CHAPTER 8

ASSISTANCE TO CONTAMINATED PERSONS:
MONITORING CENTRES AND
EMERGENCY RADIATION TREATMENT CENTRES

Introduction

8.1 During an offsite emergency at the GNPS/LNPS, the public concern during and immediately following the release of radioactive materials is possible radiological contamination of individuals in different circumstances, including the following –

(a) Evacuees and emergency responders returning from Emergency Planning Zone 1 (EPZ1) (Chapter 6) – the contamination risk is small as evacuation is normally implemented as a precautionary measure before passage of the plume;

(b) General members of public within Hong Kong outside the 20-km EPZ1, especially those in the north-eastern part of the territory (Chapter 6) – they might show concern about radiation generally and fear that they might have been contaminated, especially during the passage of a plume. The contamination likelihood outside the 20-km EPZ1 is very remote given our risk assessment of possible accidents at the GNPS/LNPS;

(c) Visitors from the Mainland and returning Hong Kong residents at the points of entry who have been to the close vicinity of Daya Bay (Chapter 7) – a few might have been radiologically contaminated and have individual health concern that should be addressed. However, many others might be worried even though they have not been contaminated; and

(d) A few Hong Kong residents who work in the nuclear power stations at the GNPS/LNPS and may wish to return to Hong Kong to seek treatment – it is possible that they might also have suffered from other injuries during a nuclear accident.

8.2 The public health risk of such radiological contamination is minimal in most cases, as discussed and addressed in Chapter 7.

8.3 In terms of emergency response, the emphasis is on providing assistance, where appropriate and necessary, to individuals who have been affected or who believe themselves to be affected, which is the focus of this chapter. The following considerations are relevant –
(a) The health risk is confined to an individual concerned who is at liberty to seek treatment or otherwise;

(b) In Hong Kong’s healthcare system, an individual with personal health concern may always call on the Accident and Emergency (A&E) departments of public hospitals;

(c) In most cases, simple actions like changing clothes, washing exposed skin or showering can significantly reduce radiological contamination without the need for tertiary care in a hospital setting; and

(d) During a nuclear emergency, it is not difficult to envisage that some are seeking help only owing to fears or worries (after all, radioactive fallout cannot be seen, smelt or felt).

8.4 The Government should provide assistance and facilitation to those with genuine needs and refrain from over-reacting and thus fuelling unnecessary worries. Nevertheless, in some cases, some simple radiation scanning can provide quick reassurance, nip any unwarranted fear in the bud and relieve public hospitals of unnecessary pressure. A balance should be struck.

Strategy

8.5 In terms of emergency preparedness, the DBCP has made provision for the setting up of the following dedicated facilities, as circumstances may warrant –

(a) **Monitoring Centres** (MCs) by AMS and others at appropriate locations (e.g. at the points of entry or evacuation discharge points) to provide radiation scanning and, if needed, perform simple decontamination procedures and provide counselling; and

(b) **Emergency Radiation Treatment Centres** (ERTCs) in designated public hospitals, to provide tertiary healthcare to those with persistent radiological contamination with or without other injuries (Annex 8.4.5).

8.6 In the rare case that the mechanism set out in Chapter 7 resulted in the targeting of mandatory measures (including radiation monitoring, decontamination and treatment) on inbound travellers who are potentially subject to radiological contamination, MCs and ERTCs will be part of the operational arrangement to provide support. Such operations will be coordinated by EMSC in line with the reference arrangements set out in **Annex 7.1**.
8.7 Otherwise, such dedicated services may be provided on a voluntary basis as necessary and appropriate to facilitate assistance to those in need and to relieve the normal healthcare system of unwarranted pressure and avoid serious disruption to normal A&E and hospital services.

8.8 Accordingly, there should be no requirement for the opening of the MC facilities at OBSERVATION, READY or PARTIAL ACTIVATION Level, as any radioactive release is confined to the plant or the site (a point that should be emphasized in public communications). Anyone with medical illness may attend the A&E departments of public hospitals in the normal course. The HA and FSD should closely monitor the situation and update EMSC, FHB and DH. Any observation on the public sentiments should be reported to EMSC, e.g. by DH and ImmD on any concern expressed by inbound travellers, by ISD on media reports, by District Offices on community feedback, etc. EMSC will keep FHB and DH posted of the overall situation.

