

January 24, 2001

Mr. R. G. Lizotte, Master Process Owner - Assessment
c/o Mr. D. A. Smith, Process Owner - Regulatory Affairs
Northeast Nuclear Energy Company (NNECO)
PO Box 128
Waterford, CT 06385

**SUBJECT: FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) REPORT FOR THE
OCTOBER 18, 2000, MIDDLESEX HOSPITAL, MIDDLETOWN, CT, MS-1
DRILL, FOR THE MILLSTONE NUCLEAR POWER STATION**

Dear Mr. Lizotte:

Enclosed is a letter from Setti D. Warren, Regional Director, FEMA Region I, dated December 1, 2000, transmitting the FEMA report for the subject exercise to Mr. Hubert J. Miller, Regional Administrator, NRC Region I.

No Deficiencies or Areas Requiring Corrective Action (ARCA) identified during the October 18, 2000 drill. We recognize your efforts to assist offsite officials in this area as they would provide support in the handling of a contaminated injured person from your station.

If you have any questions concerning this enclosure, please contact David Silk at (610) 337-5372.

Sincerely,

/RA/

Richard J. Conte, Chief
Operational Safety Branch
Division of Reactor Safety

Docket Nos. 05000336, 05000423
License Nos. DPR-65, NPF-49

Enclosure: FEMA Report for State of Connecticut, MS-1 Drill, Middlesex Hospital,
Middletown, Connecticut

Mr. R. G. Lizotte

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cc w/encl:

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cc w/o encl:

FEMA, Region I

Mr. R. G. Lizotte

-3-

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Federal Emergency Management Agency

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December 1, 2000

Hubert J. Miller, Regional Administrator
USNRC, Region I
475 Allendale Road
King of Prussia, PA 19406

Dear Mr. Miller:

Enclosed is a copy of the final drill report for the October 18, 2000, Middlesex Hospital, Middletown, CT, MS-1 Drill. This report addresses the evaluation of the plans and preparedness for the State of Connecticut and the Middlesex Hospital, Middletown, CT. Middlesex Hospital is an alternate hospital for handling radiologically contaminated injuries from the Millstone Nuclear Power Station. This report also includes the evaluation of the emergency medical services provided by the Waterford, CT, Fire Department Ambulance Service. The final drill report was prepared by the Federal Emergency Management Agency, Region I staff. Copies of this report have been forwarded to the State of Connecticut.

There were no deficiencies identified during the October 18, 2000, drill. There were no Areas Requiring Corrective Action (ARCA) identified in this drill.

Based upon the results of the October 18, 2000, drill, the offsite radiological emergency response plans and preparedness for the State of Connecticut and Middlesex Hospital that are site specific to the Millstone Nuclear Power Station can be implemented and are adequate to provide reasonable assurance that appropriate measures can be taken offsite to protect the health and safety of the public in the event of a radiological emergency at the site.

If should have any questions, please contact Daniel McElhinney, RAC Chair, at 617-223-9567.

Sincerely,

A handwritten signature in black ink, appearing to be "Setti D. Warren".

