



Comanche Peak Nuclear Power Plant

After Action Report/ Improvement Plan

Drill Date - December 03, 2009

Radiological Emergency Preparedness (REP) Program



FEMA

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After Action Report/Improvement Plan

Comanche Peak Nuclear Power Plant

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EXECUTIVE SUMMARY

On December 3, 2009, an out-of-sequence medical drill was conducted for the Comanche Peak Nuclear Power Plant (CPNPP), located near Glen Rose, Texas. Personnel from the U.S. Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) Region VI Office evaluated all activities. The purpose of the drill was to assess the level of preparedness of responders to react to a simulated medical emergency with a radiologically contaminated patient. The previous medical drill at this site was conducted on November 6, 2007.

Personnel from the Texas Department of State Health Services, Granbury/Hood County Emergency Medical Services (EMS), Texas Health Harris Methodist Hospital Cleburne and CPNPP participated in the drill. Cooperation and teamwork of all participants was evident during these drills, and DHS/FEMA Region VI wishes to acknowledge these efforts.

This report contains the final evaluation of this out-of-sequence drill. The participants demonstrated knowledge of their emergency response plans and procedures and adequately implemented them. There were no Deficiencies and one Area Requiring Corrective Action (ARCA) identified and corrected during the drill. No plan issues were identified as a result of the drill.

SECTION 1: EXERCISE OVERVIEW

1.1 Exercise Details

Exercise Name

Comanche Peak Nuclear Power Plant

Type of Exercise

Drill

Exercise Date

December 03, 2009

Program

Department of Homeland Security/FEMA Radiological Emergency Preparedness Program

Scenario Type

Radiological Emergency

1.2 Exercise Planning Team Leadership

Lisa Hammond

RAC Chair

FEMA Region VI

Technological Hazards Branch Chief

800 North Loop 288

Denton, Texas, 76209

940-898-5199

lisa.hammond@dhs.gov

Linda Gee
Lead Planner
FEMA Region VI
Tech. Hazards Program Specialist
800 North Loop 288
Denton, Texas, 76209
940-898-5368
linda.gee@dhs.gov

Glenn Corbin
State Planner
Texas Department of State Health Services
State Emergency Planner
Radiation Control Program, Environmental Monitoring
P. O. Box 149347
Austin, Texas, 78714
512-834-6770
glenn.corbin@dshs.state.tx.us

1.3 Participating Organizations

Agencies and organizations of the following jurisdictions participated in the Comanche Peak Nuclear Power Plant drill:

State Jurisdictions

Texas Department of State Health Services
Texas Division of Emergency Management

Private Organizations

Texas Health Harris Methodist Hospital Cleburne
Granbury/Hood County Emergency Medical Services (EMS), Inc.
Comanche Peak Nuclear Power Plant

SECTION 2: EXERCISE DESIGN SUMMARY

2.1 Exercise Purpose and Design

The DHS/FEMA Region VI Office evaluated the drill on December 3, 2009 to assess the capabilities of local emergency preparedness organizations in implementing their Radiological Emergency Response plans and procedures to protect the public health and safety during a radiological emergency involving CPNPP. The purpose of this report is to present the results and findings on the performance of the offsite response organizations during a simulated radiological emergency.

2.2 Exercise Objectives, Capabilities and Activities

Exercise objectives and identified Capabilities/REP Criteria selected to be exercised are discussed in the Exercise Plan (EXPLAN), Appendix C.

2.3 Scenario Summary

The drill scenario was developed to evaluate the level of preparedness of responders to react to a simulated medical emergency with an injured radiologically contaminated individual. The drill scenario provided for the evaluation of both transportation provider and the hospital.

SECTION 3: ANALYSIS OF CAPABILITIES

3.1 Drill Evaluation and Results

Contained in this section are the results and findings of the evaluation of all jurisdictions and functional entities that participated in the December 3, 2009 medical drill to test the offsite emergency response capabilities of state and local governments in the 10-mile emergency planning zone (EPZ) surrounding the Comanche Peak Nuclear Power Plant (CPNPP).

Each jurisdiction and functional entity was evaluated on its demonstration of criteria contained in the exercise evaluation areas as outlined in the Federal Register, Vol. 67, No. 80, "FEMA-Radiological Emergency Preparedness: Evaluation Methodology" (April 25, 2002). Detailed information on the exercise evaluation area criteria and the extent of play agreement used in this drill is included as an appendix to this report.

