RADIOLOGICAL EMERGENCY PLAN

Revision Date: PORC 9/28/83 (issued 11/7/83)

This log sheet must be retained as the last page of the Watts Bar Nuclear Plant Implementing Procedures Document.

Reason for revision: Deleted punchlist item and changed figure 1.

Inserted by: _____ **Date Inserted:** _____

Pages to be Removed			New Pages to be Inserted		
Part	**Page Number**	**Revision**	**Part**	**Page Number**	**Revision**
Table of Contents	unnumbered	8/30/83	Table of Contents	unnumbered	10/3/83
IP-6	Coversheet	1	IP-6	Coversheet	2
	Rev. Log	1		Rev. Log	2
	Punchlist	1		Punchlist	2
	Procedure:			Procedure:	
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Figure 1	p. 1	1	Figure 1	p. 1	2

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IMPLEMENTING PROCEDURE MANUAL
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(DATE)

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IP-1	Emergency Plan Classification Logic	1	OP
IP-2	Notification Of Unusual Event	1	OP
IP-3	Implementing Procedure	1	OP
IP-4	Site Area Emergency	1	OP
IP-5	General Emergency	1	OP
IP-6	Activation Of The Technical Support Center	2	ES
IP-7	Activation Of The Operations Support Center (OSC)	1	OP
IP-8	Personnel Accountability And Evacuation	1	PS
IP-9			
IP-10	Medical Emergency Procedures	1	MX
IP-11	Security/Access Control	1	PS
IP-12			
IP-13	Call Lists (Canceled)	1	MS
IP-14	Health Physics Procedures	1	HP
IP-15	Emergency Exposure Guidelines	1	HP
IP-16	Recovery Instructions	1	ES
IP-17	Emergency Equipment And Supplies	1	HP
IP-18	Plant Release Rate Calculations (Canceled)	1	HP
IP-19	Radiological Emergency Plan (REP) Training and Drills	0	HP
IP-20	Environmental Monitoring During A Radiological Emergency	0	HP

WATTS BAR NUCLEAR PLANT

IMPLEMENTING PROCEDURE

IP-6

ACTIVATION OF THE TECHNICAL SUPPORT CENTER

CURRENT REVISION LEVEL 2

Prepared By R. P. Moerschell

Revised By W. S. Delk

Submitted By M. E. Jones
Supervisor

PORC Review Date 9/20/83

Approved By H. L. Boukdull
Superintendent

Date Approved 9/28/83

Last page of this instruction: 30

	Document Control Unit, 1520 CST2-C
1U	NRC
	Nuclear Safety Review Staff
1C	Plant Master File
1C	Plant Superintendent
1C	Asst. Plant Supt. (Operations)
1C	Asst. Plant Supt. (Maintenance)
	Adm. Svs. Supervisor
	Asst. Mechanical Maint. Sup.
	Chemical Laboratory
1C	Chemical Unit Supervisor
	Chief, Nuclear Training Branch
1C	Compliance Unit
	DPSO-WBN
	Document Control Supervisor
1C	Electrical Maint. Supervisor
	Electrical Shop
1C	Engineering Supervisor
1C	Field Quality Engineering Supv.
1C	Field Services Supervisor
4C	Health Physicist
2C	Health Physics Laboratory
	Instrument Engineer
1C	Instrument Maint. Supervisor
	Instrument Shop
	Janitor & Labor Supervisor
1C	Management Svs. Supervisor
1C	Mechanical Maint. Supervisor
	Mechanical Unit Supervisor
1C&1U	Operations Supervisor
	Plant Program Section Supv.
	Plant Services Supervisor
1C	Plant Training Officer
1C	Plant Training Shift Engineer
	Power Stores Unit Supervisor
1C	Preop Test Supervisor
1C	Public Safety
	QA Manager, QA and Audit Staff
1C	Reactor Unit Supervisor
1C	Safety Engineer
1C	Shift Engineer's Office
	Stationary Equipment Group
1C	Technical Support Center
1C	Unit 1 Control Room
	Unit 2 Control Room
1C	Medical Services
1U	Eric Sliger, 1460 CST2-C

HISTORY OF REVISION/REVIEW

REV. NO.	DATE	REVISED PAGES	REASON FOR CURRENT REVISION (INCLUDE ALL TEMPORARY CHANGE NUMBERS)
1	08/19/83	ALL	General Revision.
2	9/28/83	Punchlist, 2, 5	Delete punchlist item, change Figure 1

PUNCHLIST

Figure 2	Technical Support Center layout not finalized.
Page 3 of Attachment 2	PBX controlled group restrictions not finalized.
Page 4 of Attachment 2	TSC phone layout not finalized.
Attachment 10-	PSO VHF/UHF radio system for TSC not finalized.

M. K. Jones 9/19/83
Signature Date

Initials	Time		
_____	_____	d.	Secretary take over log of events/communications.
_____	_____	e.	REP Communicator establish communication with DNPEC Communicator.
_____	_____	f.	Technical Assessment Manager direct TSC Communicator to begin completing IP-6 data sheets (see Attachment 3) every 1/2 hour.
_____	_____	g.	Technical Assessment Manager establish communications with TSC Communicator in control room using portable phone.
_____	_____	h.	Maintenance Engineers establish communication with normal work station. Designate individual in charge if Maintenance Unit Supervisor not available. Maintain log of activities.