8.9 At the FULL ACTIVATION Level, there should be more intensive monitoring and alertness of the situation by all parties concerned. Off-site release may possibly cause radiological contamination in the close vicinity. HKOMAC will provide an assessment to DH and EMSC. There may be heightened calls for opening MCs at relevant points of entry to provide reassurance radiation scanning (and, if necessary, decontamination and counselling services) to those who are worried due to prior travel to the close vicinity of Daya Bay, as well as in the community following the passage of the plume (even though the dose level may be below the criteria for intervention – see Chapter 6). As in para. 8.8, all parties concerned should closely monitor the situation and update EMSC, FHB and DH. On the advice of HKO, DH, HA, FHB etc on the radiological situation and demand, S for S’ ITF will determine on the need and justifications for the opening of MCs. EMSC will assess the resources available (factors set out in Annex 8.1) and advise S for S’ ITF on the opening in terms of priorities, numbers and locations.

8.10 If evacuation of Ping Chau is carried out at either the PARTIAL ACTIVATION or FULL ACTIVATION level as decided by CESG or S for S’ ITF, there will be a case for setting up an MC at the evacuation discharge point to conduct radiation scanning, simple decontamination and counseling to evacuees and emergency responders if needed. This should be part of the whole evacuation operation. HKPF will advise EMSC on the demand.

8.11 HKO may also operate an MC at its own discretion at its King’s Park laboratory solely for its mobile radiation monitoring teams.

8.12 ERTCs at designated public hospitals will operate on a need basis, following admission of any patients in need through A&E departments or MCs in running.
Opening of MCs

8.13 Once the decision to open MCs has been made, EMSC will advise the Fire Services Communications Centre (FSCC) which will inform relevant departments using the alert chart at Annex 8.2.

8.14 MCs may be set up by AMS in-situ where people in need are located (e.g. at the points of entry or evacuation discharge points), usually with the support of mobile decontamination units run by FSD. Where necessary, MCs may also be set up in designated swimming pools of the LCSD and other government facilities. See Annex 8.1.

8.15 At the MCs, people who are, or believe themselves to be, radiologically contaminated are checked by AMS personnel for surface contamination. In general, injured or sick persons will be monitored at MCs as far as practicable before being sent to hospitals, provided that the monitoring process will not unduly delay or affect life saving actions or the necessary medical treatments. Life saving and medical treatment of injuries and illnesses shall take precedence over radiation monitoring and decontamination. People with surface contamination (above 1 000 counts per second (cps))\(^1\) should go through a dry decontamination procedure as detailed in Annex 8.3. This includes removal of external clothing and wiping the exposed skin with damp cloth or adhesive tapes. The procedure should be able to remove some 90% of contamination in most situations.

8.16 Persons still found to be contaminated after the above procedure will be sent to showering in the same or another MC with such facilities, and are then rechecked. Those still found contaminated despite three showering rounds are referred to ERTCs in designated public hospitals.

8.17 The CAS will control the order outside MCs for the public. DH will provide medical counselling teams, where required.

8.18 Further guidelines on MC operations can be found in Annex 8.4.

Closure of MCs

8.19 The decision to close MCs will be made by EMSC based on demand, following a similar procedure for their opening. The FSCC will communicate the decision using the alerting chart at Annex 8.2.

8.20 The AMS officer in charge of an MC will ensure that all staff, equipment and all the facilities of the centre are checked for contamination before finishing duty and that waste is properly labelled for disposal according to EPD’s Waste Disposal Action Plan. The actual closure of the centre will be completed by FSD and the premises handed back.

\(^1\) See OIL4 in Annex 7.2.
**ERTCs**

8.21 HA has two permanent designated ERTCs at Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital. If required and at two hour's notice, other acute hospitals with A&E facilities can support the two ERTCs. Each ERTC or A&E can handle 1 to 2 contaminated persons per hour. These ERTCs will -

(a) provide treatment to injured people who, if the condition of injury permits, have undergone initial decontamination at the earliest time at MCs after the rescue is completed; and

(b) provide radiological decontamination of people whose contamination remain after going through the procedures at MCs;

(c) provide facilities for monitoring the internal contamination and for treatment of people when medically indicated.