3.2 Summary Results of Drill Evaluation

The matrix presented in Table 1 on the following page presents the status of all exercise criteria which were scheduled for demonstration during these drills at all participating jurisdictions and functional entities. Exercise criterion are listed by number and the demonstration status of those criterion are indicated by the use of the following letters:

M - Met (No Deficiency or ARCAs assessed and no unresolved ARCAs from prior exercise)

A - ARCAs assessed or unresolved ARCAs from previous exercises

D - Deficiency assessed

P - Plan Issue

N - Not Demonstrated

Table 3.1 - Summary of Drill Evaluation

DATE: 2009-12-03 SITE: Comanche Peak Nuclear Power Plant, TX M: Met, A: ARCA, D: Deficiency, P: Plan Issue, N: Not Demonstrated		Granbury/Hood Co. EMS	Texas Health Hospital Cleburne
Emergency Operations Management			
Mobilization	1a1		
Facilities	1b1		
Direction and Control	1c1		
Communications Equipment	1d1		
Equip & Supplies to support operations	1e1	M	M
Protective Action Decision Making			
Emergency Worker Exposure Control	2a1		
Radiological Assessment and PARs	2b1		
Decisions for the Plume Phase -PADs	2b2		
PADs for protection of special populations	2c1		
Rad Assessment and Decision making for the Ingestion Exposure Pathway	2d1		
Rad Assessment and Decision making concerning Relocation, Reentry, and Return	2e1		
Protective Action Implementation			
Implementation of emergency worker exposure control	3a1	M	M
Implementation of KI decision	3b1		
Implementation of protective actions for special populations - EOCs	3c1		
Implementation of protective actions for Schools	3c2		
Implementation of traffic and access control	3d1		
Impediments to evacuation are identified and resolved	3d2		
Implementation of ingestion pathway decisions - availability/use of info	3e1		
Materials for Ingestion Pathway PADs are available	3e2		
Implementation of relocation, re-entry, and return decisions.	3f1		
Field Measurement and Analysis			
Adequate Equipment for Plume Phase Field Measurements	4a1		
Field Teams obtain sufficient information	4a2		
Field Teams Manage Sample Collection Appropriately	4a3		
Post plume phase field measurements and sampling	4b1		
Laboratory operations	4c1		
Emergency Notification and Public Info			
Activation of the prompt alert and notification system	5a1		
Activation of the prompt alert and notification system - Fast Breaker	5a2		
Activation of the prompt alert and notification system - Exception areas	5a3		
Emergency information and instructions for the public and the media	5b1		
Support Operations/Facilities			
Mon / decon of evacuees and emergency workers, and registration of evacuees	6a1		
Mon / decon of emergency worker equipment	6b1		
Temporary care of evacuees	6c1		
Transportation and treatment of contaminated injured individuals	6d1	M	M

3.3 Criteria Evaluation Summaries

3.3.1 Private Organizations

3.3.1.1 Granbury/Hood County Emergency Medical Service Inc.

- a. MET: 1.e.1, 3.a.1, 6.d.1.
- b. AREAS REQUIRING CORRECTIVE ACTION: None
- c. DEFICIENCY: None
- d. PLAN ISSUES: None
- e. NOT DEMONSTRATED: None
- f. PRIOR ISSUES - RESOLVED: None
- g. PRIOR ISSUES - UNRESOLVED: None

3.3.1.2 Texas Health Harris Methodist Hospital Cleburne

- a. MET: 1.e.1, 3.a.1, 6.d.1.
- b. AREAS REQUIRING CORRECTIVE ACTION: 6.d.1.

ISSUE NO.: 14-09-6d1-A-01

CRITERION: Facility/ORO has the appropriate space, adequate resources, and trained personnel to provide transport, monitoring, decontamination, and medical services to contaminated injured individuals. (NUREG-0654, F.2., H.10., K.5.a.b., L.1., 4)

CONDITION: Contaminated clothing was cut away from the patient and pushed up underneath the left side of the patient while the patient was log rolled up onto her left side. The left side of the patient was not surveyed following the removal of contaminated clothing from the patient.

POSSIBLE CAUSE: The staff did not consider the potential for cross contamination from the clothing to the left side of the patient's body as the clothing was being removed.

REFERENCE: NUREG-0654/FEMA-REP-1, K.5.b.

EFFECT: The patient could have been removed from the REA while still

contaminated.

CORRECTIVE ACTION DEMONSTRATED: The drill was stopped, the controller provided instruction indicating the potential for cross contamination as the clothing was removed. The staff then rolled the patient up on her right side, surveyed and decontaminated areas on the left side (underneath), and a clean white sheet was placed under the patient (between the backboard and the stretcher) to facilitate a clean transfer from the REA stretcher to a clean gurney.