DIM Numbers:

Mechanical:	8110, 8523, 8246
Electrical	8109, 8587, 8588, 8589
Instrumentation	8466, 8679, 8140, 8471

_____	_____	i.	Secretary activate Emergency Data Information System.
_____	_____	j.	Secretary checks operation of telefax machine. (See Attachment 4)
_____	_____	k.	Secretary begins accountability of TSC personnel.
		l.	NRC Communicator establish communications with NRC (if required).
		m.	NRC Communicator begin maintaining area maps and off-site radiation status board.
		n.	Health Physicist begin maintaining in-plant radiation status boards.
		o.	Radiochemical Engineer begin providing information to REC for projected dose calculations as requested.
		p.	Health Physicist begin providing release information and any plant field team data to MSEC for dose calculations as necessary.

EMERGENCY ORGANIZATION CHART

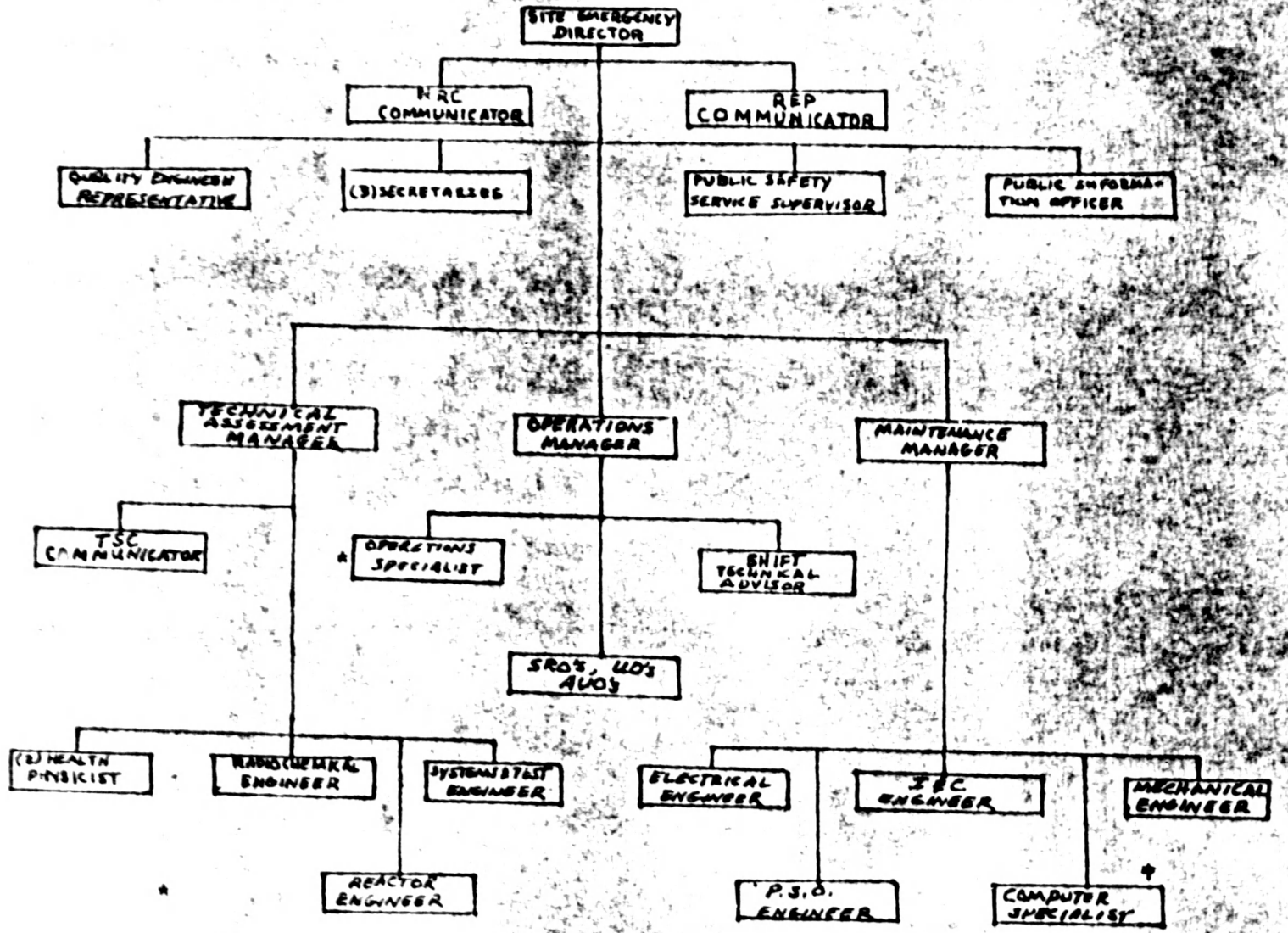

FIGURE 1

Revision Log Sheet

Revision Date: SEP 29 1983

This log sheet must be retained as the last page of the Watts Bar Nuclear Plant Implementing Procedures Document.

Reason for revision: To issue WBNP-IPD IP-10 Revision 1

Inserted by: _____ **Date Inserted:** _____

Pages to be Removed

Part	Page Number	Revision
Table of Contents	Unnumbered	8/30/83

New Pages to be Inserted

Part	Page Number	Revision
Table of Contents	Unnumbered	9/29/83
IP-10	Cover Sheet	1
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IP-1	Emergency Plan Classification Logic	1	OP
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IP-19	Radiological Emergency Plan (REP) Training and Drills	0	HP
IP-20	Enviromental Monitoring During A Radiological Energency	0	HP

