**U.S. Department of Homeland Security**
FEMA Region I
99 High St., 5th Floor
Boston, MA 02110-2320

FEMA

January 7, 2010

NRC Headquarters Document Control Desk
US Nuclear Regulatory Commission
Washington, DC 20555-0001

Dear Sir/Madam:

Enclosed is a copy of the final report for the Lawrence & Memorial Hospital Medical Services (MS-1) Drill that was conducted on December 8, 2009.

The State of Connecticut, the Lawrence & Memorial Hospital, and Niantic Medical Services Ambulance (East Lyme) successfully demonstrated their capabilities to implement their off-site radiological emergency response plans and procedures. Based on the evaluation of this exercise by the Regional Assistance Committee Chair and the federal evaluators, there were no deficiencies, and no Areas Requiring Corrective Action (ARCA).

State and local preparedness remains adequate to protect the health and safety of the public living in the vicinity of the Millstone Power Station and provides reasonable assurance that appropriate measures can be taken off-site in the event of a radiological emergency.

If you have any questions regarding this matter, please contact Steve Colman, Regional Assistance Committee Chair at (617) 832-4731.

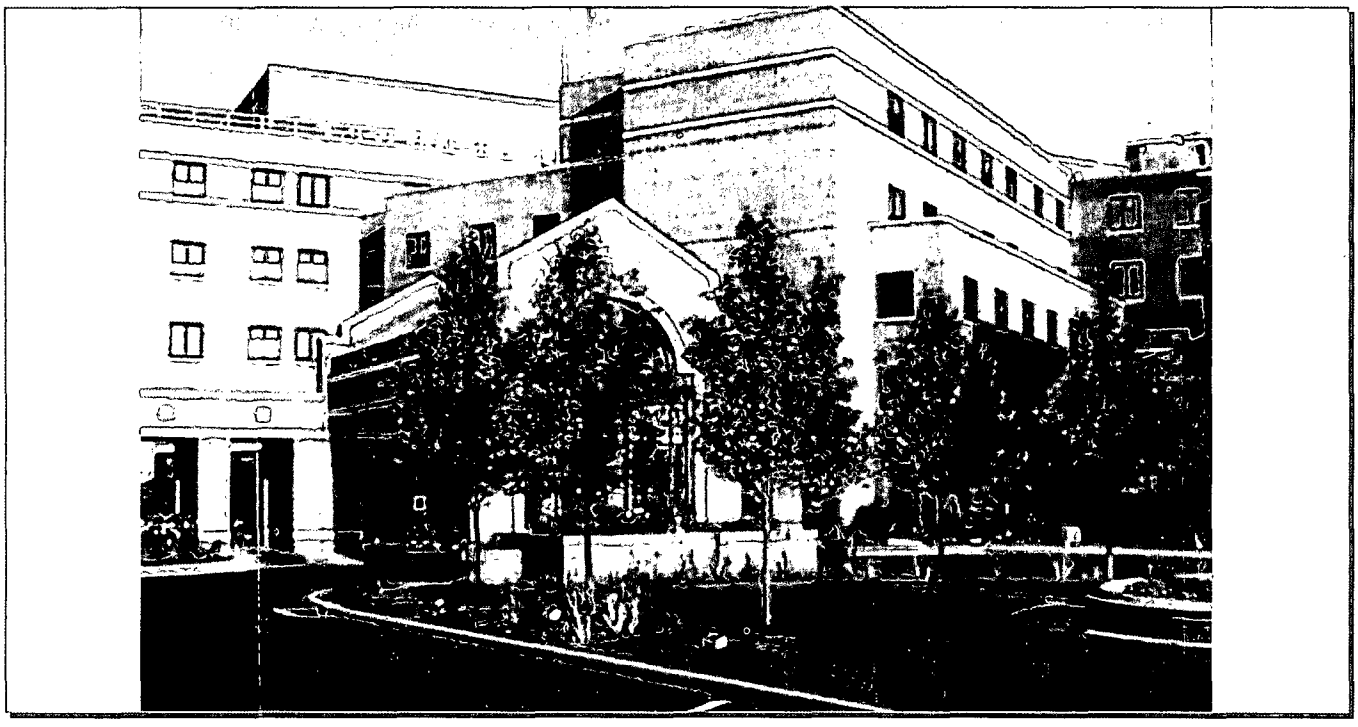
Sincerely,

Paul F. Ford
Acting Regional Administrator

Enclosure

cc: Ms. Lisa Gibney, NRC, REP HQ Branch Chief, and HQ Project

AX45
NRR



# Millstone Power Station
# Lawrence & Memorial Hospital

## MS-1 Drill – December 8, 2009

**Radiological Emergency Preparedness Program**

***Final Report: January 7, 2010***

FEMA

**Region I**

FEMA

# Final Drill Report

# Millstone Power Station

| | |
|---|---|
| **Licensee:** | **Dominion Nuclear Connecticut, Inc.** |
| **Exercise Date:** | **December 8, 2009** |
| **Report Date:** | **January 7, 2010** |

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**U.S. DEPARTMENT OF HOMELAND SECURITY**
**FEDERAL EMERGENCY MANAGEMENT AGENCY**
**REGION I**
**RADIOLOGICAL EMERGENCY PREPAREDNESS**
**99 HIGH STREET**
**BOSTON, MASSACHUSETTS 02110**


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# I. Executive Summary

On December 8, 2009, a MS-1 Drill was conducted at Lawrence & Memorial Hospital, New London, Connecticut. The purpose of this drill was to assess the capability of the Lawrence & Memorial Hospital and Niantic Emergency Medical Services (East Lyme) to respond to a radiological incident involving the Millstone 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 important medical services drill, the Lawrence & Memorial Hospital Emergency Department Staff and Support Staffs, the Niantic Emergency Medical Services Ambulance Team, and the attending Millstone Health Physicist. Many thanks to all who participated in making this a successful MS-1 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 Lawrence & Memorial Hospital and the Niantic Ambulance demonstrated knowledge of their emergency response plans and procedures and adequately implemented them. There were no Deficiencies identified and no Areas Requiring Corrective Action (ARCAs) identified as a result of this drill.