- c. DEFICIENCY: None
- d. PLAN ISSUES: None
- e. NOT DEMONSTRATED: None
- f. PRIOR ISSUES - RESOLVED: None
- g. PRIOR ISSUES - UNRESOLVED: None

SECTION 4: CONCLUSION

Based on the results of the drill, the offsite radiological emergency response plans and preparedness for the affected local jurisdictions are deemed adequate to provide reasonable assurance that appropriate measures can be taken to protect the health and safety of the public in the event of a radiological emergency. Therefore, 44 CFR Part 350 approval of the offsite radiological emergency response plans and preparedness for the State of Texas site-specific to Comanche Peak Nuclear Power Plant will remain in effect.

APPENDIX A: DRILL EVALUATORS AND TEAM LEADERS

DATE: 2009-12-03, SITE: Comanche Peak Nuclear Power Plant, TX

LOCATION	EVALUATOR	AGENCY
Granbury/Hood County Emergency Medical Service Inc.	*Linda Gee	DHS/FEMA
Texas Health Harris Methodist Hospital Cleburne	Scott Flowerday Tim Pflieger	DHS/FEMA DHS/FEMA
* Team Leader		

APPENDIX B: ACRONYMS AND ABBREVIATIONS

Acronym	Meaning
ARCA	Area Requiring Corrective Action
CPNPP	Comanche Peak Nuclear Power Plant
DSHS	Texas Department of State Health Services
ED	Emergency Department
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EPZ	Emergency Planning Zone
IC	Incident Commander
KI	Potassium Iodide
MG	Merlin Gerin
NRC	Nuclear Regulatory Commission
ORO	Offsite Response Organization
PPE	Personal Protective Equipment
RAC	Regional Assistance Committee
REA	Radiation Emergency Area
REP	Radiological Emergency Preparedness
RN	Registered Nurse
RO	Radiological Officer
RPT	Radiation Protection Technician
TLD	Thermoluminescent Dosimeter

APPENDIX C: EXERCISE PLAN

**TEXAS HEALTH CLEBURNE
MS-1 HOSPITAL DRILL
December 3, 2009**

1.0 Introduction

This drill will verify that the Texas Health - Cleburne Radiological Emergency Area (REA) and personnel assigned to care for contaminated injured patients can meet FEMA MS-1 drill requirements. The drill will also verify that the Granbury/Hood County EMS Ambulance personnel can interface with the MS-1 hospital.

2.0 FEMA Evaluation Criteria

- 1.e.1: Equipment, maps, displays, dosimetry, potassium iodide (KI) and other supplies are sufficient to support emergency operations. (NUREG-0654, H., J.10.a.b.e.f.j.k., 11, K.3.a.)
- 3.a.1: The offsite response organizations (OROs) issue appropriate dosimetry and procedures, and manage radiological exposure to emergency workers in accordance with the plans and procedures. Emergency workers periodically and at the end of each mission read their dosimeters and record the readings on the appropriate exposure record or chart. (NUREG-0654, K.3.)
- 6.d.1: The facility/ORO has the appropriate space, adequate resources, and trained personnel to provide transport, monitoring, decontamination, and medical services to contaminated injured individuals. (NUREG-0654, F.2, H.10., K.5.a.b., L.1., 4.)

3.0 Guidelines

The following guidelines have been developed to instruct drill participants of the extent of play required to fulfill the drill evaluation criteria.

- 1. Drill lead controller is responsible for conducting the drill per the drill package.
- 2. Controllers will be assigned as needed to ensure the completion of drill objectives.
- 3. This is a FEMA evaluated drill. Therefore, prompting/coaching is not permitted.
- 4. On-the-spot corrections are allowed in accordance with Recommended Initiative 1.5-Correct Issues Immediately (March 31, 2000)

4. The controllers should allow free-play. However, free-play will be stopped under the following conditions:
 - a. if the action taken would prevent a drill evaluation criterion from being met or is outside the scope of the drill.
 - b. if the actions are judged to be unsafe or leading to violations of the law.
 - c. if the actions would degrade systems or equipment, or degrade response to a real emergency.
5. If an actual emergency occurs, the drill will be terminated.
6. All radio and telephone communications will begin and end with **THIS IS A DRILL.**
7. All signs and postings at the hospital should be marked either **FOR TRAINING USE ONLY** or **DRILL IN PROGRESS.**

4.0 Extent of Play

These guidelines define the extent of play required to meet an objective and identify planned simulations.