WATTS BAR NUCLEAR PLANT

IMPLEMENTING PROCEDURE

IP-10

MEDICAL EMERGENCY PROCEDURE

CURRENT REVISION LEVEL 1

Prepared By William A. Miller

Revised By William A. Miller

Submitted By RA Beck
Supervisor

PORC Review Date 9/28/83

Approved By HS Bounds
Superintendent

Date Approved 9/28/83

Last page of this instruction: 18

	Document Control Unit, 1520 CST2-C
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	Instrument Engineer
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	Power Stores Unit Supervisor
1C	Preop Test Supervisor
1C	Public Safety
	QA Manager, QA and Audit Staff
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1C	Safety Engineer
1C	Shift Engineer's Office
	Stationary Equipment Group
1C	Technical Support Center
1C	Unit 1 Control Room
	Unit 2 Control Room
1C	Medical Services
1L	Eric Sliger, 1460 CST2-C

HISTORY OF REVISION/REVIEW

REV. NO.	DATE	REVISED PAGES	REASON FOR CURRENT REVISION (INCLUDE ALL TEMPORARY CHANGE NUMBERS)
0	11/09/82	All	New Procedure
1	9/28/83	All	To change response precedure for nurse and revise page numbering

MEDICAL EMERGENCY PROCEDURE

1.0 PURPOSE

This procedure outlines the action to be followed during medical emergencies at Watts Bar Nuclear Plant.

2.0 PROCEDURES

2.1 Initial Reporting and Response to Accident and Emergency Medical Situations

2.1.1 Anyone discovering a serious injury or other medical emergency should administer aid for any life-threatening situation.

2.1.2 Summon any available personnel in the area for assistance.

2.1.3 Notify the control room on extension 8299 and state, "This is a medical emergency and not a fire," so that the control room operator can initiate appropriate response.

2.1.4 Give the control room operator your name, the location of the emergency (including building, elevation, and column coordinates), the type of medical emergency, and the number of people involved. Also, give the telephone number from which you are calling and if the emergency is in a regulated area.

2.1.5 Initiate such actions as may be needed to avoid further injury to the victim or injury to other personnel.

2.1.6 As emergency response personnel arrive, assist them as requested and give any pertinent information they require relating to the injury or illness.

2.1.7 Notify your supervisor and assist as requested in report preparation and followup.

2.2 Activation of Medical Emergency Response Team

2.2.1 The control room operator or the assistant shift engineer shall:

a. Initiate activation of the emergency response team, and announce over the public address system the location of the medical emergency.

b. Notify the shift engineer of the emergency.

2.2.2 A roster listing all names and telephone numbers of the individuals and local agencies required to either respond or provide support for the medical emergency will be provided to the Plant Duty Supervisor and the shift engineer.

2.2.3 The shift engineer will request the necessary information from Health Physics personnel. Medical and Public Safety may be required to assist the shift engineer in completion of Attachment 1.

2.2.4 When a patient is transported to a hospital, the shift engineer will notify the receiving facility of the patient's condition, the estimated time of arrival, and the radiological status of the patient as determined by Health Physics.

2.2.5 If necessary, the shift engineer will request that Public Safety arrange for an ambulance (offsite or onsite) for transporting of injured personnel.

2.3 Organization and Duties of the Medical Emergency Response Team

2.3.1 The medical emergency response team consists of a Health Physics representative, an assistant shift engineer, Public Safety officer, (or individual trained in first aid or emergency medical response), and nurse. The team will be supported by assistant unit operators who have received supplemental first aid training.

2.3.2 Duties and responsibilities of the various members of the response team:

2.3.2.1 Team Leader (assistant shift engineer)

a. The team leader will take charge and direct the total activities while consulting with members of the team in their area of expertise;

b. Lead the team in and out of the area by the most direct and/or appropriate route (with proper considerations of hazards to members of the team with the operational functioning of the facility). If the patient is located in a contaminated zone a minimum number of response personnel will enter the area initially. Protective clothing will be at the minimum (shoe covers, gloves at the discretion of Health Physics). Additional personnel may be requested by the team leader.

c. Assist and consult with the nurse, individuals trained in emergency medical response, and the Health Physics representative when needed and aid in extrication and/or transportation of patient to the health station, medical office, or ambulance as appropriate.

d. Maintain communication with the shift engineer and keep him advised of situations, needs, and progress of team; request that the shift engineer contact the appropriate hospital or a receiving facility when patient transportation is necessary.

e. Upon advice from Medical or other appropriate personnel, notify control room that an ambulance is needed.

2.3.2.2 Public Safety Officer (individual trained in emergency medical response).

a. Proceed to the emergency with a medical kit.

b. Administer medical treatment.

c. Perform crowd control upon instruction of team leader.

d. Provide information to the shift engineer to complete Attachment 1.

e. Provide escort for nurse if requested.

2.3.2.4 Health Physics representative will:

a. Proceed to the emergency.

b. Monitor environment and patient as needed.

c. Advise team members concerning proper protective clothing, equipment, and occupancy time needed for their protection.

d. Advise team concerning protective measures and decontamination needed for patient.

e. Be available to answer questions asked by the nurse, shift engineer, and receiving facility concerning radiation exposure and/or contamination of the patient (see Attachment 1).

f. Advise the assistant shift engineer and medical of all radiological conditions and any possible exposure of personnel as appropriate.

g. Assist in patient care when not otherwise occupied with radiation concerns and responsibilities.

2.3.2.5 Nurse will:

a. Proceed to the emergency with the emergency response team.

b. Administer emergency care as required.

c. Will make followup phone call to hospital outlining additional information concerning patient's condition.

d. Provide information to shift engineer for completion of Attachment 1.

2.4 General Patient Care Guidelines

2.4.1 First aid and emergency medical care should be provided for onsite personnel at the facility to preserve life and to minimize injury and suffering.

2.4.2 The medical emergency response team will check the patient's condition and take appropriate medical action as directed by the nurse or other team member trained in emergency medical care.

