defining Patient Decontamination* section (p.14): insert language regarding internal exposure of the chemical threat agent, and how this will contribute to the health care of the patient



- Under the *Guiding Principles: Desired End Points for Patient Decontamination* section (p.15): include language about patient decontamination is not exclusive to the removal of visible chemicals, but an extensive look into the patient's internal health as well
- Under the *Functional Area 1.1: Indicators to Assist in the Decision to Decontaminate* section (p.18): recommend adding a consideration of consultation with the local poison control center and public health laboratories as part of the decision to decontaminate. The detection section also provides an opportunity for LRN-C labs to work stronger with their first response teams and become more familiar with the equipment and techniques being used for identification of potential chemical contaminants, their limitations, and potential for competency based assessment.
- Under the *Functional Area 1.2: Decontamination Should be Performed if there is a Reasonable Risk of Exposure to First Responders/Receivers or contamination of Critical Infrastructure* section (p.21): coordinate with Poison Control and the LRN-C.
- Under *Guidance Statement 4.2 Detection* section (p.52): include specific language as follows: *Laboratory testing to determine exposure status of potentially contaminated patients, first responders, and health care workers* - The Centers for Disease Control and Prevention Emergency Preparedness and Response (CDC) has developed laboratory methodology to determine the exposure status of people who may have come into contact with chemicals from industrial accidents or chemical terrorism. CDC has deployed this methodology to Public Health Laboratories and works in cooperation with all States to provide laboratory testing. Laboratory results will identify the need for medical treatment for exposed individuals, or relieve pressure on medical facilities as well as the anxiety of non-exposed individuals.

Again, APHL thanks you for the opportunity to comment on your guidance document. We hope to work with you to include public health laboratory response services in this important guidance document.

Sincerely,

A handwritten signature in black ink that reads "Scott J. Becker". The signature is written in a cursive, slightly slanted style.

Scott J. Becker, MS Executive Director  
Association of Public Health Laboratories

*APHL represents governmental laboratories that detect and monitor public health threats. APHL's members include state, territorial, and local public health laboratories; state environmental testing laboratories, state agricultural and food safety laboratories; and individual scientists, public health officials, and academicians.*