U.S. Department of Homeland Security
Region VI
800 N. Loop 288
Denton, TX 76209-3698

FEMA

October 21, 2011

Mr. Elmo E. Collins, Jr.
Regional Administrator
U.S. NRC, Region IV
612 E. Lamar Blvd, Suite 400
Arlington, TX 76011-4005

Dear Mr. Collins:

Enclosed is a copy of the radiological emergency preparedness final report for the Waterford 3 Steam Electric Station Medical Services drill evaluated on September 27 and 28, 2011. FEMA Region VI staff evaluated the Ochsner Foundation Hospital and St. Charles Ambulance Services. Two Plan Issues and two Areas Requiring Corrective Action (ARCA) corrected on the spot were identified during these drills. Updated Plans and Procedures have been received by our office that resolves the two identified Plan Issues (70-11-3al-P-01; 70-11-6dl-P-04).

Based on the results of the drill, the offsite radiological emergency response plans and preparedness for the State of Louisiana and 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 Louisiana–specific to Waterford 3 Steam Electric Station will remain in effect.

A copy of this report was forwarded to Ms. Lisa Gibney, REP HQ Branch Chief and HQ Project Officer, U. S. Nuclear Regulatory Commission, in Washington, D.C. Should you have questions, please contact me at (940) 898-5199, or Brad DeKorte, Radiological Emergency Preparedness Site Specialist for Waterford 3, at (940) 383-7304.

Sincerely,

Lisa R. Hammond
RAC Chair

Enclosure

cc: NRC HQ–Lisa Gibney
DHS/FEMA HQ-Vanessa Quinn
LDEQ – Tim Knight
GOHSEP – Earl Patrick Santos, Jr.
W 3 Entergy Ops. Inc. – Greg Fey

Waterford 3 Steam Electric Station

After Action Report/ Improvement Plan

Drill Date - September 28, 2011

Radiological Emergency Preparedness (REP) Program

FEMA

Published October 22, 2011

This page is intentionally blank.

Waterford 3 Steam Electric Station

After Action Report/Improvement Plan

Published October 22, 2011

Contents

This page is intentionally blank.

EXECUTIVE SUMMARY

On September 28, 2011, an out-of-sequence Medical Services drill was conducted for the Waterford 3 Steam Electric Station (W3), located near Taft, St. Charles Parish, Louisiana. Personnel from the U.S. Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) Region VI, evaluated all activities. The purpose of the drill was to assess the level of preparedness of local responders to transport and provide medical care for a simulated contaminated injured individual at W3. The previous medical drill at this site was conducted on September 30, 2009.

The previous exercise at this site was a Plume Exercise conducted on June 24, 2009. The qualifying emergency preparedness exercise was conducted on February 8, 1984. There have been seventeen evaluated exercises, including the exercise on June 24, 2009, plus several drills conducted since 1984.

Personnel from the State of Louisiana, W3, St. Charles Ambulance Services, and Oschner Foundation Hospital participated in the drill. Cooperation and teamwork of all the participants was evident during the drill and DHS/FEMA wishes to acknowledge these efforts.

This report includes the identification of any exercise issues and recommendations for corrective action where appropriate.

This report contains the final evaluation of the out-of-sequence drill. The participants demonstrated knowledge of their emergency response plans and procedures and adequately demonstrated them. There were no Deficiences, two Areas Requiring Corrective Action (ARCAs) both corrected on the spot, and two Plan Issues identified during the drill.

SECTION 1: EXERCISE OVERVIEW

1.1 Exercise Details

Exercise Name
Waterford 3 Steam Electric Station

Type of Exercise
Drill

Exercise Date
September 28, 2011

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 N. Loop 288
Denton, Texas, 76209
940-898-5199
lisa.hammond@dhs.gov

Brad DeKorte
Lead Federal Planner
FEMA Region VI
Technological Hazards Specialist
800 N Loop 288

Denton, Texas, 76209
940-383-7304
brad.dekorte@dhs.gov

Cheryl Chubb
State Planner
Louisiana Department of Environmental Quality
Environmental Scientist
602 N Fifth Street
Baton Rouge, Louisiana, 70802
225-219-3626
cheryl.chubb@la.gov

1.3 Participating Organizations

Agencies and organizations of the following jurisdictions participated in the Waterford 3 Steam Electric Station drill:

- State Jurisdictions
  - Louisiana Department of Environmental Quality
- Risk Jurisdictions
  - St. Charles Ambulance Service
- Private Organizations
  - Ochsner Clinic Foundation Hospital

SECTION 2: EXERCISE DESIGN SUMMARY

2.1 Exercise Purpose and Design

The DHS/FEMA Region VI Office evaluated the drill on September 28, 2011 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 Waterford 3 Steam Electric Station (W3). The purpose of this report is to represent 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 D.