2.4.3 The medical emergency response team shall assist the nurse or other team member trained in emergency medical care, and at his/her direction, evaluate, stabilize, and transport any seriously ill or acutely injured person to the nearest health station, TVA medical office, or hospital receiving facility as appropriate.

2.4.4 A physician should be consulted when, in the nurse's judgment (or other personnel trained in emergency medical care), further professional attention is needed prior to transport such as in a problem with extrication where the patient needs medical attention while extrication is being accomplished. Always keep in mind the goal of maximum benefit to the patient.

2.4.5 Transport patient to the emergency treatment area or health station (or nearby TVA medical office) unless patient's condition is such that immediate transport to a hospital is necessary.

2.4.6 If a patient requires ambulance transportation to a medical office or hospital, utilize the TVA ambulance before contacting a commercial ambulance service. When necessary, the shift engineer will request an ambulance and driver (onsite or offsite) from Public Safety for transporting injured personnel.

2.4.7 The Health Physics representative(s) will act as advisor to the emergency response team and medical personnel concerning radiological conditions.

2.5 Patient Care Guidelines for Special Conditions

2.5.1 General Guidelines

The care and disposition of all ill and injured persons known or suspected to be associated with radiation exposure or contamination will be coordinated with the Health Physics representative. The essential aims of the Medical-Health Physics team are:

1. Minimize injury and further radiation exposure to the victim.

2. Protect attending personnel from excessive and unnecessary radiation exposure.

3. Control spread of radioactivity contamination

4. Assess and document the patient's radiological exposure.

5. Immediate lifesaving and disability limiting procedures will take precedence over noncritical decontamination and dosimetry assessment procedures.

2.5.2 Classification and handling of radiologically exposed or contaminated individuals.

2.5.2.1 Irradiated-Noncontaminated

First remove the victim from further exposure providing only essential first aid in the process, then direct attention to medical care of other physical injuries. The patient is then transported wherever necessary for adequate initial care of his illness or injuries. The Health Physics technician determines and reports the type and level of exposure and the affected area of the body if possible. Medical care of

the radiation exposure is governed by the medical statur of the patient and the findings of the Health Physicist. In most cases, the treatment of illness or physical injury takes precedence over treatment for radiation exposure.

In general, the medical treatment for radiation exposure should be related to the total dose received. Therefore, several major decision points should be looked for:

2.5.2.1.1 Individuals who have received an acute total body dose of less than 5 rem usually require no medical examination or treatment for the radiation exposure.

2.5.2.1.2 Individuals who have received an acute total body dose of between 5 and 75 rem radiation can usually be treated as an outpatient, but should have hematological studies performed to detect chromosomal aberrations and other changes in other blood constituents. Attachments 2 and 3 give laboratory directions for drawing blood samples for chromosomal and hematological studies.

2.5.2.1.3 For individuals who have received an acute total body dose greater than 75 rem, evaluation by a nuclear medicine specialist shall be arranged regardless of physical injuries or illnesses. This is the minimal dose that produces a recognizable reaction in about 10 to 20 percent of the individuals exposed. Blood studies should be drawn per directions (Attachments 2 and 3). If the patient is ill or injured requiring attention for physical illnesses or injuries, he should be transported to Athens Community Hospital or Rhea County Medical Center (see Attachments 4 and 4a) with the information that this patient has received an acute total body dose greater than 75 rem. It is recommended that the attending physician consult REAC/TS. If the patient is not seriously ill or injured enough to require hospitalization for physical illness or injury, and with the recommendation of REAC/TS, referral may be made to Oak Ridge Hospital of the United Methodist Church (see Attachment 5) where the patient could be observed and treated by the physicians on the REAC/TS team.

2.5.2.1.4 If a worker's projected cumulative dose to the thyroid from inhalation of radioactive iodine might exceed 10 rems, the Medical Director has authorized responsible Health Physicists or other qualified individuals to offer the exposed person an immediate first dose of a course of potassium iodide. The time the first dose was administered should be documented and the individual should be referred to the health station or a TVA medical office. Anyone authorized to initiate KI shall be familiar with the Food and Drug Administration approved package insert, and be sure that each proposed recipient is similarly informed. The initial dose of KI should not be delayed and those who begin therapy should continue the 10-day course of KI unless their thyroid dose is determined not to have exceeded 10 rem. An adequate supply of KI is stored at each nuclear facility to supply any personnel exposed to radioactive iodine. It is supplied in bottles which contain a full 10-day dose regimen. Follow dosage schedules as outlined on the package insert accompanying each bottle of KI.

2.4.2.1.5 Any personnel known or suspected of receiving radiation exposure in excess of the TVA occupational dose limits should be reported to TVA medical and the area medical chief as soon as possible Health Physics should document the amount and type of radiation and assist MED SV in follow-up by supplying them with this information.

2.5.2.2 Contaminated Patients

2.5.2.2.1 The patient should be identified, given initial first aid, and transported by the medical emergency response team. All decontamination that the medical status of the patient will allow should be determined on an individual basis by the medical-health physics team.

The injured person may be decontaminated on the spot by removal of contaminated clothing if possible, or may be removed to the personnel decontamination facility in the service building where contaminated clothing and skin transferrable contamination may be removed. At that point, the injured person will be transported and treated in one of two ways.

2.5.2.2.1.1 If the person is severely injured, they may be transported directly to Athens Community Hospital or Rhea County Medical Center provided that every reasonable effort has been made to reduce the radioactive contamination level to less than .5 R per hour at one foot. If clothing and contamination cannot be safely removed, spread of contamination may be minimized by removing the patient's excess clothing and wrapping him in a sheet, as his injuries permit.