Setti D. Warren
Regional Director

Enclosure



**STATE OF CONNECTICUT, MS - 1 DRILL, MIDDLESEX HOSPITAL
MIDDLETOWN, CONNECTICUT**

MILLSTONE NUCLEAR POWER STATION

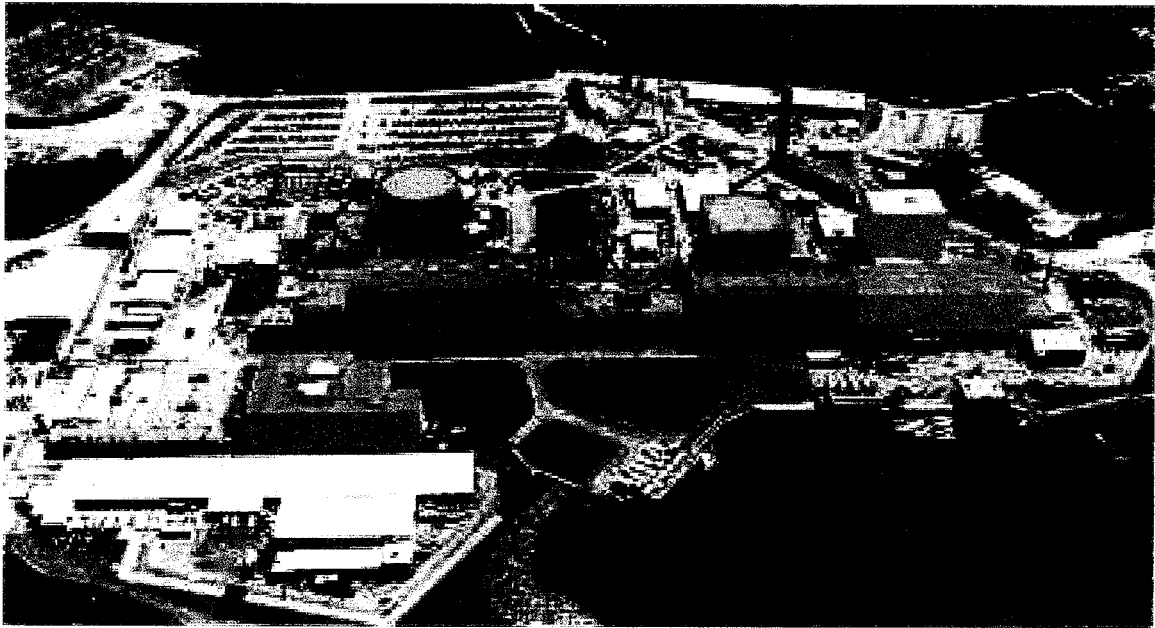
Licensee: *Northeast Utilities*

Exercise Date: *October 18, 2000*

Report Date: *November 29, 2000*

**FEDERAL EMERGENCY MANAGEMENT AGENCY
REGION I
JOHN W. McCORMACK POST OFFICE AND COURTHOUSE
BOSTON, MASSACHUSETTS 02109-4595**

Millstone Nuclear Power Station



**Millstone Station
and Middlesex Hospital
MS-1/Medical Drill
October 18, 2000**

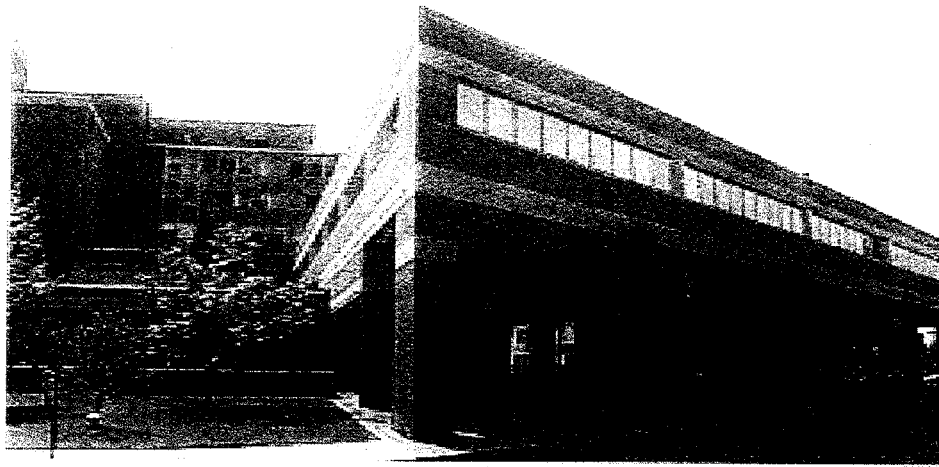


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I. EXECUTIVE SUMMARY

On October 18, 2000, an MS -1 Drill was conducted at Middlesex Hospital, Middletown Connecticut. The purpose of this drill was to assess the capability of the Middlesex Hospital, and the Waterford Fire Department, Goshen Station Ambulance Service, to respond to a radiological incident involving the Millstone Nuclear Power Station. This drill was held in accordance with FEMA's policies and guidance concerning the exercise of State and local radiological emergency response plans (RERP) and procedures.

FEMA wishes to acknowledge the efforts of the many individuals who participated in this drill.

Protecting the public health and safety is the full-time job of some of the drill participants and an additional assigned responsibility for others. Still others have willingly sought this responsibility by volunteering to provide vital emergency services to their communities. Cooperation and teamwork of all the participants were evident during this drill.

This report contains the final evaluation of the MS-1 Drill.

The hospital, ambulance service and the fire department demonstrated knowledge of their emergency response plans and procedures and adequately implemented them. There were no deficiencies and no Areas Requiring Corrective Action (ARCA) identified as a result of this drill.

II. INTRODUCTION

On December 7, 1979, the President directed FEMA to assume the lead responsibility for all offsite nuclear planning and response. FEMA's activities are conducted pursuant to 44 Code of Federal Regulations (CFR) Parts 350, 351 and 352. These regulations are a key element in the Radiological Emergency Preparedness (REP) Program that was established following the Three Mile Island Nuclear Station accident in March 1979.