## II. Introduction

On December 7, 1979, the President directed the Federal Emergency Management Agency (FEMA) to assume the lead responsibility for all off-site nuclear planning and response. FEMA's activities were 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.

44 CFR 350 establishes the policies and procedures for FEMA's initial and continued approval of Tribal, 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, and
  - U.S. Food and Drug Administration.

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

Formal submission of the RERPs for the Millstone Power Plant to FEMA Region I by the State 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.

A MS-1 Drill was conducted on December 8, 2009, by FEMA Region I to assess the capabilities of the Lawrence & Memorial Hospital and Niantic Emergency Medical Services in implementing their RERPs and procedures to protect the public health and safety during a radiological emergency involving Millstone Power Station. The purpose of this drill report is to present the drill results and findings on the performance of the off-site response organizations (OROs) 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 FEMA Region I Regional Administrator.

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

- 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;
- "Radiological Emergency Preparedness: Exercise Evaluation Methodology," published in the *Federal Register* on September 12, 2001, and revised April 25, 2002.

Section III of this report, entitled "Drill Evaluation and Results," presents detailed 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 Areas Requiring Corrective Action (ARCAs) assessed during this drill, recommended corrective actions, and the State and Local Governments' schedule 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.

# III. DRILL EVALUATION AND RESULTS

Contained in this section are the results and findings of the evaluation of the Niantic Ambulance, East Lyme, CT, and the Lawrence & Memorial Hospital, New London, CT, that participated in the December 8, 2009, MS-1 Drill to test the medical service capabilities to respond to an incident involving the Millstone Power Station.

Each functional entity was evaluated on the basis of its demonstration of criteria delineated in the Evaluation Criterion contained in "Radiological Emergency Preparedness: Exercise Evaluation Methodology," published in the *Federal Register* on September 12, 2001, and revised April 25, 2002.

The following is a status of functional entities evaluated.