Criterion 1.e.1: Equipment, maps, displays, dosimetry, potassium iodide (KI) and other supplies are sufficient to support emergency operations. (NUREG-0654, H., J.10.a.b.e.f. j.k., 11, K.3.a.)

KI will not be carried on the ambulance and **is not required** at the hospital. The KI for ambulances is stored at the Hood County EOC and would be distributed at that point in the event of the recommendation to do so by the Texas Department of State Health Services (DSHS).

Criterion 3.a.1: The OROs issue appropriate dosimetry and procedures, and manage radiological exposure to emergency workers in accordance with the plans and procedures. Emergency workers periodically and at the end of each mission read their dosimeters and record the readings on the appropriate exposure record or chart. (NUREG-0654, K.3.)

No exceptions are requested.

Criterion 6.d.1: The facility/ORO has the appropriate space, adequate resources, and trained personnel to provide transport, monitoring, decontamination, and medical services to contaminated injured individuals. (NUREG-0654, F.2, H.10., K.5.a.b., L.1., 4.)

The Granbury/Hood County EMS ambulance with driver and EMT or paramedic, two (2) Radiation Protection Technicians (RP Techs) from CPNPP, and the “contaminated” patient will pre-stage at Buddy Stewart Park (the old soccer fields) in Cleburne.

All decontamination will be demonstrated to the extent necessary to satisfy evaluator concerns. All medical procedures will be simulated except for decontamination of wounds and or abrasions. The Controller will use the decontamination chart and written guidance to guide the decontamination processes.

All injury and contamination levels will be via controller verbal inject from the “Injury Map for Medical Controllers” (Attachment 4a – Anatomical Charts).

Free play of this activity is not permitted.

5.0 Participants

This drill will require the participation of the following agencies:

- Texas Health - Cleburne Emergency Room Staff
- Texas Health - Cleburne Support Staff as needed
- Granbury/Hood County EMS Ambulance Personnel
- Texas Department of State Health Services – Radiation Control Program (DSHS-RCP), Medical Facility Liaison
- Two (2) Radiation Protection Technicians (RP Techs) from CPNPP

6.0 Controller and Role Players

A minimum of four (4) controllers will be required for this drill.

One (1) role player victim will be required for this drill

7.0 Initial Conditions

While taking a Reactor Coolant System (RCS) sample in a 500 ml container a Chemistry Tech who is under continuing treatment for Diabetes suffers an acute episode which attempting to cap the sample. The Tech becomes disoriented, stumbles, drops the un-capped RCS sample, and then attempts to hold onto the RCS Sample Sink but slips in the spilled liquid. The tech falls, striking her head on the Plexiglas shield, cutting her forehead above the right eyebrow, and breaking the shield. While falling to the floor the Tech loses consciousness due to the combination of the injury and a diabetic coma. During the fall the Tech catches her right upper arm on the broken shield lacerating her arm. The Tech falls into a puddle of the spilled sample striking her head on the concrete floor and becomes contaminated. The Tech was alone and she is unconscious on the floor for approximately 5 minutes before being discovered by another Technician entering the sample area. The Tech is found unconscious, lying on her back with blood coming from a laceration to their head and a pool of blood near their upper right arm.

8.0 Narrative Summary

The CPNPP ambulance is found to have a flat tire. Therefore, Granbury/Hood County EMS is contacted. The injured Tech is evaluated by CPNPP Chemistry Technicians trained in First Aid. They know the history of the injured technician having diabetes and that this particular technician had earlier stated that she had not eaten breakfast due to sleeping past her alarm. CPNPP Radiation Protection (RP) has been notified and confirms that the patient is contaminated with low level gamma contamination. Two (2) RP Technicians are notified to prepare for one (1) RP Tech (1) to be transported with the ambulance and the second RP Tech (2) to be immediately dispatched to the hospital. The Granbury/Hood County EMS ambulance arrives and the patient is evaluated and loaded for transport. The site personnel provide known information to the ambulance paramedics upon their arrival onsite. The patient is loaded onto the ambulance while still unconscious. Prior to departure from the Protected Area (PA) the ambulance crew calls the Lake Granbury Medical Center (LGMC) and finds out that the ER is blocked out with a multi-car accident. The ambulance personnel then contact Texas Health – Cleburne and notify them of the contaminated patient with head and arm lacerations. The injured Chemistry Tech regains consciousness after initial treatment with an IV bolus of D50, and responds to the EMTs questions. The Tech complains of head and neck pain and injury to her arm. The patient is now conscious and is complaining about her injuries and suspects that they are contaminated due to the presence of the RP Tech in the ambulance.