2.5.2.2.1.2 In cases of less severe injuries the patient will be sent to the personnel decontamination room to remove as much contamination as possible before he is treated in the emergency treatment area or transferred to Athens Community Hospital or Rhea County Medical Center. Rhea County is preferred due to distance.

2.5.3 The health physicist will collect, identify, label and analyze all biological specimens as required and deemed necessary. He will obtain the injured person's personnel dosimetry and replace, with equivalent dosimetry if appropriate.

2.5.4 The health physics group will also maintain supplies to control contamination and protect members of the medical emergency response team during transport within the plant and to the receiving hospital.

Medical emergency response team members and medical personnel will don and maintain whatever personal protective equipment the Health Physics representative may require. When a contaminated patient is transported to a receiving hospital facility, a Health Physics representative should accompany the patient to the hospital and should furnish as much information as possible about the patient's dose and type of radiological contamination and/or exposure to the receiving facility (see Attachment 1). At the hospital, a Health Physics representative will furnish radiological services to attending physicians and hospital personnel as requested.

2.6 Guidelines for Followup Medical Care

Follow-up medical care of illnesses or injuries treated in the health station or TVA medical office are usually done in the health station or TVA medical office. If the patient has been referred to a private physician or receiving hospital, follow-up medical care is usually done by the private physician unless the patient is released or follow-up medical care is requested from Medical Services by the private physician. In such instances, follow-up medical care will be arranged through the health stations and TVA medical offices.

2.7 Notification Guidelines

2.7.1 The area medical chief or his designee or the area nursing supervisor or her designee should be notified by the plant nurse or someone designated by her/him in the following instances.

2.7.1.1 If someone is ill or injured to the extent that they require ambulance transportation to a hospital receiving facility.

2.7.1.2 If the number of injuries is above that normally expected to be handled during the normal operation of a health station.

2.7.1.3 Anytime there is a situation existng in the facility which creates a hazardous environment where there is an increased likelihood of radiological exposure and/or contamination or increased physical risk so that injuries are more likely to occur than during normal operating conditions.

2.7.2 If the area medical chief and the area chief nurse or their designee cannot be contacted, then notify the Medical Director or Medical Services Representative to CECC if activated.

2.7.2.1 Health Physics should notify the area medical chief anytime any TVA personnel receives radiation exposure in excess of the recommended TVA occupational exposure limits.

RADIATION AND/OR MEDICAL EMERGENCY NOTIFICATION REPORT

To be used by shift engineer to enter available data for notification of a receiving hospital of the impending adminssion of a case involving a medical emergency radiation exposure or contamination.

Nature of Accident _____

_____

_____

Extend and Description of Injuries _____

_____

_____

Treatment Provided _____

Condition: Good ____ Fair ____ Serious ____ Critical ____ Deceased ____

Vital Signs: B/P _____ Pulse _____ Respiration _____

Treated in Medical Office: Yes _____ No _____ Time: _____

A. Person Making Notification:

Name _____ Date _____ Time _____

Title _____ Telephone _____

Plant _____

B. Patient to be Admitted:
Name (if available)

	Injury but no Radiation or Contamination	Radiation Exposure	Internal Contamination	External Contamination	Contaminated Wounds
Radiological Status (check one or more)					

C. Patient will be: Surveyed for Contamination _____ Decontaminated _____

D. Expected Time or Arrival at Hospital _____

Notification Taken By: _____

NOTE: Sheet is to be used for one individual only.

INSTRUCTIONS FOR LYMPHOCYTE CULTURING FOR CYTOGENETIC DOSE ESTIMATION OF LOW LEVEL WHOLE BODY ACUTE OVER EXPOSURE TO IONIZING RADIATION

TVA has an agreement with the Oak Ridge Associated Universities Cytogenetics Laboratory (ORAU) to perform lymphocyte culturing to provide cytogenetic estimate of radiation dose.

Upon the order of a responsible physician and after arrangements have been coordinated with ORAU/REAC/TS, concerning the transport and arrival time of the specimen, the followng procedure should be followed: The blood should be collected in a red top vacutainer (Cat No. 2-657-3, BD No. 4671) to which has been added 0.1 ml of sodium heparin (Upjohn 1000 units). Mix by inversion 30 times in 30 seconds immediately after collection.

Blood samples must be kept cool (not frozen) during shipping and storage. The vacutainers should be packed in styrofoam chips, packing straw, etc. Surround packing material wth a coolant and hip in a well-insulated container. Do not put the tubes directly on any coolant that may freeze the samples. The optimum temperature for shipping is 39° F. (4°C.).

Identify the samples with the patient's name, birth date, social security number, date, and location.

Samples should be shipped by the fastest available carrier, such as TVA courier, air, or commerical carrier to:

ORAU/REAC/TS
Cyto Genetics Laboratory
Attn: Gayle Littlefield or Gene Joiner
Medical and Health sciences Division
Oak Ridge, Tennessee 37830
(615) 576-3261

LYMPHOCYTE CULTURING

Collection Method:

Blood _____

Serum _____

Plasma _____

Urine _____

Sputum _____

Other _____

Type Container:

Red top vacutainer #4671 to which has been added 0.1 ml of sodium heparin (Upjohn 1000 units).

When: Upon order of responsible TVA M.D. in coordination with REAC/TS, after confirmed exposure exceeding 5 rem of total body ionizing radiation.

Frequency: Once, unless otherwise directed by responsible medical authority.

Special Instructions: Refrigerate, but do not freeze in shipping containers provided for this purpose.

Where Sent: ORAU/REAC/TS Cytogenetics Laboratory
Attention: Gayle Littlefield or Gene Joiner
Medical and Health Sciences Division
Oak Ridge, Tennessee 37830

Special Notice: Notify Chief Medical Technician at extension 2853, Chattanooga.