FEMA Rule 44 CFR 350 establishes the policies and procedures for FEMA's initial and continued approval of State and local governments' radiological emergency planning and preparedness for commercial nuclear power plants. This approval is contingent, in part, on State and local government participation in joint exercises with licensees.

FEMA's responsibilities in radiological emergency planning for fixed nuclear facilities include the following:

- Taking the lead in offsite emergency planning and in the review and evaluation of RERPs and procedures developed by State and local governments;
- Determining whether such plans and procedures can be implemented on the basis of observation and evaluation of exercises of the plans and procedures conducted by State and local governments;
- Responding to requests by the U.S. Nuclear Regulatory Commission (NRC) pursuant to the Memorandum of Understanding between the NRC and FEMA dated June 17, 1993 (Federal Register, Vol. 58, No. 176, September 14, 1993); and
- Coordinating the activities of Federal agencies with responsibilities in the radiological emergency planning process:
 - U.S. Department of Commerce
 - U.S. Nuclear Regulatory Commission
 - U.S. Environmental Protection Agency
 - U.S. Department of Energy
 - U.S. Department of Health and Human Services
 - U.S. Department of Transportation
 - U.S. Department of Agriculture
 - U.S. Department of the Interior
 - U.S. Food and Drug Administration

Representatives of these agencies serve on the FEMA Region I, Regional Assistance Committee (RAC) which is chaired by FEMA.

Formal submission of the RERPs for the Millstone Nuclear Power Station to FEMA Region I by the State(s) of Connecticut and involved local jurisdictions occurred on September 4, 1981. Formal approval of the RERP was granted by FEMA on October 9, 1984, under 44 CFR 350.

An MS-1 Drill was conducted on October 18, 2000 by FEMA Region I to assess the capabilities of the Middlesex Hospital, Waterford Fire Department, Goshen Station Ambulance Service in implementing their RERP's and procedures to protect the public health and safety during a radiological emergency involving the Millstone Nuclear Power Station. The purpose of this drill report is to present the drill results and findings on the performance of the offsite response organizations (ORO) during a simulated radiological emergency.

The findings presented in this report are based on the evaluations of the Federal evaluator team, with final determinations made by the FEMA Region I RAC Chairperson, and approved by the Regional Director.

The criteria utilized in the FEMA evaluation process are contained in:

- NUREG-0654/FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," November 1980;
- FEMA-REP-14, "Radiological Emergency Preparedness Exercise Manual," September 1991; and
- FEMA-REP-15, "Radiological Emergency Preparedness Exercise Evaluation Methodology," September 1991.

Section III of this report, entitled "Drill Evaluation and Results," presents information on the demonstration of applicable exercise objectives at each jurisdiction or functional entity evaluated in a jurisdiction-based, issues-only format. This section also contains: (1) descriptions of all Deficiencies and ARCAs assessed during this drill, recommended corrective actions, and the State and Local Governments' scheduled of corrective actions for each identified drill issue and (2) descriptions of unresolved ARCAs assessed during previous drills and the status of the ORO's efforts to resolve them, when applicable.

III. DRILL EVALUATION AND RESULTS

Contained in this section are the results and findings of the evaluation of the Waterford Fire Department, Goshen Station Ambulance Service and the Middlesex Hospital that participated in the October 18, 2000, MS-1 Drill to test the medical service capabilities to respond to an injured worker incident involving the Millstone Nuclear Power Plant (NPS).

Each functional entity was evaluated on the basis of its demonstration of criteria delineated in the exercise objectives contained in FEMA-REP-14, REP Exercise Manual, September 1991 and the agreed upon extent of play.

The following is a status report of functional entities evaluated.

A. Waterford Fire Department, Goshen Station Ambulance Service

Strengths:

The Emergency Medical Technicians (EMT) from the Goshen Ambulance Service demonstrated their knowledge in handling injured persons that were also radioactively contaminated. The EMS took appropriate precautions in preventing cross contamination by wearing latex gloves and ensuring that the injured worker was properly packaged to prevent contamination from getting on the interior of the ambulance. They did an outstanding job in communications as they called the primary hospital, Lawrence Memorial in New London, only to be diverted. The EMT crew had to now find their way to the secondary hospital, Middlesex Hospital in Middletown, CT. They had to get patched from medical dispatcher to Middlesex using different frequencies than they normally use. Contact was made in minimal time and information on the injured was sent to Middlesex, including the estimated time of arrival. The communication patch to their dispatcher and then on to Middlesex Hospital was something this EMT crew had never done before.

