

**Emergency Procedures  
For Gamma Knife Unit**

**Policy:**

To provide guidelines for the personnel in the Gamma Knife Unit to safely remove patient if couch or collimator does not retract properly. These procedures are to be followed if the operator is unable to turn the primary beam of radiation off with the controls outside the treatment room.

**Procedure:**

It is a requirement of DEQ Regulations that emergency procedures be posted at the Gamma Knife Stereotactic Radiosurgery Unit console. An actual practice of emergency procedures for patient removal should be performed every six months.

Emergency Procedures are as follows:

- A. When patient is distressed and unable to calm using intercom speaker:
  - 1. Push Pause button which will close the shield
  - 2. Remove patient from unit automatically on couch
  
- B. If collimator doors and couch do not retract, take the following actions:
  - 1. Press Emergency Stop button
  - 2. If couch and collimator do not retract properly, go into the room and manually dislodge patient from APS or trunnions. Staff is to act quickly and calmly and to avoid the primary beam of radiation.
    - a. Staff needs to stand as far on the side couch as possible when manually removing patient from treatment room.
    - b. Ask the patient to keep his/her head up and be ready to take the weight of the coordinate frame.
    - c. Loosen one or both of the x-axis slides of the APS units using the APS special tool provided.
    - d. If necessary, insert the spade tool between the APS y-slide and the coordinate frame and gently lever out of the frame
    - e. Release the patient and leave treatment room together with the patient
    - f. Area to be secured (i.e., door locked, and sign posted to alert others to problem.
    - g. Notify RSO by number posted on outside of Gamma Knife vault door.

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