#### EMERGENCY WORKER CHECKLIST

**POTASSIUM IODIDE (KI)**

The State Radiological Assessment Manger (SRAM) makes the recommendation for KI ingestion for State and local emergency workers. Coffey County Radiological Officer notifies Coffey County emergency workers of this decision.

INGESTION IS VOLUNTARY

Those who elect to take KI need to fill out the “Potassium Iodide Issue Record” form.

Those who refuse to take KI need to sign the “Potassium Iodide Issue Record” form indicating refusal.

Potassium Iodide (KI) is used in certain situations to protect the thyroid gland from absorbing radioactive iodine. If taken before or within an hour of exposure to radioactive iodine, KI can block about 90 percent of radioactive iodine from being absorbed by the thyroid gland.

The dosage for emergency workers is one tablet of KI (130 mg) once a day for the duration of exposure and following the exposure for a maximum of 10 days total.

**RADIOLOGICAL EMERGENCY WORKER**

Before beginning your assignment check and make sure you have the following:

❑ Direct Reading Dosimeter (Low Range)

Any scale up to 2R (2000mR)

❑ Direct Reading Dosimeter (Mid Range)

Any scale from 2R to 20R

❑ **OR** an electronic dosimeter

❑ Permanent Record Dosimeter

❑ Individual Dose Record Card

Record reading at least once an hour

Recharge dosimeter when it reaches ¾ scale.

**IMPORTANT:**

Notify your supervisor immediately if:

1. Your dosimeter hairline has gone off-scale or is not visible.

2. You have reached your exposure limits:

**500 mR** call-in limit (Call your supervisor)

**1 R** (1000 mR) turn-back limit (Leave area, call supervisor)



INDIVIDUAL EXPOSURE RECORD

*Please Print*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Organization*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Work Phone Number*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date and Time*

DOSIMETRY SERIAL NUMBER:

*(Low+Mid-range OR Electronic )+ Permanent Record*

Low Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mid Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic Dosimeter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Record Dosimeter (Serial Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by:

Kansas Department of Health & Environment



# TO READ DIRECT READING DOSIMETER:

Hold up to light (clip end towards eye), look through lens.

Read dosimeter and record position of hairline every hour, unless otherwise directed by the Radiological Officer.

**PERMANENT RECORD DOSIMETER**

This badge will provide an accurate and permanent record of any exposure. Wear it at all times, between your waist and shoulders, during your assignment.

All dosimetry should be worn on the outside of clothing between the waist and shoulders.

**Low Range (any scale up to 2R or 2000mR)**

*(Can also record electronic dosimeter readings here)*

Time Reading\_\_\_\_

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**Mid Range** **(any scale from 2R to 20R)**

Time Reading\_\_\_\_

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**TIME / DISTANCE / SHIELDING**

*Turn in your dosimeters and individual dose record card to your supervisor at the end of your assignment.*



The dosimeter(s) you have been issued will enable you to record your exposure to radiation. It is important that you wear your dosimetry at all times during the radiological incident and read and record measurements at least once an hour or as instructed.

Be careful not to bump or drop any direct reading dosimeter as this may cause a false reading. If such an accident occurs, read your dosimeter immediately and report any change to your supervisor.