

Patient and Facility Decontamination

1. Decontamination Key Principles

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- a. Contamination is easy to detect and most of it can be removed
 - b. It is highly unlikely that radiological contamination poses a significant risk to care providers
 - c. Provision of life-saving treatment should take priority over radiological decontamination
 - Hospitals should have a policy and procedure for performing radiological decontamination inside the facility
 - d. Patients without life-threatening injury should be decontaminated prior to treatment
 - e. Patient segmentation considerations:
 - Contaminated and uncontaminated
 - Ambulatory and non-ambulatory
 - Male and female
 - Families

2. Protecting Staff from Contamination

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- a. Standard precautions PPE (with N-95, if available)
 - b. Change outer gloves frequently
 - c. Personal dosimeters recommended
 - d. Full body survey when exiting warm zone

3. Embedded Radioactive Fragments

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- a. Although highly unlikely, metallic shrapnel from a highly radioactive source may become imbedded in wounds
 - b. A radiation survey identifies a high radiation field
 - c. Remove radioactive fragments with forceps; seal in lead container (work with Radiation Safety Officer)
 - d. Use additional staff protection measures
 - Time (decrease time spent near radioactive source)
 - Distance (increase distance between you and source)
 - Shielding (increase physical shielding between you and source)

4. Facility Recovery after Decontamination

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- a. Coordinate with Radiation Safety Officer
 - b. Remove waste from the Emergency Department and triage area
 - c. Survey facility for contamination
 - d. Decontaminate as necessary
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5. SUMMARY

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- a. Contamination is easy to detect and most of it can be removed
 - b. Provision of life-saving treatment should take priority over radiological decontamination
 - c. Complete a radiation survey to rule out highly radioactive fragments that may be embedded
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Source: "Radiological and Nuclear Terrorism: Medical Response to Mass Casualties," a self-study training program for clinicians, developed by the Centers for Disease Control and Prevention, 2006.

For copies of this product, email cdcinfo@cdc.gov.

To learn more about responding to a radiological incident, visit <http://www.bt.cdc.gov/radiation>