## A. Niantic Ambulance (Niantic Medical Services)

The Emergency Medical Technicians from Niantic Ambulance demonstrated the knowledge and expertise in caring for the injured contaminated worker. They accurately followed the guidance of the Millstone Health Physics Technician minimizing the possibility of radioactive cross contamination. Having a HP tech ride along in the ambulance was an excellent source of information. The Ambulance Crew did an excellent job of contamination control.

a. **MET:** Criterion 6.d.1

b. **DEFICIENCY: NONE**

c. **AREAS REQUIRING CORRECTIVE ACTION: NONE**

d. **NOT DEMONSTRATED: NONE**

e. **PRIOR ARCAs - RESOLVED: NONE**

f. **PRIOR ARCAs - UNRESOLVED: NONE**

## B. Lawrence & Memorial Hospital

The Emergency Radiological Team at the Lawrence & Memorial Hospital demonstrated their knowledge and expertise of the hospital's radiological response plan. As soon as the notification came into the Emergency Department, staff kept in constant communication confirming the status of the injured worker en route to the hospital. The Emergency Radiological Team was busy preparing the radiological emergency room and entrance for the arrival of the patient. The properly suited up Medical Team provided excellent medical attention and care to the injured worker while attending to contamination on his body. The use of a white board to record where and what levels of contamination the patient had on his body was a great tool keeping staff informed of the patient's decon status. Excellent job!

a. **MET:** Evaluation Area Criterion 6.d.1

b. **DEFICIENCY:** NONE

c. **AREAS REQUIRING CORRECTIVE ACTION:** NONE

d. **NOT DEMONSTRATED:** NONE

e. **PRIOR ARCAs – RESOLVED:** NONE

f. **PRIOR ARCAs – UNRESOLVED:** NONE

# APPENDIX 1

## DRILL EVALUATORS

The following are the personnel who evaluated the Medical Services Drill (MS-1 Drill) for the Millstone Power Station, December 8, 2009.

| EVALUATION SITE | OBJECTIVE | EVALUATOR | ORGANIZATION |
|---|---|---|---|
| Niantic Ambulance | 6.d.1 | Don Carlton | DHS/FEMA |
| Lawrence & Memorial Hospital | 6.d.1 | Helen LaForge | DHS/FEMA |
| | | Barbara Thomas | DHS/FEMA (OJT) |
| | | Gregory Banner | DHHS (OJT) |

# APPENDIX 2

# CRITERION AND EXTENT OF PLAY

**EVALUATION AREA 6: SUPPORT OPERATION/FACILITIES**
**Sub-element 6.d - Transportation and Treatment of Contaminated Injured Individuals**

**Intent**

This sub-element is derived from NUREG-0654, which provides that OROs should have the capability to transport contaminated injured individuals to medical facilities with the capability to provide medical services.

**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.)**

**Extent of Play - General**

OROs should demonstrate the capability to transport contaminated injured individuals to medical facilities. However, to avoid taking an ambulance out of service, any vehicle (e.g., car, truck, or ambulance) may be utilized to transport a simulated victim to the medical facility. If an ambulance is used, normal communications between the ambulance/ dispatcher and the receiving medical facility should be demonstrated. This would include reporting radiation monitoring results, if available. Additionally, the ambulance crew should demonstrate, by interview, knowledge of where the ambulance and crew would be monitored and decontaminated, if required, or whom to contact for such information.

Monitoring of the simulated victim may be performed prior to transport, done enroute, or deferred to the medical facility. Prior to using a monitoring instrument(s), the monitor(s) should demonstrate the process of checking the instrument(s) for proper operation. All monitoring activities should be completed as they would be in an actual emergency. Appropriate contamination control measures should be demonstrated prior to and during transport and at the receiving medical facility.

The medical facility should demonstrate the capability to activate and set up a radiological emergency area for treatment. Equipment and supplies should be available for the treatment of contaminated injured individuals.

The medical facility should demonstrate the capability to make decisions on the need for decontamination of the individual, to follow appropriate decontamination procedures, and to maintain records of all survey measurements and samples taken. All procedures for the collection and analysis of samples and the decontamination of the individual should be demonstrated or described to the evaluator.

**Monitoring, decontamination, and contamination control efforts will not delay urgent medical care for the simulated victim.**

**All activities associated with this criterion must be based on the ORO's plans and procedures and completed as they would be in an actual emergency, unless otherwise indicated in the extent of play agreement.**

**Extent of Play - Specific:**

All responding station and offsite emergency response personnel, equipment, and procedures will demonstrate response actions within the following limitations:

1. All non-invasive medical protocol and contamination control (radiological and blood borne pathogen) measures will be demonstrated. Medical procedures will be conducted in accordance with Millstone Power Station, state, local and hospital protocols. Invasive protocols will not be demonstrated. Moulage, injured individual role-playing and scenario data will be used to simulate victim physical injuries as well as contamination levels.

