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| <input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP) |                | <input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP)<br><input type="checkbox"/> INTERDEPARTMENTAL <input type="checkbox"/> INTERNAL |  |
| TITLE                                                          |                | POLICY NUMBER/V#                                                                                                                                |  |
| Emergency Radiation Protection Plan Policy                     |                | MMC-RAD- 04(01)                                                                                                                                 |  |
| INITIATED DATE                                                 | EFFECTIVE DATE | REVISED DATE                                                                                                                                    |  |
| 02/08/2025                                                     | 01/09/2025     | 01/08/2028                                                                                                                                      |  |
| REPLACES NUMBER                                                |                | NO. OF PAGES                                                                                                                                    |  |
| N/A                                                            |                | 05                                                                                                                                              |  |
| APPLIES TO                                                     |                | RESPONSIBILITY                                                                                                                                  |  |
| Radiology department                                           |                | Radiology staff                                                                                                                                 |  |

### 1. Purpose

This policy establishes procedures to protect personnel, the public, and the environment from radiation hazards during emergencies, ensuring compliance with regulatory requirements and minimizing exposure risks.

### 2. Scope

Applies to all employees, contractors, and visitors in facilities where radiation sources are used, stored, or transported.

### 3. Responsibilities

- Radiation Safety Officer (RSO): Oversees emergency response, ensures compliance, and coordinates with authorities.
- Emergency Response Team (ERT): Trained personnel responsible for containment, evacuation, and decontamination.
- Employees: Must follow safety protocols and report incidents immediately.

### 4. Emergency Procedures



#### **A. Immediate Actions**

- 1. Identify the Hazard:** Confirm radiation source, type (alpha, beta, gamma), and severity.
- 2. Alert Personnel:** Activate alarms and notify the RSO/ERT.
- 3. Isolate the Area:** Restrict access using barriers or evacuation.

#### **B. Evacuation & Sheltering**

- Evacuate if the source is uncontained (follow designated routes).
- Shelter in place (close windows, shut ventilation) if evacuation poses higher risk.

#### **C. Personal Protection**

- Use PPE (lead aprons, gloves, respirators) as per the hazard level.
- Maintain safe distance from the source.

#### **D. Decontamination**

- Personnel: Remove contaminated clothing; wash skin with water/soap.
- Equipment/Area: Isolate and decontaminate using approved methods.

#### **E. Medical Response**

- Provide first aid for injuries.
- Arrange medical screening for potential exposure (e.g., thyroid monitoring for I-131).

#### **5. Communication**

- Internal: Notify all affected personnel via alarms/PA systems.
- External: Report to regulatory bodies (e.g., NRC, IAEA) if required.

#### **6. Training & Drills**

N/A



| APPROVALS & REVIEWS:           |                      |            |           |
|--------------------------------|----------------------|------------|-----------|
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