Texas Health - Cleburne activates their Radiation Emergency Area (REA). According to Texas Health - Cleburne and CPNPP procedures a Radiation Protection Technician (RP Tech) will be dispatched to the hospital ahead of the ambulance while another RP Tech will accompany the injured/contaminated patient in the ambulance.

9.0 Time Line

- 1000 Drill begins (Notification to Texas Health - Cleburne received from CPNPP Control Room [Message Number 1])
- 1030 RP Tech arrives at Texas Health - Cleburne to assist in preparing the REA while patient data is transmitted to Texas Health - Cleburne from the Ambulance en-route [Message Number 2]) from CPNPP.
- 1045 Ambulance arrives at Texas Health – Cleburne
- 1115 Drill terminates
- 1130 Critique
- 1200 Activities Concluded

10.0 Facility Addresses/Locations:

Buddy Stewart Park

Located just West of the Hospital on the Access Road to US 67.

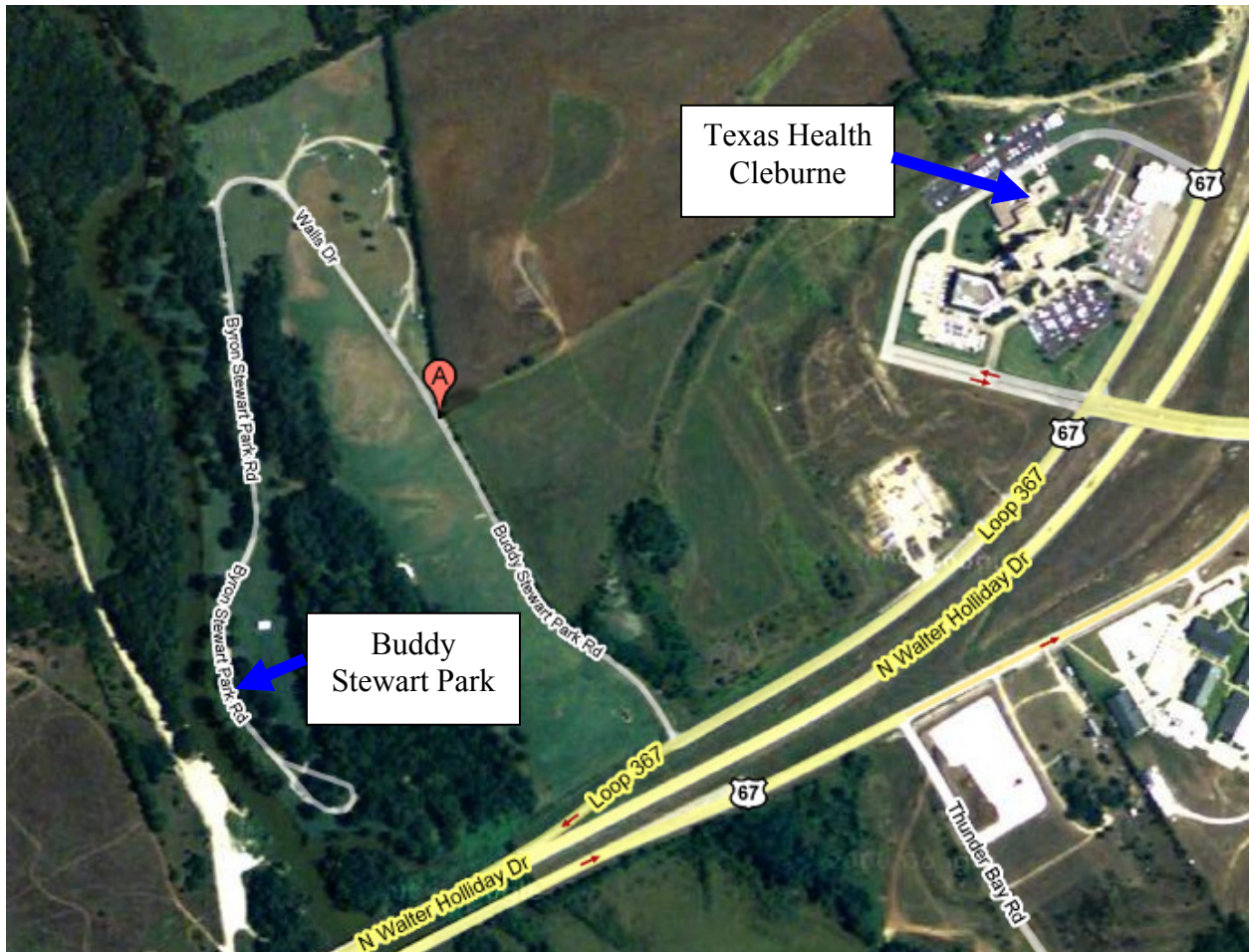
The Ambulance Location will be near the river under the trees on the West side of the park in Cleburne, TX.