8.22 The HA’s Chief Executive, contacted through the HA Head Office Duty Officer, will have overall control of ERTCs. He will ensure that the PHQ Casualty Enquiry Unit is informed of the details of admissions to ERTCs.

**Public Information**

8.23 ISD will coordinate publicity concerning the provision of medical and heath assistance as set out in Chapter 5. The thrust of this publicity is to underline the minimal risk of radiological contamination of persons prior to an off-site release, to minimise unjustified use of the usual public health system owing to unfounded fears or worries, and to advise on the proper use of MCs and ERTCs when put into operation.

8.24 ISD should ensure that all government departments are informed of the location of MCs for government emergency responders. Information Officers in departments which have them should ensure that such press releases are brought to the immediate attention of the Departmental Radiation Protection Officers (DRPOs).
8.1.1 Following EMSC’s coordination (paragraph 8.9), AMS may set up MCs in-situ where people in need are located (e.g. at the points of entry or evacuation discharge points). Where possible, FSD will set up mobile decontamination shelters with showering facilities in support. The MCs may be used by the public and government emergency responders, subject to EMSC’s advice.

8.1.2 In case FSD’s mobile decontamination shelters at an in-situ MC have a capacity limit or are fully deployed, MCs may also be set up at designated LCSD swimming pools in support, as tabulated below.

<table>
<thead>
<tr>
<th>Designated MCs</th>
<th>Possible Users</th>
<th>Alternate MCs 1 Nov – 31 Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fanling Swimming Pool</td>
<td>Travellers returning from Guangdong through the land boundary points of entry between Hong Kong and Shenzhen</td>
<td>N.A.</td>
</tr>
<tr>
<td>Yuen Long Swimming Pool</td>
<td>Travellers returning from Guangdong through Lok Ma Chau</td>
<td>Fanling Swimming Pool</td>
</tr>
<tr>
<td>Tai Po Swimming Pool</td>
<td>Evacuees from Ping Chau and other areas (and as a back up for Fanling Swimming Pool)</td>
<td>Lai Chi Kok Park Swimming Pool / Sham Shui Po Park Swimming Pool¹</td>
</tr>
<tr>
<td>Sai Kung Swimming Pool</td>
<td>Evacuees to Sai Kung Marine Police Base</td>
<td>Lai Chi Kok Park Swimming Pool / Sham Shui Po Park Swimming Pool¹</td>
</tr>
<tr>
<td>Shatin Jockey Club Swimming Pool</td>
<td>Evacuees to Ma Liu Shui Pier</td>
<td>Lai Chi Kok Park Swimming Pool / Sham Shui Po Park Swimming Pool¹</td>
</tr>
<tr>
<td>Chai Wan Swimming Pool</td>
<td>Evacuees from Mirs Bay</td>
<td>Kowloon Park Swimming Pool</td>
</tr>
<tr>
<td>Tai Wan Shan Swimming Pool</td>
<td>Travellers returning from Guangdong through MTR Hung Hom Station and Hong Kong China Ferry Terminals</td>
<td>Kowloon Park Swimming Pool</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Swimming Pool</th>
<th>Evacuees from Mirs Bay</th>
<th>Morrison Hill Swimming Pool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kowloon Tong Swimming Pool</td>
<td>Evacuees from Mirs Bay</td>
<td>Morrison Hill Swimming Pool</td>
</tr>
<tr>
<td>Tung Chung Swimming Pool</td>
<td>Travellers returning from Mainland and overseas through the HK International Airport</td>
<td>Lai Chi Kok Park Swimming Pool&lt;sup&gt;1&lt;/sup&gt; (Alternate MC : 1 September to 31 October)</td>
</tr>
</tbody>
</table>

**Note:**

1. Lai Chi Kok Park Swimming Pool or Sham Shui Po Park Swimming Pool will be the frontline alternate MC in winter (Either one of the swimming pools will be closed for annual maintenance in winter). Morrison Hill Swimming Pool and Kowloon Park Swimming Pool are second line MCs and will only be used when absolutely necessary.