Report Results To: Medical Director
320 Edney Building
Chattanooga, Tennessee 37401
Phone: 751-2091

Label Information:

_____ Yes

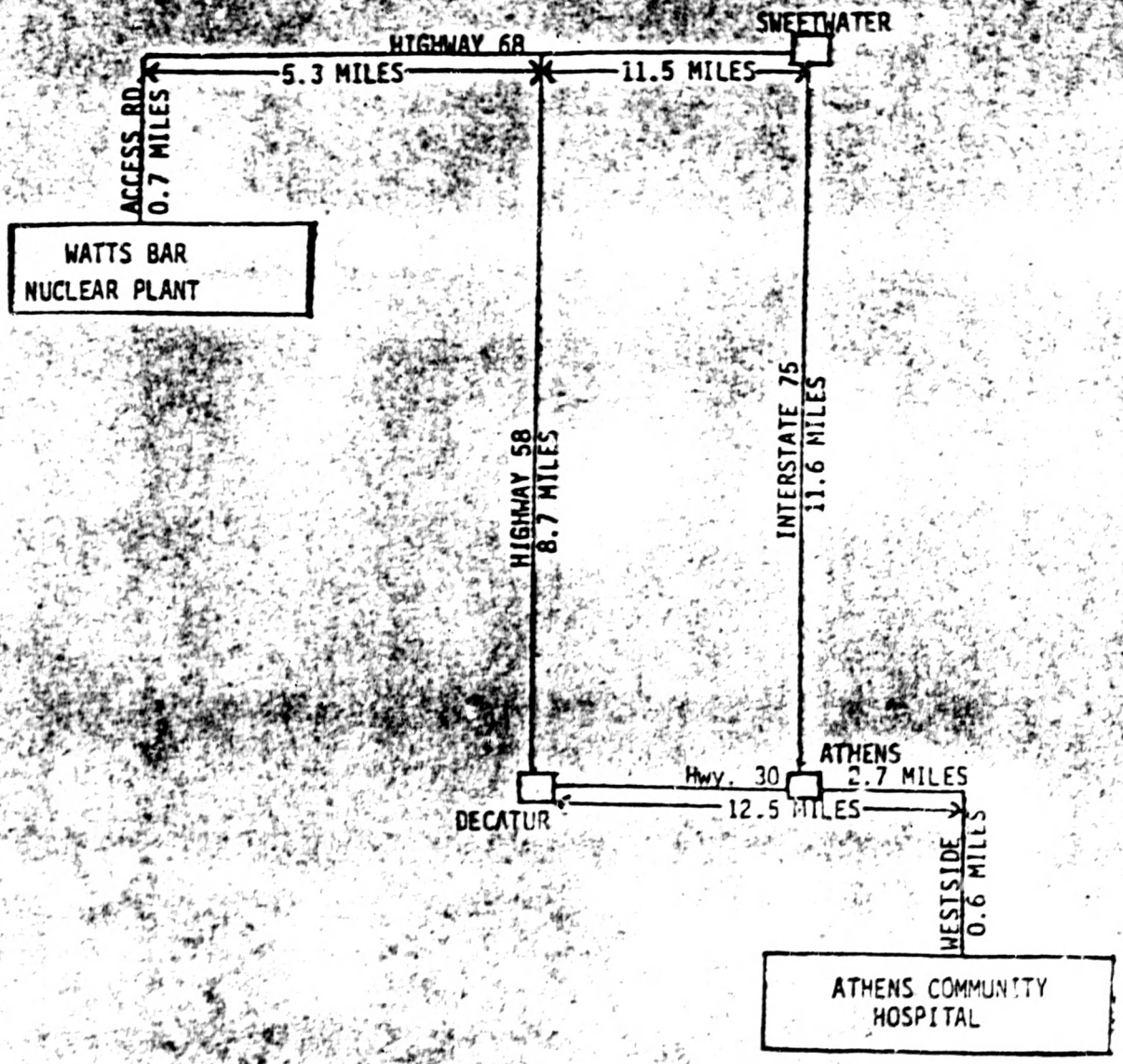
_____ No

SS Number Name SS Number

Birthdate Race Sex Loc No. Time Code