(1) MET: Objective 20

(2) DEFICIENCIES: NONE

(3) AREAS REQUIRING CORRECTIVE ACTIONS (ARCAs): NONE

B. Middlesex Hospital.

Strengths

The Radiological Emergency Medical Team demonstrated their knowledge and professionalism by the swiftness in which they got the emergency alert out to all necessary departments in the hospital. The Radiological Emergency Area (REA) was set up and operational in a timely manner. All necessary staff was present and had properly dressed into their protective clothing according to their REA procedures. The REA team displayed care and concern for the injured worker, yet were watchful in preventing cross contamination in the REA. They worked as an experienced team and followed the procedures in their plans, which resulted in an outstanding drill.

(1) MET: Objective 21

(2) DEFICIENCIES: NONE

(3) AREAS REQUIRING CORRECTIVE ACTIONS (ARCA's): NONE

APPENDIX 1.

DRILL EVALUATORS

The following is a list of the personnel who evaluated the Medical Services Drill (MS-1 Drill) for the Millstone Nuclear Power Plant and Middlesex Hospital, Middletown, CT on October 18, 2000.

<u>EVALUATION SITE</u>	<u>OBJECTIVE</u>	<u>EVALUATOR</u>	<u>ORGANIZATION</u>
Waterford Fire Department, Goshen Station, Ambulance Service	20	James Gibbons	FEMA Region I
Middlesex Hospital	21	Robert J. Swartz	FEMA Region I

APPENDIX 2
Extent of Play
MP Medical/MS-1 Drill
October 18,2000

FEMA Objective 20. MEDICAL SERVICES - TRANSPORTATION

Demonstrate the adequacy of vehicles, equipment, procedures and personnel for transporting contaminated, injured or exposed individuals.

Extent of Play - General

1. Demonstrate control of the spread of contamination from individuals who may be contaminated and injured.
2. Address priorities of care between control of contamination and the need for prompt transportation to a medical facility for care of an urgent condition.
3. Arrange transportation to a medical facility equipped to deal with a contaminated injured individual.
4. Demonstrate communication between the vehicle crew and medical facility.
5. Monitor the emergency vehicle and determine the need for decontamination.
6. Demonstrate the adequacy of plans and procedures for the care and transportation of contaminated or exposed individuals.

Extent of Play - Specific

1. This objective will be demonstrated off-line on October 18, 2000, by Millstone Station, Middlesex Hospital in Middletown, CT and ambulance personnel (ambulance company to be determined).
2. An individual having simulated injuries will be assessed medically and radiologically. Priorities of care will be determined based on injuries and the magnitude of radioactive contamination.
3. Lawrence & Memorial Hospital in New London, CT, the primary hospital, will be simulated to be "full" and unable to accept this individual.
4. The individual will receive appropriate first aid using contamination control measures and be prepared for transport and transported to a medical facility for treatment.
5. A member of the licensee's health physics staff will accompany the patient and transport vehicle to the facility designated to receive the individual. One or more additional health physics technicians may follow the primary transport vehicle to the hospital as additional support.
6. Communications will be demonstrated using the transport vehicles dedicated medical radio equipment (MED Radio) as it proceeds to the medical facility.
7. Medical procedures will be conducted in accordance with State, local and hospital protocols. Invasive protocols will not be demonstrated.
8. Transit to the receiving hospital will not be treated as an emergency. All normal traffic regulations will be followed enroute.
9. Lifestar helicopter transport will not be demonstrated.

APPENDIX 2
Extent of Play
MP Medical/MS-1 Drill
October 18,2000

FEMA Objective 21. MEDICAL SERVICES - TRANSPORTATION

Demonstrate the adequacy of the equipment, procedures supplies, and personnel of medical facilities responsible for the treatment of contaminated, injured or exposed individuals.

Extent of Play - General

1. Demonstrate the ability to control the spread of contamination from individuals who may be contaminated and injured.
2. Demonstrate setting priorities between the need to address radioactive contamination and the prompt diagnosis and treatment of medical conditions.
3. Demonstrate the appropriate decontamination of individuals.