2. The simulated accident will be staged on December 8, 2009 at Millstone Power Station. This area may be a simulated or real Radiological Control Area (RCA) at Millstone Station. The area may be posted as a "Contaminated Area" "Training Only" or "Drill Only" but will not actually be contaminated.

   - If a real RCA is used, all personnel entering the RCA must comply with HP RCA requirements including use of electronic dosimetry and sign in on a valid Radiation Work Permit (RWP- 32 Task 1 is available for EP activities).

   - If a real RCA is used, a timeout may be used to monitor the patient and caregivers as they exit the RCA. If the patient is boarded and collared, he/she will return to the station following "release" from the hospital and will pass through the routine RCA exit monitoring.

3. Security restrictions and controls cannot be suspended for simulated emergencies. Note that ambulances routinely respond to the site for real medical emergencies. Since the process for granting non-emergency access to the Protected Area (PA) results in a substantial delay, one of the following simulations may be used:

   - The accident scene may be simulated to be within the PA. The actual location may be outside of the PA but still in the Owner Controlled Area (OCA).

   - or -

   - The ambulance may be pre-staged within the PA. Five minutes after radio dispatch, the ambulance will simulate driving through the PA gate.

   -or-

- The ambulance may respond real time, go through the search process, and the extra time noted as a drill artificiality.

4. Concurrent with this exercise, an off year training drill will be conducted with Middlesex Hospital and another local ambulance. The response by the second ambulance and Middlesex will not be evaluated by FEMA.

5. Two individuals will role-play contaminated injured patients. Simulated injuries will be assessed medically and radiologically. Additional fatally injured patient(s) may be simulated by use of mannequin(s). Priorities of care will be determined based on medical condition, simulated injuries and the magnitude of radioactive contamination.

6. For each patient, the destination hospital and ambulance to be used will be predetermined, Players will have advance knowledge that there are multiple patients and the facilities to be used for each patient.

7. A controller will make the initial notification to the Millstone Unit 3 Control Room (2911) reporting the injuries. The Control Room will use station procedures and systems to dispatch first responders (radiological and emergency medical), request offsite assistance, and notify the hospital.

8. The patient for the evaluated exercise will be transported to L&M Hospital, which is equipped to treat radiologically contaminated/injured individuals. The second patient will be transported to Middlesex Hospital (evaluated by FEMA in 2008) which is the backup hospital to L&M.

9. Per Millstone procedures, Millstone Health Physics (HP) Technicians will accompany the patients and transport vehicles to the hospitals. Additional pre-designated HP staff/supervision will travel to the hospitals to provide support. All scene personnel (EMTs, Fire Brigade, Security, HPs), facilities and equipment will be simulated "clean" and available upon departure of the patient from the accident scene.

10. Communications will be demonstrated between the vehicle (ambulance) crew and hospital via medical radio equipment (med patch).

11. The ambulance will respond in non-emergency mode at all times. Emergency lights and sirens will not be used. All normal traffic laws will be followed.

12. Regardless of the severity of injuries and Connecticut Trauma Regulations, neither Lifestar, nor any Trauma Center will be utilized for the drill. Advanced Life Support (Paramedic intercept service) will not be used.

13. Controllers will determine if the ambulance, crew, and/or equipment have been contaminated. Decontamination of ambulance personnel and emergency vehicles will be demonstrated through a discussion with players.

14. The exercise, or portions thereof, will be suspended if emergency responders are called upon for an actual emergency, a hospital declares a diversion, or Millstone EP management determines immediate station needs require suspension.

15. The exercise will be terminated based on an agreement between the FEMA lead evaluator and the drill manager.

16. Immediate Correction will be allowed if after initially not being able to demonstrate proper practices or show proper equipment, supplies or documentation, the issue is corrected with further effort/instruction.

**Area Requiring Corrective Action (ARCA)**

(None)

# APPENDIX 3

## SCENARIO

**Initial Conditions**

| Estimated Time | Events | Message No. |
|---|---|---|
| 0745 | The drill date is assumed to be Tuesday, December 8, 2009. | 1a, 1b, 1c, 1d |

**Location and Staging**

A mock up of a contaminated area has been set up in the U-3 Waste Disposal Bldg (Bldg 324 either the truck bay or outside the fuel building door).

