

## **Primary Response Incident Scene Management (PRISM): New U.S. Federal Guidance for Responding to a Chemical Incident**

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The Primary Response Incident Scene Management (PRISM) guidance was written to provide authoritative, evidence-based guidance on mass patient disrobe and decontamination during a chemical emergency. The guidance [1] was recently updated to incorporate revised decontamination strategies, recommendations for treating contaminated hair, use of an on-line decision support tool (ASPIRE) [2], new approaches to patient management, advice on communication and confirmation of the scalability of the incident response process. In addition, the second edition now contains detailed instructions for first responders which provides detailed training material for performing dry, gross and technical decontamination on ambulant and non-ambulatory casualties.

PRISM is structured into three documents: strategic (Volume 1), tactical (Volume 2) and operational (Volume 3). The strategic guidance reviews the technical evidence, identifies capability gaps and describes the corresponding rationale which underpins the revised incident response process. The tactical guidance focuses on the practical aspects of the incident response with an accompanying rationale for the main processes. The operational guidance summarises only critical, practical elements of the response process and so provides a readily retrievable source of information during an incident response.

The PRISM guidance is supported by a comprehensive series of laboratory, volunteer and field trials which have addressed individual components of the incident response, as well as taking a more holistic, systems approach to confirm that the overall process is optimized from both operational and clinical perspectives [3,4,5].

[1] R.P. Chilcott, J. Larner and H. Matar, [www.medicalcountermeasures.gov/barda/cbrn/prism/](http://www.medicalcountermeasures.gov/barda/cbrn/prism/)

[2] U.S. Department of Health and Human Services, Chemical Hazards Emergency Medical Management, available at <https://chemm.nlm.nih.gov/aspire.htm>

[3] R.P. Chilcott, J. Larner, A. Durrant, et al., 2018. *Ann Emerg Med.* 73(6):671-684. doi: 10.1016/j.annemergmed.2018.06.042.

[4] J. Larner, A. Durrant, P. Hughes, et al., 2019. *Prehosp Emerg Care.* 19:1-14. doi: 10.1080/10903127.2019.1636912.

[5] M. Matar, A. Pinhal, N. Amer, et al., 2019. *Toxicol Sci.* doi: 10.1093/toxsci/kfz145.

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