Texas Health – Cleburne

Emergency Room - REA

201 Walls Drive

Cleburne, TX 76033



MEDICAL INFORMATION FOR CONTROLLERS

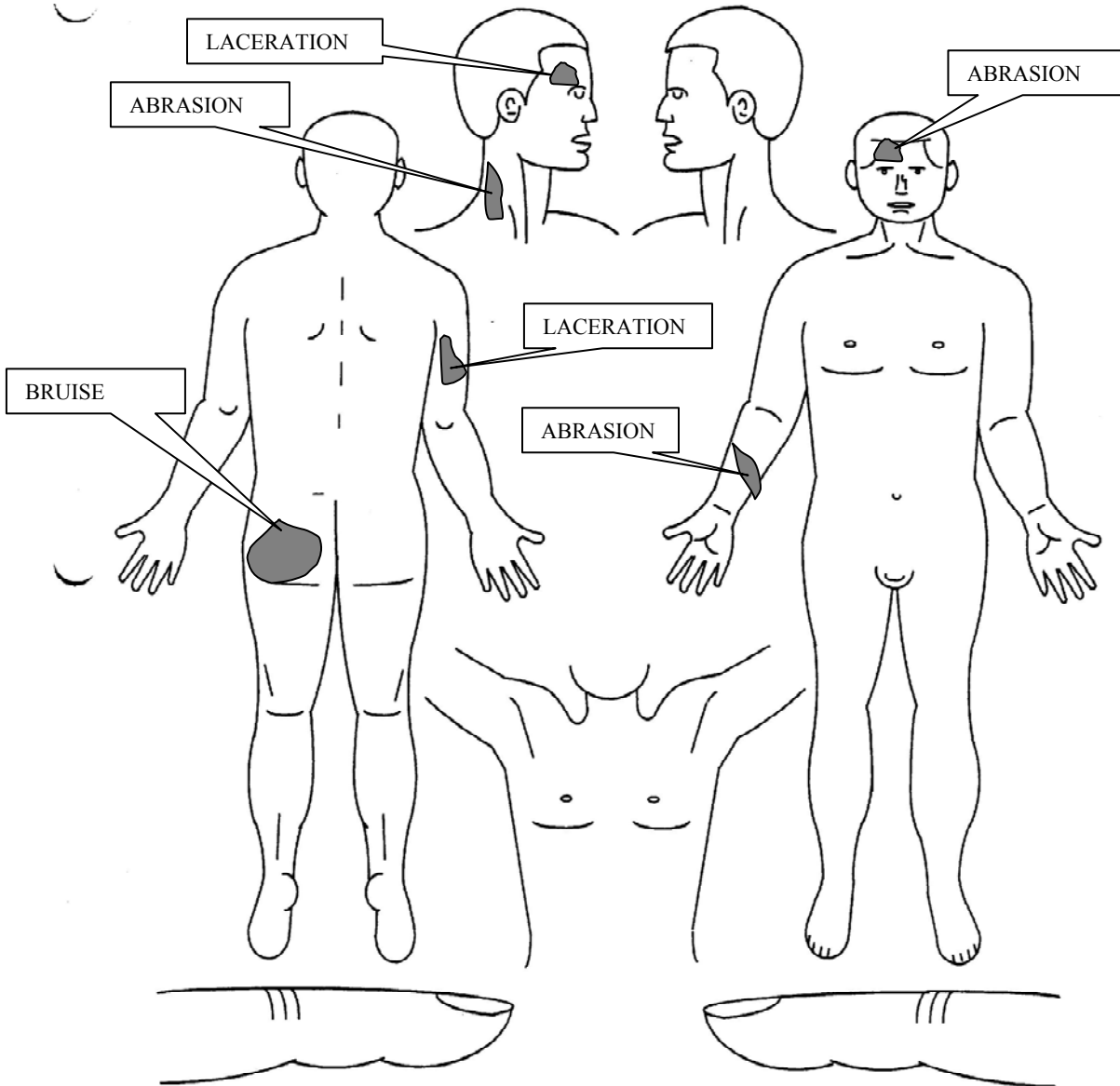
	INITIAL	ENROUTE	HOSPITAL
Blood Pressure	90/40	110/70	120/84
Respiration	10rpm	16	16
Pulse	120	98	88
Breathing	Snoring	Normal	Normal
Skin Condition	Pale, cool, moist	Pale, cool, dry	Dry, warm
Blood Glucose Level	29	180	140
Consciousness	Unconscious and unresponsive	Disoriented/confused	Oriented and conversive
Pupils	Equal, reactive	Equal, reactive	Equal, reactive
Significant injury	Laceration on right forehead above the right eye, and a laceration on the upper right arm.		