**The Accident**

One worker (Worker 3) falls from the overhead striking a platform occupied by two other workers (workers 1 & 2) and then falls onto a metallic edge resulting in fatal injuries. The two other workers on the platform fall ~ 4 feet to the floor, both receiving potential head and back trauma (NRC Event 45003, Turkey Point 4/20/09).

**The Injuries**

Worker 1 (transport by Niantic to L&M) has the following injuries:

- Never lost consciousness and is oriented to person, place, time and event.
- Primary complaint is pain to the neck, head, and shoulder.
- Minor pain and bruising on the knee. Patient can tolerate weight on the knee.
- There is a small laceration on the forehead. Bleeding is not severe.
- Pulse is as checked plus 10, Respirations are as checked plus 4, all other vitals are as obtained.
    - Following simulation of O2 administration, all vitals are as checked
- Distal pulses are present and capillary refill is appropriate.
- Pulse Ox is as observed.
- No chest pain or difficulty breathing.
- Lung sounds are clear.

**The Radiological Conditions**

**Area** – Contamination levels in the posted contaminated area are as high as 50,000 dpm/100cm$^2$. All contamination levels outside the posted area are <1,000 dpm/100cm$^2$ unless spread during drill. Dose rates in the area are <2 mr/hr.

**Workers** – The workers' clothing is contaminated to 700 ccpm direct frisk. The workers' necks and the lacerations are also 700 ccpm.

## Detailed Scenario Timeline

If at any time Advanced Life Support (Lifestar or Paramedic) is indicated, the appropriate Controller shall advise the player(s) that no helicopter is available.

ALL TRAFFIC LAWS MUST BE OBEYED. No light or sirens, every transmission and phone call includes the phrase "This Is a Drill."

Exercise: For Hospital and Ambulance players, IF performance errors are observed, controllers will consult with FEMA to determine if on the spot corrections are appropriate.

Drill: For Hospital and Ambulance players, IF performance errors are observed, controllers will interact with players to discuss appropriate actions

Performance issues (other than safety related) for Millstone personnel will be addressed through the critique process and addressed using the station corrective action program.

| Estimated Time | Events | Message No. |
|---|---|---|
| 0759 | Drill manager consults with controllers at all facilities to ensure they are on board for the drill | |
| 0800 | Controller calls 2911 – Unit 3 Control Room to report the injury | 2 |
| 0801 | Unit 3 Control Room implements C OP 200.3, "Response to Medical Emergencies" | |
| 0804 | Unit 3 Control Room directs EMTs, fire brigade and Security to respond | |
| 0805 | Unit 3 Control Room makes PA announcement: drill, medical emergency, designated emergency medical personnel respond. | |
| 0805 | EMTs and Fire Brigade leader and Fire Brigade Advisor respond – HP likely joins them. | |
| 0805 | U3 Control Room contacts Unit 2 Control Room | |

| Estimated Time | Events | Message No. |
|---|---|---|
| 0805 | Unit 3 Control Room **may** call Waterford Dispatch to request ambulances (this call may be delayed until requested by EMTs)<br><br>*Waterford Dispatch will be briefed to simulate that none of the six Waterford ambulances are available and to request mutual aid ambulances from Niantic and New London.* | |
| 0806 | EMTs assess patients | 3 |
| 0807 | HP techs assess radiological conditions and determine the patients are contaminated or potentially contaminated. HP or EMTs inform Control Room of contamination | 4 |
| 0807 | EMTs request offsite assistance for two injured patients and inform the control room that one individual is deceased.<br><br>*Waterford Dispatch will be briefed to simulate that none of the six Waterford ambulances are available and to request mutual aid ambulances from Niantic and New London.* | |
| 0808 | Unit 3 Control Room uses hotline or 9-911 to contact Station W (Waterford Dispatch) | |
| 0808 | Unit 3 Control Room directs HP to respond (likely already responded) | |
| 0809 | Station W contacts Station B (East Lyme Dispatch) and New London to request mutual aid ambulances. | |
| 0810 | Unit 3 Control Room directs Security to respond | |
| 0810 | Station B dispatches Niantic Ambulance. New London dispatches ambulance. | |
| 0811 | Ambulances en-route – contact Station W | |

