

Checklist for Healthcare Personnel

24 Hour Number: +1 865-576-1005

CONSIDERATIONS	COMPLETE	REMARKS
<p>*See Hospital-Based Radiation Professionals Checklist for data regarding incident history*</p>		
<p>Notifications and Assistance:</p> <ul style="list-style-type: none"> • Activation of hospital emergency incident plan/request for additional personnel and resources • Request for assistance from RSO/Radiation Professionals 		
<p>Patient Information:</p> <ul style="list-style-type: none"> • Number of Patients? • Life-Threatening Injuries (prior stabilization/interventions?) • Exposure v. Contamination (prior decontamination?) • Time to Emesis? • Other Pertinent Patient and Event History? 		
<p>EXPOSURE ONLY</p> <ul style="list-style-type: none"> • PPE and patient placement as any potentially immunocompromised patient • Obtain CBC with differential and review for acute lymphocyte depletion (if s/s persist, repeat every 6-8 hours for 24-48 hours) • Consider Dicentric Chromosome Assay (contact REAC/TS) • Contact REAC/TS for expert consultation: 24-Hour Number: +1 865-576-1005 		
<p>CUTANEOUS INJURIES</p> <ul style="list-style-type: none"> • Evaluate for cutaneous radiation injury (unlikely in short term) May be delayed (contact REAC/TS) Evaluate for conventional burns/wounds 		
<p>CONTAMINATION</p> <ul style="list-style-type: none"> • Admit to controlled radiation area (can be a trauma room/tent or area as needed) • Stabilize life-threatening medical/trauma needs • Remove Clothing <ul style="list-style-type: none"> ▪ Mitigate spread of contamination by gentle process of removal ▪ Contain and secure clothing ▪ Consider sending contaminated clothing for radioisotope identification • Assess and treat other medical/trauma conditions <ul style="list-style-type: none"> ▪ Obtain vital signs ▪ IV access/fluid & medications, as needed • Determine radiation type (alpha, beta, gamma/x-ray, neutron) and identify contaminant (if available) <ul style="list-style-type: none"> ▪ Ask patient, responders, or other authorities 		

<ul style="list-style-type: none"> • Radiation Survey and Documentation <ul style="list-style-type: none"> ▪ Document in CPM (Counts per Minute) ▪ Survey Order: Wounds, Orifices, Intact Skin • Collect Samples <ul style="list-style-type: none"> ▪ Nasal and mouth swabs ▪ Retain pertinent negatives and ensure chain of custody (as needed) • Assess internal intake and consider available countermeasures <ul style="list-style-type: none"> ▪ Survey meter readings, consult with radiation dosimetrist/health physicist ▪ Spot urine sample survey ▪ Begin 24-hour urine and/or fecal bioassay, as needed ▪ Consider whole body scanner 		
<p>DECONTAMINATION</p> <ul style="list-style-type: none"> • Wounds: Standard wound cleaning/irrigation. Assess for foreign objects as appropriate. Consider surgical consult, as appropriate. • Body Orifices: Nose blows, eye irrigation. NO aggressive lavage. • Intact Skin: Do not shave, scrub, or abrade • Hair: shampoo only, NO conditioner • Tent shower decontamination if patient medically stable and mass casualty incident • Criteria to stop decontamination: <ul style="list-style-type: none"> ▪ Change in medical or trauma status, needing intervention ▪ CPM at two times background or below ▪ Creating further tissue damage ▪ Counts not dropping after appropriate cleaning ▪ Based on health physics/expert consultation 		
<p>DISPOSITION OF PATIENT</p> <ul style="list-style-type: none"> • Admit to hospital <ul style="list-style-type: none"> ▪ Radiological report to be included in medical hand-off • Discharge to Home <ul style="list-style-type: none"> ▪ Follow-up instructions for patient/family • Transport to Morgue <p>Consider psychological fears & concerns, monitor & refer as needed</p>		

Expert Consultation: REAC/TS available 24/7: +1 865-576-1006