INJURY MAP FOR MEDICAL CONTROLLERS

ATTACHMENT 4a - ANATOMICAL CHART

PATIENT'S NAME: _____ SURVEY DATE/TIME: _____

Directions: Record indicated levels of contamination in counts per minute (CPM) on the patient map.



TYPE OF INSTRUMENT USED: _____ (MODEL AND NUMBER)

DISTANCE SKIN TO PROBE: _____ INCHES

Revision
06/07/2000

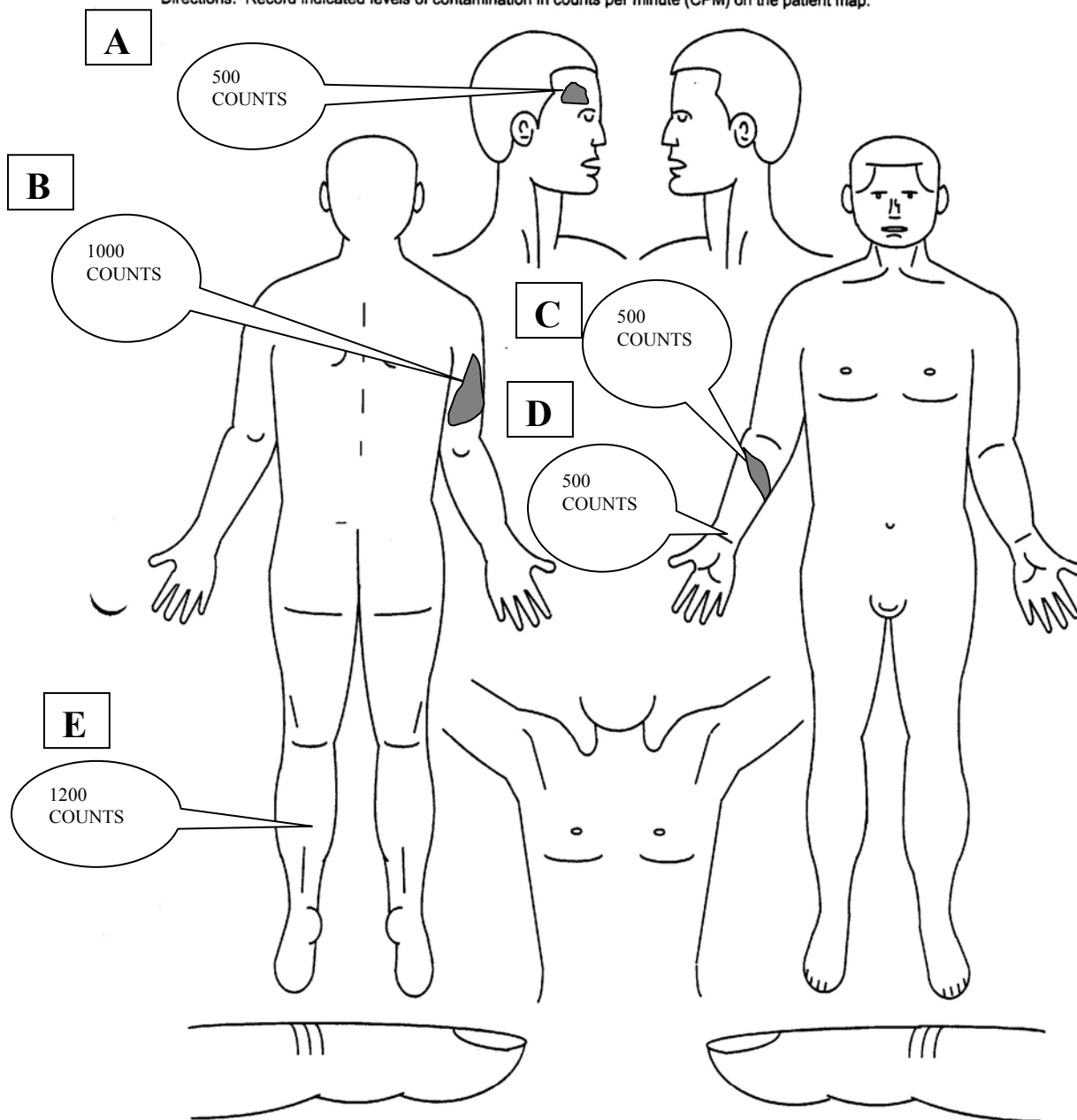
CONTAMINATION MAP FOR RADIOLOGICAL CONTROLLER (ALL READINGS ARE ABOVE BACKGROUND)