| Estimated Time | Events | Message No. |
|---|---|---|
| 0815 | Unit 3 Control Room informs L&M Emergency Department (ED) that contaminated patients will be transported. L&M requests that second patient be transported to Middlesex. | 5 |
| | HP may attempt limited decontamination, patients will remain above 500 CCPM | |
| 0816 | L&M Hospital makes verification call back to Unit 3 Control Room. | |
| | Unit 3 Control Room informs Middlesex Hospital that a patient will be transported. | |
| 0817 | Middlesex Hospital makes verification call back to the Unit 3 Control Room. | |
| 0820 | The Hospital ED staffs should each initiate their radiological emergency plan and prepare the Radiological Emergency Area (REA) for contaminated/injured patient arrival | |
| 0821 | Ambulances at FAP – ambulances may be delayed ~ 5 minutes each for search – *Drill artificiality* | |
| 0822 | REA cleared, dosimetry issue & PPE donning, Security establishes ambulance entrance | |
| 0830 | Ambulances at VAP – ambulances may be delayed ~ 5 minutes for search and for personnel (ambulance crew and FEMA evaluator) to process into PA as visitors- *Drill artificiality* | |
| 0837 | HP or Security issues dosimetry from ambulance kit | |
| 0837 | Millstone EMTs complete packaging of patients, may reassess vitals, transports patients toward exit on backboards and perhaps in stokes baskets (If required controllers assist as muscle in moving patient to RCA exit). | |
| 0841 | Ambulances arrive at RCA exit | |
| 0841 | HP Briefs ambulance crews on radiological conditions | |
| 0842 | Ambulance crews moves stretchers to RCA boundary | |

| Estimated Time | Events | Message No. |
|---|---|---|
| 0843 | Millstone EMTs provide turnover of patient conditions to ambulance crew | |
| 0844 | Patients are transferred to ambulance crews and loaded | |
| 0847 | Ambulance crews evaluate patients | |
| 0850 | EMTs / Fire Brigade Advisor notify Unit 3 Control Room that patients have been loaded and are being transported. | |
| 0850 | Ambulances depart scene | |
| 0851 | Ambulances at VAP | |
| 0851 | **UNIT 3 CONTROL ROOM MAY MAKE SECOND CALL TO HOSPITALS TO INFORM THEM THAT AMBULANCES ARE DEPARTING SITE (THIS IS NOT REFLECTED IN C OP 200.3)** | |
| 0854 | Ambulances depart VAP | |
| | Drill play terminated for Millstone EMTs, Fire Brigade, Security and Operations, facilities placed back in order and critique begins. Scene controllers will take comments to L&M critique. | 6a, 6b, 6c |

## SECTION 2 – Niantic Ambulance – L&M Hospital

| Estimated Time | Events | Message No. |
|---|---|---|
| 0855 | Ambulance departs, establishes patches into L&M ED. Provides medical conditions, radiological information and estimated time of arrival | |
| 0904 | Ambulance arrival at hospital | |
| 0905 | Patient turnover from ambulance to hospital | |
| 0906 | Second HP into REA | |
| 0906 | ED staff providing patient care and performing wound area decontamination, based on the extent of injuries | |
| | Two decontamination attempts will be sufficient to remove contamination from the patient. The laceration is decontaminated on the first attempt. The physician should follow plan procedure regarding the taking of swipes or samples | 7 |
| 0910 | X-Ray requested, X-ray tech suits up and provided dosimetry. Clean path established into treatment area for X-ray machine and technician | |
| 0914 | EMS personnel (once "released" from patient care responsibilities) and the ambulance should 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 | 8 |
| 0910 - 0925 | Neither the EMS personnel, nor the ambulance itself will be contaminated, unless contamination was spread during the response/transit to the Hospital. [The 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 should be 200 CCPM for any contamination transferred from the patient | |
| | REA ED staff radiological exposures should be periodically monitored during and after patient receipt and care is provided. | |

| Estimated Time | Events | Message No. |
|---|---|---|
| 0920 | X-Ray complete | |
| 0935 | After successful patient decontamination is performed, the patient is transferred to OR (simulated). If medically necessary or released from REA | 10 |
| 0940 | 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 | |
| 0950 | Controllers will consult with FEMA to ensure all required actions have been observed. Any required on the spot corrections will be conducted. Drill is terminated | |
| | FEMA will conduct a debrief as appropriate | |
| | Objective based, player-led critique will follow | 11a |