

EMERGENCY SERVICES DIVISION

PROCEDURE

Procedure No. FR-EMS-3.0.1

Revision No. 7

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BROOKHAVEN NATIONAL LABORATORY

RADIOACTIVE CONTAMINATED PATIENTS

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EFFECTIVE DATE:

4/7/99

LAST REVIEW DATE:

3/10/99

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1.0 PURPOSE/SCOPE

The Fire/Rescue Group will follow this procedure concerning the handling and disposition of persons who are suspected of being contaminated by radioactive materials and who are under the care of the Fire/Rescue Group. It supplements SOP-FR-EMS-3.0.0 (Emergency Medical Services). The amount of radioactivity available to contaminate a person at BNL will not normally be sufficient to injure a care provider. Contamination control is necessary to minimize cleanup later.

2.0 RESPONSIBILITIES

The document outlines the Fire/Rescue Group's procedure concerning the handling and disposition of persons who are under the care of the Fire/Rescue Group.

- 2.1 The Chief is responsible to ensure enforcement
- 2.2 The Deputy Chief is responsible to ensure training on the procedure
- 2.3 The Captain is responsible to ensure compliance
- 2.4 The Incident Commander is responsible for directing all appropriate notifications, including obtaining Facility Support (FS) and medical assistance at both the BNL site and off-site hospitals. The Fire/Rescue Incident Commander (IC) is responsible for keeping the Laboratory Emergency Supervisor (LES) fully aware of the extent of the incident.
- 2.5 At the earliest possible convenience, the Incident Commander should notify the Fire Chief and Division Head via the Emergency Paging System.

3.0 DEFINITIONS

The definitions in SOP FR-EMS-3.0.0 also apply to this SOP.

4.0 PREREQUISITES

Care providers should follow all universal precautions to prevent the spread of contamination, in accordance with FR-EMS-3.0.0 because the principles are essentially the same.

5.0 PRECAUTIONS

None

6.0 PROCEDURE

6.1 At Scene of Incident

6.1.1 When contamination of a person by radioactive materials is a possibility, request that the FS Representative report to the scene. If the Representative is not immediately available, the Fire/Rescue Group should use the Emergency Paging System and then perform a radiation survey of the injured person and the surrounding area. If the area indicates radiation, the affected individual should be moved to an area with low background and the person should be resurveyed.

6.1.2 If contamination is known or suspected, the Fire/Rescue Group is to take appropriate actions to control and minimize the spread of the contamination, consistent with the nature of the required care. These actions include:

- 6.1.2.1 Donning the appropriate personal protective equipment.
- 6.1.2.2 Establishment of contamination control procedures at the scene.
- 6.1.2.3 Removal of contaminated clothing from the person.

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6.1.2.4 Washing of peripheral body parts (hands, feet) of the person with particular care not to spread the contamination to other parts of the body. More extensive washing should not be undertaken.

6.1.2.5 Wrapping of the affected individual to minimize contamination spread.

6.2 Transportation

6.2.1 People with life-threatening medical emergencies shall be decontaminated while en route to the hospital, wherever practical.

6.2.2 People with urgent medical emergencies (lowest priority) or non-emergency medical conditions and simultaneous contamination shall be decontaminated before further transport. This will minimize the spread of contamination, but not compromise medical care. The EMTs should always contact Facility Support (FS) via the Emergency Paging System for decontamination support. If necessary, a request for medical assistance can be made through the Safeguards and Security Division, which will activate the physician call list.

6.2.3 If a person walks into the fire house with a minor injury and possible contamination, decontamination steps may be taken at the fire house and both OMC and FS Staff may be called for assistance. Transportation to a receiving hospital should be considered for medical reasons only and not for the purpose of decontamination

6.2.4 The following chart illustrates differences in transportation for contaminated and uncontaminated people:

<u>INJURY</u>	<u>CONTAMINATED</u>	<u>NON CONTAMINATED</u>
Life Threatening (1st & 2nd priorities)	University Hospital (Stony Brook)	Emergency Room BMH or Central Suffolk
Urgent (3rd priority)	University Hosp. (Stony Brook)	Emergency Room (expanded list)
Non-Emergency	Decon @ Work Site	

6.2.5 Individuals involved in providing care who may also be contaminated should remain at either the receiving hospital or clinic until advised by FS. As much as is practical, these personnel should isolate themselves so as not to unnecessarily spread contamination and take appropriate actions to reduce their personal contamination.

6.3 Off-Site Receiving Hospitals

6.3.1 The primary receiving hospital for BNL personnel with life-threatening and/or urgent medical condition in addition to possible contamination is the University Hospital at Stony Brook.

6.3.2 In the event of multiple victims, all shall be transported to the University Hospital at Stony Brook, following appropriate triage protocols. Controls consistent with good medical care are to be initiated, which minimize the spread of contamination to non-BNL ambulances and off-site receiving hospitals.

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6.4 Notification/Press Relations

6.4.1 The BNL Public Affairs Office should be notified of all medical incidents involving radioactive contamination. All communications with members of the press concerning incidents involving contaminated people are to be coordinated by the BNL Public Affairs Office through the LES.

7.0 REFERENCE

7.1 BNL OMC Policy and Procedure Manual

7.2 NYS DOH EMS Program

8.0 ATTACHMENTS

None

9.0 DOCUMENTATION

Any treatment rendered by the F/R Group will be documented on a NYS Pre-hospital Care Report (PCR) and noted in an Incident Report.