

	1407	Radiation emergencies
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 03/01/2026	Next Revision: 03/2026	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

**Authority:** Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

**PPE shall be worn-** Gown, gloves (1-3 pair to ease frequent exchange of gloves), N95 Mask, eye protection, Boot, and head/hair covers (if available)

Patient Care takes priority over decontamination.

Most radiologic events pose minimal health risk to care givers:

- Patient contaminated with radioactive material generally pose minimal exposure risk to caregivers in PPE.
- Irradiated patient pose no risk to medical clinicians
- Time to N/V is a reliable indicator of receiving a significant whole body dose of radiation

Assess ABC's  
History and Physical exam

Consider clothing removal if patient is stable- wont delay necessary patient care (Place in sealed bag)  
"Cocoon" patient in blanket for transport

Any directly contaminated wounds should be covered/ wrapped, preferably with an occlusive dressing  
or even plastic wrap.

Vital Signs  
Oxygen: Titrate to SPO2 to 94%  
Airway control as appropriate

Destination to be determined by standard Transport Destination decision guideline

ALS

Establish IV/IO  
ECG, treat N/V as necessary

Documentation of patients distance in relation to event, and time at that exposure should be documented.

If field hazmat team decontamination is possible without affecting/delaying patient care.

Decontamination of ambulance/equipment is standard if responding back to the event. If not- the ambulance crew and equipment shall be checked via radiologic monitoring equipment for contamination prior to going Inservice for other incidents.