Extent of Play - Specific

1. Middlesex Memorial Hospital, Middletown, CT, will demonstrate this objective off-line on October 18, 2000.
 2. An area for the diagnosis and treatment of a contaminated or exposed injured individual will be established in accordance with hospital plans. The radiological emergency area has been designated and will contain, or have immediate access to, all equipment necessary for this function which can include the decontamination of patients.
 3. Designated hospital personnel, assisted by licensee health physicists, will receive and simulate diagnosis, treatment and decontamination of a patient.
 4. Simulated patient treatment activities will be carried out in accordance with existing hospital plans.
 5. Decontamination of both personnel and ambulance will be demonstrated through discussion by the players.
-

APPENDIX 3
Drill Scenario
MP Medical/MS-1 Drill
October 18, 2000

SCENARIO NARRATIVE

Accident Scene Set Up:

A (simulated) accident scene is cordoned off with cones and barrier tape to safely designate the area of the EOF parking area where an accident, involving a RAD worker and a company vehicle, has just occurred. The RAD Monitoring Team (RMT) vehicle is parked in such a way as to simulate the vehicle backing up into a parking space. An RMT kit is still on the pavement behind the vehicle. The victim is lying back down on the grassy area of the island. Two safety traffic control points will also be established to ensure traffic flow is not hindered. (See diagram)

Initial Conditions assumed to have occurred prior to accident commencement:

A General emergency is simulated to have occurred. The Millstone SERO is simulated to be activated /operational.

One (role player) driver of an Radiological Monitoring Team (RMT) and one HP Technician are in an RMT vehicle. The team of two is returning from field monitoring activities due to a radiological release from the site. The vehicle had been driven through the radioactive plume during the release. (The station had declared a General Emergency and the SERO is (simulated) activated). The two members of the monitoring team had already parked and unloaded the RMT kit, when it was determined that the vehicle should be backed in further into the space. The HP Tech member of the team gets back into the vehicle and is about to back the contaminated RMT vehicle into the parking space while the 2nd member (the driver) is getting ready to move the kit out of the way. He accidentally depresses the accelerator instead of the brake and the vehicle instantly lurches back into the parking space, hitting and knocking down the driver behind the vehicle (Figure 4). The HP Technician gets out of the vehicle to check on the condition of the other team member.

In an attempt to prevent the impact, the victim had put his right hand out toward the contaminated area of the backing vehicle. The impact of the vehicle tailgate hinge slamming into his right hand and arm caused a fracture and abrasions of the right arm. His right upper leg is also struck by the bumper, causing contusions/bruises of the upper right leg. Because the vehicle is contaminated from previous onsite sampling activities, the victim receives contamination on his right hand/arm with abrasions and on his right leg. The victim is pushed backward, trips over the curb and lands on the grassy island directly behind him.

APPENDIX 3
Drill Scenario
MP Medical/MS-1 Drill
October 18, 2000

The victim is on the ground, obviously cringing in pain holding his right arm with his left hand. His leg is also in pain which prevents him from being able to stand. There is contamination on his right hand where the victim put out his hand to stop the vehicle up to his right elbow where he is holding his arm. There are no indications of head injury and the victim is conscious and able to describe what happened. The ground area surrounding the vehicle is not contaminated.

Drill initiation/response begins at this point in time:

One of the two HP Technicians should immediately make (or direct) an emergency call to the Unit 1 Control Room (x2222) to request help. However, due to the nature of the ongoing event (simulated General Emergency) may radio the FTDC in the EOF to make the call to the Control Room..

The Unit 1 Control Room may initiate (“this is a drill”) medical emergency notifications to Site Fire Protection as the exercise commences.

Additional Health Physics Technician(s) should be dispatched/arrive at the scene to assist. (These may be staged at the OSC Assembly Area.) SFP-EMTs should arrive and begin first aid/evaluation of the victim and determine that an ambulance and offsite medical treatment is needed.

A call should be made to the Unit 1 Control Room to request dispatch of an ambulance.

SFP-EMTs should render first aid for patient stabilization. Preparations should also be in progress for arrival and delivery of incoming emergency vehicles to the scene and for patient transport to the hospital.

HP Technician(s) should perform radiological surveys of the patient and general area to determine if the area is contaminated. The patient's (outer layer of) clothing may be cut away/removed during this time, if appropriate, to minimize the spread of contamination with patient packaging and transport to the hospital.

During this time frame, the Unit 1 Control Room should make a call for ambulance dispatch (via Waterford hotline) to the Station and Waterford Ambulance Service should be dispatched, live, to the Station. (Emergency vehicles shall travel “Code 83” (no lights/siren) for the purpose of the exercise)

Note:

Actual calls to Lifestar Shall Not be made.