LYMPHOCYTE CULTURING

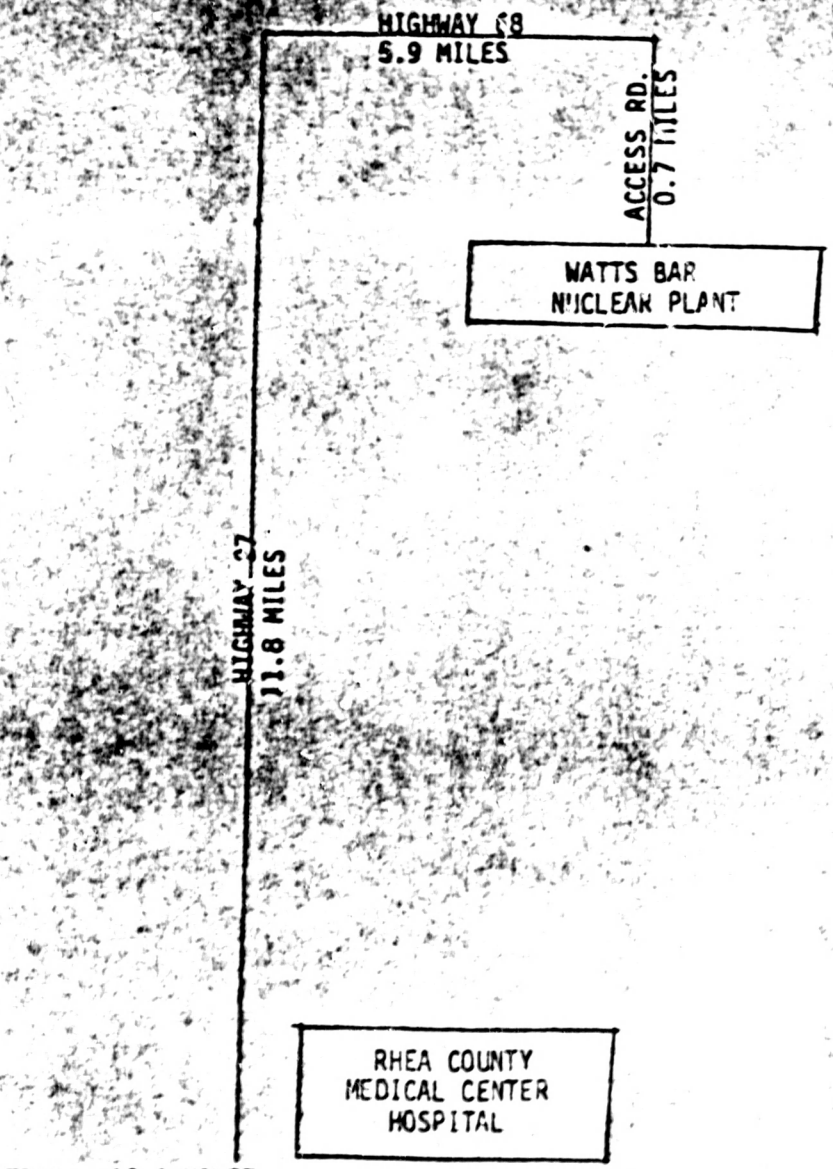
ATHENS COMMUNITY HOSPITAL



TOTAL: 32.4 MILES VIA INTERSTATE 75
27.8 MILES VIA HWY. 58, 2-LANE HWY.

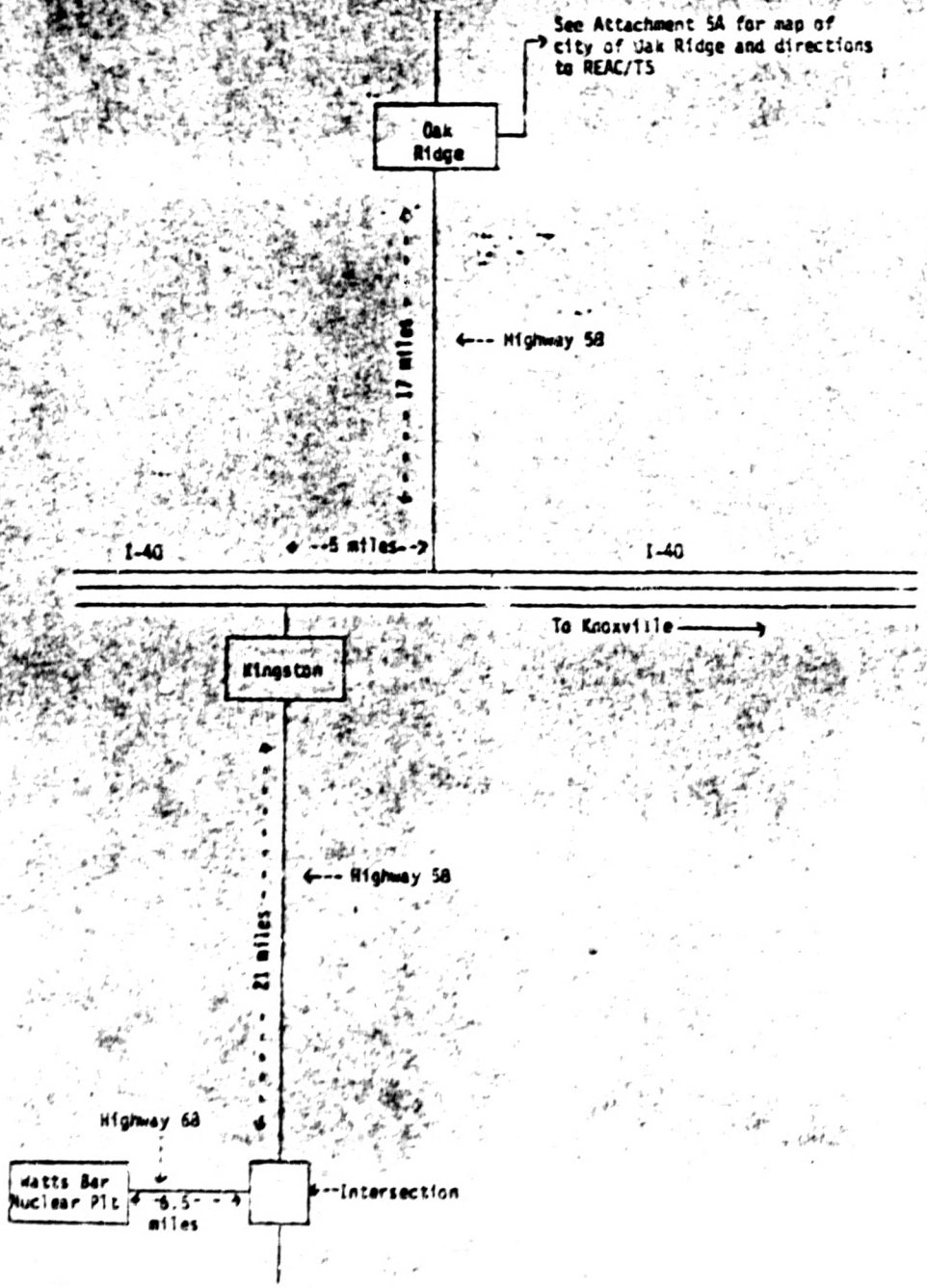
RHEA COUNTY MEDICAL CENTER HOSPITAL

(PREFERRED)