2. Kennedy Town, Mui Wo, Kwai Shing and North Kwai Chung Swimming Pools can also be used as reserved MCs.

8.1.3. Further MCs may be set up at the swimming pools stated in Note 2 of paragraph 8.1.2 above in consultation with LCSD. If the situation warrants and as a last resort for government emergency responders with due regard to the possible impact on emergency services, further MCs may be set up at the following fire stations<sup>2</sup>.

#### HONG KONG

- Sai Wan Ho Fire Station  
  20 Wai Hang Street, Sai Wan Ho.
- Sheung Wan Fire Station  
  2 Western Fire Services Street, Sheung Wan.
- Kong Wan Fire Station  
  14 Harbour Road, Wan Chai.

#### KOWLOON

- Tsim Sha Tsui Fire Station  
  333 Canton Road, Tsim Sha Tsui.
- Kowloon Bay Fire Station  
  5 Lam Hing Street, Kwun Tong.

#### NEW TERRITORIES

- Sha Tin Fire Station  
  26-28 Yuen Wo Road, Sha Tin.
- Tsing Yi Fire Station  
  11 Tsing Yi Heung Sze Wui Road, Tsing Yi.
- Sheung Shui Fire Station  
  8 Tin Ping Road, Sheung Shui.

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<sup>2</sup> Because of limited size and throughput capacity, MCs at fire stations may not always be appropriate. The advice of the FSD Liaison Officer in EMSC should be sought.
8.1.4. It is advisable not to open MCs in the path of the plume.

**Throughput capacity**

8.1.5 It takes approximately three minutes to monitor one person. When fully operational, each centre can monitor 80 persons per hour.

**Departmental Resources**

8.1.6 The response time for AMS personnel to report to the location of a MC to be opened would be one hour and another hour would be required to complete the setting up of the MC.

8.1.7 If all MCs were ordered to be opened at the same time, the task would consume a considerable portion of FSD's resources, posing a serious reduction in fire cover. Hence, a progressive opening of centres is advisable in order to reduce demands for FSD resources and to enable full mobilisation of AMS and CAS volunteers to run the centres.
Annex 8.2

Monitoring Centres Alerting Chart

**ACTION REQUIRED** (details in departmental plans)

- Issue press release (locations, purpose, etc.) to the public and all government departments.
- Initial overall command of opening MCs
- Control of ambulance resources
- Command of police priorities

Continuous monitoring of plume coverage and actual and projected radiological effects

- Assist in disposal of contaminated waste with the level of contamination below 75,000 Bq/kg
- Access to swimming pools, check the availability of water
- Cordonning, crowd control, water from fire hydrants
- Direct contaminated persons to the appropriate MC
- Provide medical counselling at MCs and advise EPD on disposal of radioactive wastes.
- Provision of vehicles for transfer/referral of persons (if required)
- Ensure provision of water
- Advise on disposal of contaminated waste
- Ensure operation of drainage system
- Ensure priority given to necessary maintenance
- Be warned of situation and to advise (thru’ EMSC/FSD) to which hospital contaminated persons should be sent

Assist in maintenance of law and order inside and outside MCs (through DC and DVCs).
Annex 8.3