2.3 Scenario Summary

The drill scenario was developed to evaluate the response of drill participants to an incident at the Waterford 3 Electric Steam Station requiring the transportation, treatment and decontamination of a radiologically contaminated injured individual. The drill scenario provided for the evaluation of the St. Charles Ambulance Services and Ochsner Foundation Hospital staff.

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 which participated in the September 28, 2011, evaluated drill to test the off-site emergency response capabilities of local governments in the 10-mile Emergency Planning Zone surrounding the Waterford 3 Steam Electric Station.

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: Exercise Evaluation Methodology" (April 25, 2002). Detailed information on the evaluation area criteria and the extent-of-play agreements for the drill is included as an appendix to this report.

3.2 Summary Results of Drill Evaluation

The matrix presented in the table on the following page presents the status of all exercise evaluation area criteria which were scheduled for demonstration during the drill by 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)

D - Deficiency assessed

A - ARCA(s) assessed or unresolved ARCA(s) from previous exercise(s)

N - Not Demonstrated

P - Plan Issue

Table 3.1 - Summary of Drill Evaluation

DATE: 2011-09-28 SITE: Waterford 3 Steam Electric Station, LA M: Met, A: ARCA, D: Deficiency, P: Plan Issue, N: Not Demonstrated		St. Charles Amb.	Ochsner Hosp.
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 Risk Jurisdictions

3.3.1.1 St. Charles Ambulance Service

In summary, the status of DHS/FEMA criteria for this location is as follows:

a. MET: 1.e.1, 3.a.1, 6.d.1.
b. AREAS REQUIRING CORRECTIVE ACTION: None
c. DEFICIENCY: None
d. PLAN ISSUES: 3.a.1.

ISSUE NO.: 70-11-3a1-P-01

CRITERION: OROs issue appropriate dosimetry and procedures, and manage radiological exposure to emergency workers IAW plans and procedures. Emergency workers periodically and at the end of each mission read and record dosimeter reading. (NUREG-0654, K.3)

CONDITION: It was noted that the current plans and procedures do not contain information for the use of the Canberra Electronic Dosicards.

POSSIBLE CAUSE: New equipment has been issued without updating plans and procedures to account for use of the new equipment.

REFERENCE: NUREG-0654, K.3

EFFECT: Improper record keeping of Emergency Worker exposure may occur.

CORRECTIVE ACTION DEMONSTRATED: The St. Charles Parish Hospital Policy & Procedure Manual has been updated to include the following verbiage to resolve the Planning Issue:

Radiological Exposure Control - If the call has the potential to involve radiological contamination and the response is not to Waterford-3 directly, then the electronic

dosimeters provided by St. Charles Parish and the permanent record dosimeters available in the EMS radiological kit may be used.

e. NOT DEMONSTRATED: None
f. PRIOR ISSUES - RESOLVED: None
g. PRIOR ISSUES - UNRESOLVED: None

3.3.2 Support Jurisdictions

3.3.2.1 Ochsner Clinic Foundation Hospital

In summary, the status of DHS/FEMA criteria for this location is as follows:

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

ISSUE NO.: 70-11-6d1-A-02

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: The Ochsner Foundation Hospital Decontamination Team removed contaminated clothing from the patient. After the outer clothing was removed, the staff began washing the patient down and drying him with disposable towels. It was noted that none of the staff members removed their contaminated gloves before beginning the decontamination process.

POSSIBLE CAUSE: Staff did not follow best practices for proper contamination control.

REFERENCE: NUREG-0654 criteria F.2; H.10; K.5.a,b;L.1, 4

EFFECT: Failure to remove contaminated gloves could have lead to spread of contamination to the patient they had just decontaminated.

CORRECTIVE ACTION DEMONSTRATED: The play was stopped and the State controller provided training on the need for changing gloves to prevent the spread of contamination. After this correction, all members of the Decontamination Team gave great attention to changing gloves and preventing any potential cross-contamination.

ISSUE NO.: 70-11-6d1-A-03

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: The RSO and a Control Point Assistant surveyed the hospital stretcher for contamination. During the survey process it was noted that the Control Point Assistant had the probe facing away from the surface he was surveying.

POSSIBLE CAUSE: The Control Point Assistant did not use proper survey technique as provided in training and described in the hospital procedure.

REFERENCE: NUREG 0654 criteria F.2; H.10; K.5.a,b; L.1, 4

EFFECT: This would have lead to inaccurate readings and possibly the spread of radioactive contamination to clean areas in the hospital.

CORRECTIVE ACTION DEMONSTRATED: Play was stopped and the Control Point Assistant was provided training on the proper use of the probe.

c. DEFICIENCY: None
d. PLAN ISSUES: 6.d.1.