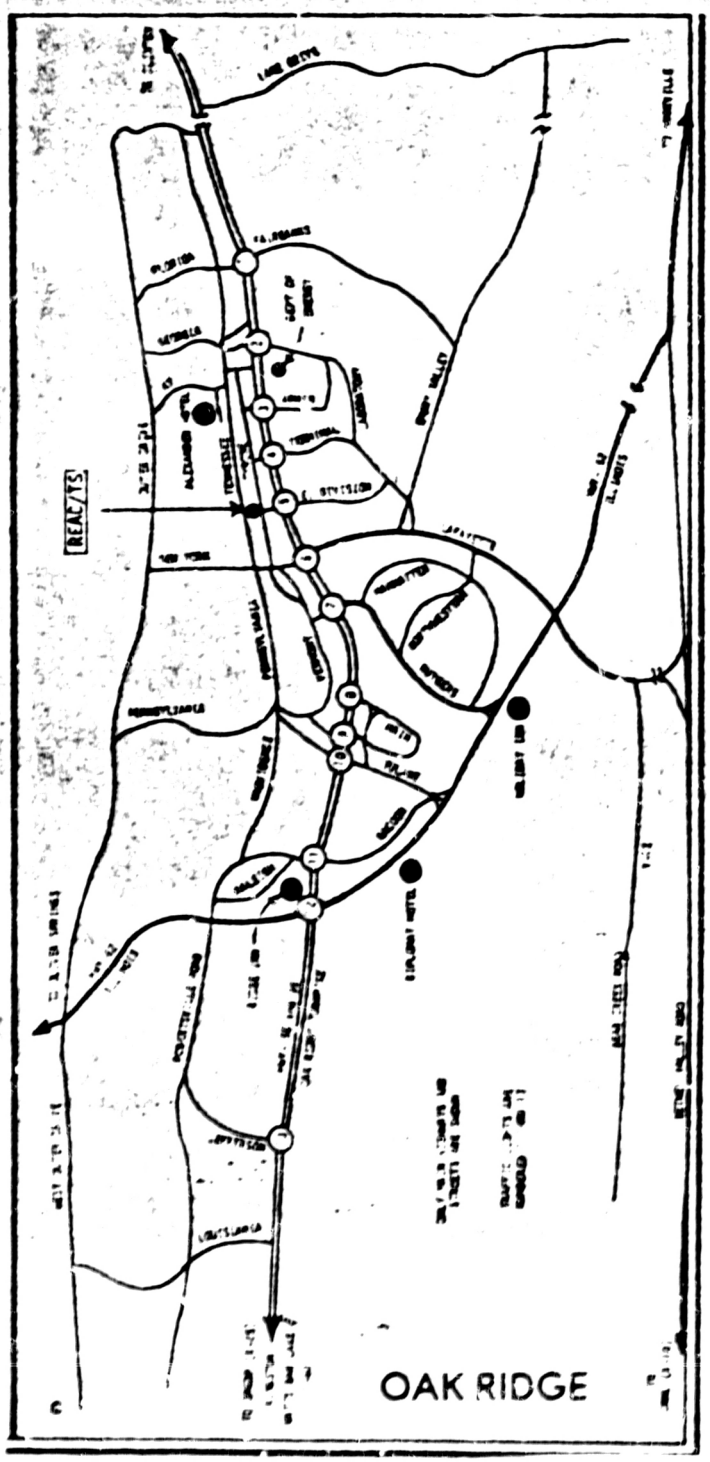


TOTAL: 18.4 MILES
2-LANE HWY.

DIRECTIONS TO THE CITY OF OAK RIDGE



DIRECTIONS TO THE OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH (REAC/TS FACILITY)



NOTIFICATION LIST

IN HOUSE:

FIRE ----------8299

Medical Emergency--------8299

Public Safety----------8544

Shift Engineer----------8213

TVA Ambulance----------3544

Health Physics----------8141, 8462

LOCAL AMBULANCE SERVICE:

McMinn County Ambulance Service
Athens, Tennessee 37303

(615) 745-5555

Rhea County Ambulance Service
701 North Market Street
Dayton, Tennessee 37321

(615) 775-2141

HOSPITALS:

Rhea County Medical Center
Highway 27, North
Dayton, Tennessee 37321

(615) 775-1121, Ext 189 (Emergency Room)
(615) 775-1121, (Switchboard)

Athens Community Hospital, Inc.
111 West Madison Avenue
Athens, Tennessee 37303

(615) 745-1411, Ext 260 (Emergency Room)
(615) 745-1411 (Switchboard)

REAC/TS, Oak Ridge, Tennessee

Commercial - (615) 576-3131
FTS - 8-128-615-626-3131

24-Hour Hospital Disaster Network

Commercial - (615) 482-2441 (Beeper: 241)
FTS - 8-128-615-626-1005

Area Medical Chief:	Work Phone	Home Phone
Edmund S. Lane, M.D.	7-2045 (Dimen)	(615) 622-8150
Frances A. Lloyd, M.D.	7-2045 (Dimen)	(615) 877-0815

Area Nursing Supervisor:	Work Phone	Home Phone
Georgene L. Johnson	7-2286 (Dimen)	(615) 332-5948
Mary Jane Carter	7-2292 (Dimen)	

All FTS numbers are accessible through Dimension phones with the 8 function.