Procedures for Dry Decontamination

1. Put on personal protective clothing (staff group B) and ensure that there is no eating, drinking or smoking in the area;
2. Cover the floor of the working area with plastic sheets fixed with adhesive tapes, display suitable message and signage for different gender and restrict access to the area;
3. If the subject is injured, conduct radiological monitoring before directing him/her to the hospital, provided that the monitoring process will not unduly delay or affect life saving actions or the necessary medical treatments;
4. Remind the subjects not to eat, drink, smoke or apply cosmetics and to keep their hands away from the mouth;
5. Conduct radiological monitoring and dry decontamination according to procedures as shown in the flowchart at Annex 8.7;
6. Perform surface contamination measurement (with original clothing on) on five locations on the body (hair, hands, chest, back, and front of thighs);
7. If the contamination level of any area exceeds 1 000 counts per second (cps), instruct the subject to perform the dry decontamination procedures as described below and depicted in figure 1. Otherwise, go to step 15 & 16;
8. Remove the outer clothing and place them in a polythene bag tag with an identification tag;
9. Wipe the contaminated skin and hair with clean paper towels in a direction downward away from the body;
10. Localized areas of dry or loose contamination on the inner clothing can be removed by pressing adhesive tape on such areas similar to how lint would be removed from clothing;
11. Place the paper towels and adhesive tapes in a polythene bag after use and treat as contaminated wastes;
12. Ask the subject to come forward to repeat the surface contamination measurement as in step 6 (with inner clothing on). If the level is below 1000 cps, go to step 15 and 16;
13. If the contamination level still exceeds 1 000 cps, refer the person to showering facilities, if necessary, with replacement clothing;
14. Place any other contaminated clothing and belongings in a polythene bag tagged with identification;
15. Fill out the monitoring measurement registration form;
16. Issue a receipt for the bagged clothing and personal items, if any, and
release the person, if necessary, with replacement clothing;

17. Move the bagged contaminated clothing and personal items to an isolated and secure location to be managed according to the procedures set up for management of such items under the DBCP;

18. Wastes arising from the dry decontamination procedures are to be managed and disposed according to the Waste Disposal Action Plan (WDAP) of EPD;

19. Before returning the area to its normal functions, roll up and bag the floor sheet as contaminated waste, and monitor and decontaminate the area and all used equipment. Ensure that the contaminated wastes are properly managed and disposed of according to the WDAP of EPD.

20. When going off duty, centre staff should monitor their personal protective clothing for contamination according to the same standard of 1 000 cps before dressing down. If contamination is found, they should follow the decontamination procedures as given in step 8 to 17;

21. The advice of the Departmental Radiological Protection Officer should be sought in case of problems.

**Fig 1 Dry decontamination**

For liquid contamination – use a soft rag, paper towel or towelette and “blot” up any visible areas of liquid contamination.

For solid contamination – use a soft rag, paper towel or towelette and wipe downwards, away from the body.

Source: Guidelines for Mass Casualty Decontamination During a HAZMAT/Weapon of Mass Destruction Incident, U.S. Army Chemical Biological, Radiological and Nuclear School and U.S. Army Edgewood Chemical Biological Center, December 2008
Annex 8.4

Operation Guidelines of MCs

8.4.1 Detailed instructions for the operation of MCs are contained in each department's contingency plan. In-situ MCs are set up by AMS and put under the command of the senior AMS officer present. Where available, FSD may provide mobile showering units in support. For MCs at designated swimming pools, FSD will take overall responsibility for the initial opening, gaining entry to the facilities with the assistance of LCSD staff, setting up equipment and establishing the supply of additional water and exit hoses to be manned by CAS for AMS to make arrangements for dry decontamination. Once operational, the command will be put under a senior AMS officer.

8.4.2 The Officer-in-charge of each MC (Oi/c MC) will report to FSCC when he is ready to receive people. He will make regular reports to AMS HQ and FSCC, as appropriate, concerning the number of people monitored and their level of contamination. The respective HQ will forward consolidated summaries to EMSC. Annexes 8.5 and 8.6 set out the report formats.

8.4.3 Prior to collecting potentially contaminated persons from the points of entry or evacuation discharge points to MCs, GLD transport will first report to the Oi/c MC for deployment.

8.4.4 A flow chart illustrating the process of monitoring is at Annex 8.7. Persons in need may be referred from the points of entry (see Chapter 8) or evacuation discharge points (see Chapter 6). Such referrals should be given priority over casual users. CAS personnel will perform marshalling duties, with support from the Police, if necessary. DRPOs should provide guidance concerning the necessity of monitoring government emergency workers. Persons who are found contaminated (above 1000 cps) will go through the dry decontamination procedures, and showering if necessary. Their contaminated clothing and belongings will be disposed of in accordance with the Waste Disposal Action Plan (see Chapter 10). DH will provide a counselling team (a doctor plus two nurses) to counsel individuals who are worried before they are discharged. Oi/c MCs should alert the counselling team the demand for counselling since only five teams can be provided. Some people may need to be directed to other MCs or clinics for counselling.