INJURED AREA

ATTACHMENT 4a - ANATOMICAL CHART

PATIENT'S NAME: _____ SURVEY DATE/TIME: _____

Directions: Record indicated levels of contamination in counts per minute (CPM) on the patient map.



TYPE OF INSTRUMENT USED: _____ 23 _____

(MODEL AND NUMBER)

DISTANCE SKIN TO PROBE: _____ INCHES

**CONTAMINATION MAP ADDITIONAL INFORMATION FOR
RADIOLOGICAL CONTROLLER
(Page Two – Texas Health MS-1 Drill)**

**INSTRUCTIONS FOR PROVIDING DECONTAMINATION LEVELS
(Letters below correspond to Anatomical Chart on preceding page)**

- A.** Allow the decontamination on the right forehead to be completed as follows:
 - 1. After the first attempt, 400 cpm remain
 - 2. After the second attempt, the reading should be background

- B.** Allow the decontamination of the right arm to be completed as follows:
 - 1. After the first attempt, 600 cpm remain
 - 2. After the second attempt, the reading should be background

- C.** Allow the decontamination of the right forearm to be completed in one effort.

- D.** Allow the decontamination of the right wrist to be completed in one effort.

- E.** Allow the decontamination of the right calf (back of leg) to be completed as follows:
 - 1. After the first attempt, 900 cpm remain
 - 2. After the second attempt, 500 cpm remain
 - 3. After the third attempt, the reading should be background.

MS-1 Hospital Drill December 3, 2009**MESSAGE 1****TIME:** 1000**FROM:** CPNPP Control Room**TO:** Texas Health Cleburne Emergency Room**TEXT:****THIS IS A DRILL!**

THIS IS THE COMANCHE PEAK NUCLEAR POWER PLANT CONTROL ROOM. A POSSIBLY CONTAMINATED INJURED PATIENT IS BEING TRANSPORTED TO YOUR FACILITY BY GRANBURY/HOOD COUNTY EMS AMBULANCE.

THE PATIENT IS RADIOLOGICALLY CONTAMINATED. PLEASE ACTIVATE YOUR RADIATION EMERGENCY AREA FOR RECEIPT OF THE PATIENT.

MY CALL BACK NUMBER IS **682-936-9100**.

THE AMBULANCE WILL CONTACT YOUR FACILITY WHEN EN-ROUTE. A RADIOLOGICAL PROTECTION TECHNICIAN IS EN-ROUTE TO THE HOSPITAL TO ASSIST YOU WITH PREPARATION FOR RECEIPT OF THE PATIENT. ANOTHER RADIOLOGICAL PROTECTION TECHNICIAN WILL BE ACCOMPANYING THE PATIENT ON THE AMBULANCE.

PLEASE GIVE ME YOUR NAME FOR THE LOG.

THANK YOU.

THIS IS A DRILL.

MS-1 Hospital Drill December 3, 2009

MESSAGE 2

TIME: 1025

FROM: Granbury/Hood County EMS Ambulance

TO: Texas Health - Cleburne Emergency Room

TEXT:

THIS IS A DRILL!

THIS IS GRANBURY/HOOD COUNTY EMS EN-ROUTE TO YOUR FACILITY WITH A FEMALE PATIENT APPROXIMATELY 28 YEARS OF AGE WHO EXPERIENCE A DIABETIC COMA AND HAS LACERATIONS TO HER FOREHEAD AND UPPER RIGHT ARM, BRUSES AND ABRASIONS. THIS PATIENT IS ALSO RADIOLOGICALLY CONTAMINATED.

PATIENT VITAL SIGNS ARE AS FOLLOWS:

Vital Sign	ENROUTE DATA
Blood Pressure	110/70
Respiration	16
Pulse	98
Consciousness	Disoriented/confused

OUR ETA IS 20 MINUTES.

THIS IS A DRILL!

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