ISSUE NO.: 70-11-6d1-P-04

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: The Decontamination Team staff member was released without a full body survey.

POSSIBLE CAUSE: Current hospital procedures do not require a full body survey of the staff after doffing PPE.

REFERENCE: FEMA-REP-22

EFFECT: The lack of the full body survey could lead to undetected contamination on staff members that may then be spread to other clean areas of the hospital.

CORRECTIVE ACTION DEMONSTRATED: The OCHSNER CLINIC FOUNDATION RADIATION ACCIDENT PLAN has been updated to include the following verbiage to resolve the Planning Issue:

After having removed protective apparel, each person who occupied the Treatment Area will receive a whole body scan for contamination administered by Radiation Protection personnel. If found to be radiologically free of contamination, then the person will be released from the REA. If the person is contaminated, then decontamination procedures will be implemented.

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 State of Louisiana and 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 Louisiana site-specific to Waterford 3 Steam Electric Station will remain in effect.

APPENDIX A: DRILL EVALUATORS AND TEAM LEADERS

DATE: 2011-09-28, SITE: Waterford 3 Steam Electric Station, LA

LOCATION	EVALUATOR	AGENCY
St. Charles Ambulance Service	*Brad DeKorte	FEMA RVI
Ochsner Clinic Foundation Hospital	Nan Calhoun Timothy Pflieger	FEMA RVI FEMA - R6
* Team Leader		

APPENDIX B: ACRONYMS AND ABBREVIATIONS

Acronym	Meaning
BZ	Buffer Zone
DRD	Direct Reading Dosimeter
ED	Emergency Department
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ETA	Estimated Time of Arrival
EW	Emergency Worker
FEMA	Federal Emergency Management Agency
KI	Potassium Iodide
OSL	Optically Stimulated Luminescent
PPE	Personal Protective Equipment
REA	Radiation Emergency Area
RPT	Radiation Protection Technician
RSO	Radiation Safety Officer
TLD	Thermoluminescent Dosimeter
W3	Waterford 3

APPENDIX C: EXERCISE PLAN

WATERFORD 3 STEAM ELECTRIC STATION

2011 OFFSITE MEDICAL DRILL

OCHSNER CLINIC FOUNDATION HOSPITAL
&
ST. CHARLES EMERGENCY MEDICAL SERVICES

DRILL 2011-08

SEPTEMBER 27, 2011
&
SEPTEMBER 28, 2011

PARTICIPANTS

ENTERGY OPERATIONS, INC.
OCHSNER FOUNDATION HOSPITAL
ST. CHARLES AMBULANCE SERVICE

INTRODUCTION

In the interest of assuring the health and safety of the general public in the area of the Waterford 3 Steam Electric Station, in the event of a radiological emergency, Waterford 3 conducts drills jointly with the Federal, State and local agencies on a periodic basis.

This manual contains the scenario of activities and supporting data describing the Waterford 3 Emergency Preparedness Offsite Medical Drill.

This scenario was developed by postulating events that will require response by offsite medical assistance organizations.

During this drill, the support organizations will respond to the postulated events and conditions that have been selected to provide the level of activity necessary to meet the scenario objectives.

St. Charles Hospital Ambulance Service and Ochsner Foundation Hospital will participate in this drill.

Drill participants will have no prior knowledge of the sequence of events. The drill scenario will allow those individuals and agencies assigned to respond during a radiological medical emergency to demonstrate their performance according to current emergency preparedness plans and procedures.

The scenario is a mechanism by which selected drill controllers and monitors will initiate and evaluate the activities of the drill participants. The drill will be initiated at the Ochsner Foundation Hospital at approximately 08:00 on September 28, 2011 and is expected to last approximately three hours.

Participating organizations are shown in Section III, Guidelines, of this manual.

II. EXTENT OF PLAY

- **EVALUATION AREA 1: EMERGENCY OPERATIONS MANAGEMENT**
  - **Sub-Element 1.e – Equipment and Supplies to Support Operations**
  - Criterion 1.e.1: Equipment, maps, displays, dosimetry, potassium iodide (KI) and other supplies are sufficient to support emergency operations.
  - Locations
    - Ochsner Foundation Hospital, St Charles EMS
  - Extent of Play
    - Equipment, maps, displays, dosimetry, potassium iodide (KI) and other supplies will be demonstrated for use as they would in an actual emergency. This includes dosimetry and any protective gear worn or used by emergency workers.
  - ARCAs
    - None
- **EVALUATION AREA 3: PROTECTIVE ACTION IMPLEMENTATION**
  - **Sub-Element 3.a – Implementation of Emergency Worker Exposure Control**
  - 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.
  - Locations
    - Ochsner Foundation Hospital, St Charles EMS