8.4.5 Those still found contaminated after three repeated showering rounds will be sent by GLD transport and escorted by CAS personnel to ERTCs at designated hospitals (para 8.21). For those who are injured as well as contaminated, FSD ambulances will be used instead.
Annex 8.5

SITREP BY __________ MONITORING CENTRE TO AMS HQ OR APPROPRIATE
FSD HQ

__________ hrs to __________ hrs on _______________. Officer in charge: ________________
Telephone: __________ Fax: __________.

SUMMARY

1. Numbers using centres in reporting period ______ Manageable / not manageable?
of whom numbers requiring dry decontamination/ showering ______ [number (if any) contaminated in Hong Kong ______].
of whom numbers requiring referral to ERTCs ______[number (if any) contaminated in Hong Kong ______].

2. Discharge level ______ Bq/L average. Maximum in period _________ Bq/L. Estimate whether at present rate of usage
discharge limits will be breached in the next hour (YES/NO). [If YES send sitrep immediately to EPD and DSD in addition to
AMS or FSD HQ].

3. Estimate when centre can be closed.

4. Problems? [Indicate action being undertaken to solve problem and whether any assistance is required].
e.g. Crowd control, Dry decontamination supplies, Water supply, Maintenance, Transportation

5. Sentiment of people being monitored.
## Monitoring Centre Sitrep

### Usage of centre

<table>
<thead>
<tr>
<th>Source of persons</th>
<th>Total in Category</th>
<th>Below Detectable Level</th>
<th>&lt;1000 cps no action required</th>
<th>&lt;1000 cps after dry decontamination</th>
<th>&lt;1000 cps after showering</th>
<th>&gt;1000 cps after showering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals from Imm D/ AMS at points of entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ping Chau / Mirs Bay evacuees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other areas of Hong Kong (specify)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* See overleaf for details
<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Age</th>
<th>Sex</th>
<th>Nationality</th>
<th>Sick / Injured Contaminated</th>
<th>Contamination Level</th>
<th>Country/Area of PRC/HKSAR in which person was contaminated</th>
<th>Emergency Radiation Treatment Centre sent to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>before dry decontamination/shower</td>
<td>after dry decontamination/shower</td>
<td></td>
</tr>
</tbody>
</table>

**Monitoring Centre Sitrep**

Details of each person referred to Emergency Radiation Treatment Centre (send copy to Casualty Enquiry Unit at PHQCCC).
Annex 8.6

FSD
AMS
HQ Sitrep : MONITORING CENTRES

_____________ hrs to ___________ hrs on ___________

Queries concerning this sitrep should be directed to ___________
    Telephone ___________ Fax ___________

SUMMARY

1. Usage of centres: (indicate by a * those centres opened in the reporting period, by a + those closed in the reporting period)

<table>
<thead>
<tr>
<th>Name of Centre</th>
<th>Total usage of centre</th>
<th>No. of persons requiring dry decontamination/showering</th>
<th>No. of persons referred to ERTCs</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Is it foreseen that any MC may exceed the discharge limit of 4000 Bq/L. If so advise preferred course of action with reasons.

3. Advice on necessity of opening or closure of further centres.

4. Major problems [Indicate action being undertaken and assistance required (if any)].

5. Sentiment of people being monitored.

PLEASE COPY TO HKO, DH AND FSD LIAISON OFFICERS FOR ASSESSMENT AND ADVICE DONE / INITIAL.
Sources of people to be monitored

- BOUNDARY (People from close to Daya Bay)
- LOCAL RESIDENTS
- EVACUEES FROM AREAS WITHIN 20 KM OF DAYA BAY & EMERGENCY WORKERS

REGISTRATION

MONITORED BY AMS

MONITORING CENTRE FLOW CHART

CONTAMINATION above 1000 cps/direct skin contamination

- Yes
  - HAVE DRY CLEANED
    - Yes
      - HAVE SHowered 3 TIMES PREVIOUSLY
    - No
      - DRY DECONTAMINATION
        - No
          - SHOWER
        - Yes
          - REFERRED TO EMERGENCY RADIATION TREATMENT CENTRE

- No
  - RECEIVED COUNSELLING (if desired)
  - DISCHARGED