Community Reception Center Flow Diagram

INITIAL SORTING

- **Great Arrivals**
  - **Onsite Need?**
    - **NO**
    - **YES**
  - **Highly Contaminated?**
    - **NO**
    - **YES**
  - **Special Need?**
    - **NO**
    - **YES**
  - **Prior Discharge?**
    - **YES**
    - **NO**
  - **Arrange Assistance**

FIRST AID

- **Assess Patient**
  - **YES**
  - **NO**
  - **Internal or Fixed Contamination Suspected**
    - **YES**
    - **NO**

WASH

- **Evaluate Cleaning Options**
  - **Shower Necessary?**
    - **YES**
    - **NO**
  - **Shower**
    - **YES**
    - **NO**

CONTAMINATION SCREENING

- **Full-Body Contamination Screening**
  - **Contaminated?**
    - **YES**
    - **NO**
  - **Partial-Body Contamination Screening**
    - **Contaminated?**
      - **YES**
      - **NO**

RADIATION DOSE ASSESSMENT

- **Assess Radiation Exposure**
  - **Screen for Internal Contamination**
    - **YES**
    - **NO**

REGISTRATION

- **Immediate Follow-up Needed?**
  - **YES**
  - **NO**

DISCHARGE

- **Assess Need for Counseling**
  - **Referral Necessary?**
    - **YES**
    - **NO**
  - **Discharge to Home or Shelter**

For updates and additional resources, visit: [http://emergency.cdc.gov/radiation](http://emergency.cdc.gov/radiation)