APPENDIX 3
Drill Scenario
MP Medical/MS-1 Drill
October 18, 2000

If it is decided at any time during the exercise (by Station, Ambulance or Hospital personnel) to call Lifestar (helicopter medivac), the appropriate Controller shall advise the player(s) that Lifestar is Not Available.

The Control Room should contact the appropriate hospital for transport of a contaminated-injured victim. L & M Hospital will be "unavailable" (due to a simulated mass casualty) necessitating the use of the back-up Middlesex Hospital.

SFP-EMTs should continue to assess and treat the patient and prepare the injured employee for removal to an ambulance. Health Physics Technician(s) should brief EMTs on any contamination (there is none) in the area prior to moving the patient for transfer to the ambulance gurney.

Station HP Technician(s) may decide to perform an initial (limited) decontamination of the patient, if conditions and time permits.

Upon emergency vehicle (ambulance) arrival at the Security Access Control Point, Security should coordinate and provide an escort(s) to the accident scene into the EOF parking area.

Upon arrival, EMS personnel evaluate, take patient turnover and provide treatment and packaging for transport and may decide to notify L & M Hospital of the expected transfer of a contaminated injured patient. At this time it is learned that L&M Hospital REA is fully occupied with victims from a multiple injury bus accident from Ledyard and is not able to handle additional patients.

EMS personnel should then notify Middlesex Hospital for the expected transfer of a contaminated injured patient. The HP Technician/EMS personnel notify the Unit 1 Control Room of the decision to transfer the patient to the backup hospital.

After the patient has been packaged and loaded and all preparations have been completed, including ambulance boarding of an HP Technician, the ambulance departs the Station, enroute to Middlesex Hospital—this is approximately a 40 minute ride.

The Hospital ED staff should initiate their radiological emergency plan and prepare the Radiological Emergency Area (REA) for contaminated/injured patient arrival.

All vehicle/traffic laws shall be observed and obeyed. Emergency vehicles shall travel "Code 83" (no lights/siren), and shall not violate any normal traffic laws.

EMS personnel should continue to aid and evaluate/monitor the patient, as appropriate, while en route to the hospital. During transit, ambulance personnel should contact the hospital and advise them of the patient's condition and Estimated Time of Arrival.

APPENDIX 3
Drill Scenario
MP Medical/MS-1 Drill
October 18, 2000

Upon arrival at the Hospital, a patient turn over should be performed between ambulance personnel and Hospital staff. Hospital ED staff should perform an evaluation of the patient's condition and be briefed by the MP Station HP Technician on the patient's radiological condition.

ED staff perform wound area decontamination, based on the extent of injuries. Two decontamination attempts will be necessary to sufficiently remove wound, hand and arm contamination. (See Figures 2 & 3.) The physician should follow plan procedure regarding the taking of swipes or samples.

EMS personnel (once "released" from patient care responsibilities) and the ambulance may be surveyed for contamination at this time or any time after, depending on the status and readiness of hospital and MP HP staff to perform this function.

Neither the EMS personnel, nor the ambulance itself will be (simulated) radiologically contaminated, unless contamination was spread during the response/transit to the Hospital. [The patient Controller (who traveled in the ambulance and observed contamination control measures) shall make this determination, based on actual actions taken by ambulance personnel during ambulance transit to the hospital.] Ad hoc contamination levels (if appropriate) assigned by the patient Controller shall not be greater than approximately 0.1x the maximum values on the patient.

If contamination is identified during ambulance personnel or vehicle monitoring/surveying; the person surveying the vehicle should require it to be returned to the Station for decontamination. (The ambulance will not actually be taken back to the Station) If the ambulance is clean, it can be immediately returned to service.

With the patient stable and coherent, the ED staff should perform wound area decontamination, based on the extent of injuries. Only one decontamination attempt will be necessary to sufficiently remove all wound, hand and arm contamination.

REA ED staff radiological exposures should be periodically monitored during and after patient receipt and care is provided.

After successful patient decontamination is performed, the patient is released from the hospital.

The medical staff should be monitored for contamination upon completion of patient decontamination and prior to exiting the REA. The REA and equipment should also be surveyed for contamination. Contaminated waste, such as used bandages, etc. should be dispositioned/gathered appropriately as radiological waste. REA ED staff radiological exposures should be checked and documented.

APPENDIX 3
Drill Scenario
MP Medical/MS-1 Drill
October 18, 2000

The exercise is terminated and a player/controller critique is conducted at both the Station (EOF) and Hospital.