Community Reception Center Flow Diagram

INITIAL SORTING

Greet Arrivals → Urgent Medical Need? (NO → Highly Contaminated?; YES → FIRST AID / WASH)

Highly Contaminated? (NO → Special Need?; YES → WASH)

Special Need? (NO → Prior Decon?; YES → Arrange Assistance → Prior Decon?)

Prior Decon? (YES → CONTAMINATION SCREENING; NO → Contamination Control Zone)

FIRST AID

Assess Patient → Immediate Transport Necessary? (YES → Transport to Hospital or Alternate Care Site; NO → Treat and Perform Contamination Screening → Contaminated? (YES → WASH; NO → Contamination Control Zone))

WASH

Evaluate Cleaning Options → Shower Necessary? (YES → Shower; NO → Perform Necessary Cleaning)

Shower → Full-Body Contamination Screening → Contaminated? (YES → Shower Again; NO → Contamination Control Zone)

Shower Again → Full-Body Contamination Screening → Contaminated? (YES → Shower; NO → Contamination Control Zone)

Perform Necessary Cleaning → Full-Body Contamination Screening → Contaminated? (YES → Shower; NO → Contamination Control Zone)

Internal or Fixed Contamination Suspected → Contamination Control Zone

CONTAMINATION SCREENING

Partial-Body Contamination Screening → Contaminated? (YES → WASH; NO → Full-Body Contamination Screening)

EXPRESS LANE → Full-Body Contamination Screening → Contaminated? (YES → WASH; NO → Contamination Control Zone)

Contamination Control Zone

Clean Zone

RADIATION DOSE ASSESSMENT

Screen for Internal Contamination → Assess Radiation Exposure → Assess Need for Bioassay → Assess Need for Treatment → Prioritize for Short-Term Follow-Up → DISCHARGE

REGISTRATION

Registration → Immediate Follow-Up Necessary? (YES → Screen for Internal Contamination; NO → DISCHARGE)

DISCHARGE

Assess Need for Counseling → Referral Necessary? (YES → Provide Referral for Further Care; NO → Discharge to Home or Shelter)

For updates and additional resources, visit:
http://emergency.cdc.gov/radiation