- Extent of Play
  - Area dosimetry will be used in the radiological controlled area at Ochsner Foundation Hospital.
  - Correction on the spot, at the discretion of and concurrence between the evaluator and the controller, may be acceptable at these locations.
- ARCAs
  - None

o **EVALUATION AREA 6: SUPPORT OPERATIONS/FACILITIES**

- **Sub-Element 6.d – Transportation and Treatment of Contaminated Injured Individuals**
- 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.
- Locations
  - St Charles EMS, Ochsner Foundation Hospital
- Extent of Play
  - Out of sequence – On September 27, 2011 at 4:00 pm, the St Charles EMS unit will be pre-staged at Waterford-3 and the patient transfer function will be demonstrated. After the patient is transferred, this portion of the drill will be terminated.
  - On September 28, 2011, the drill will be a continuation from the portion occurring on September 27, 2011.
  - St. Charles EMS will be pre-staged at Ochsner Foundation Hospital. A simulated contaminated, injured person will be packaged as had occurred the day before and put into the ambulance.
  - At 8:00 am, Ochsner Foundation Hospital will be contacted directly by Waterford-3 notifying them of a contaminated, injured patient.

- St. Charles EMS will contact the hospital informing them they are in route. The transportation of the patient from Waterford-3 to the hospital will be simulated.
- An estimated time of arrival (ETA) that will allow for the hospital to completely mobilize will be given. The time can be discussed with the evaluator prior to the beginning of the drill.
- Correction on the spot, at the discretion of and concurrence between evaluator and controller, may be acceptable at this location.

▪ ARCAs

- None

o **GENERAL EXTENT-OF-PLAY (EOP)**

▪ With regard to last minute additions or changes to any previously approved Extent-of-Play, all suggested changes must be forwarded to the RAC Chair for approval.

▪ The goal of all offsite response organizations (ORO) is to protect the health and safety of the public. This goal is achieved through the execution of appropriate plans and procedures. It is recognized that situations may arise that could limit the organizations in the exact execution of these plans and procedures.

▪ In the event of an unanticipated situation, OROs are permitted to exercise flexibility in the implementation of their plans and procedures in order to successfully achieve the objective of protection of public health and safety and protection of the environment.

▪ As a statement of fact, no ORO will deliberately deviate from its plans and procedures with the intent of avoiding responsibility.

- **REFERENCES**

  - As indicated in the Extent-of-Play Agreement, the State of Louisiana requests the option to correct issues immediately as defined in FEMA Policy Paper, Strategic Review Steering Committee, Initiative 1.5, correct Issues Immediately, effective March 31, 2000, signed by Kay C. Goss, CEM, Associate Director for Preparedness, Training and Exercises. Acceptable locations/activities for on the spot correction are clearly indicated in the extent of play portion under each criterion.

III. OBJECTIVES

The following general objectives and guidelines have been developed for the Offsite Medical Drill, which is scheduled on September 28, 2011.

A. OCHSNER FOUNDATION HOSPITAL

1. Demonstrate the capability to alert and fully mobilize personnel for both emergency facilities and field operations. Demonstrate the capability to activate and staff emergency facilities for emergency operations.
2. Demonstrate the capability to communicate with all appropriate emergency personnel at facilities and in the field.
3. Demonstrate the capability to continuously monitor and control radiation exposure to emergency workers.
4. Demonstrate the adequacy of the equipment, procedures, supplies, and personnel of medical facilities responsible for treatment of contaminated, injured, or exposed individuals.

B. ST. CHARLES HOSPITAL AMBULANCE SERVICE

1. Demonstrate the capability to communicate with all appropriate emergency personnel at facilities and in the field.
2. Demonstrate the capability to continuously monitor and control radiation exposure to emergency workers.
3. Demonstrate the adequacy of vehicles, equipment, procedures, and personnel for transporting contaminated, injured, or exposed individuals.

IV. GUIDELINES

To define the scope and extent of participation by organizations and participants, the following guidelines are established in order to meet the objectives listed in Section II of this manual.

1. The offsite medical response drill will be conducted on September 28, 2011.

2. A simulated contaminated injured person and a Health Physics technician will be staged at Waterford 3 on September 27, 2011 to demonstrate transportation of the contaminated injured person to the hospital.

3. Participation is limited to the St. Charles Hospital Ambulance staff, Ochsner Foundation Hospital Emergency Room Staff and the Drill Control Team. The Waterford 3 plant staff **WILL NOT** participate.

4. Communications between the Waterford 3 plant and Ochsner Foundation Hospital are simulated by the Drill Control Team.

5. A simulated contaminated injured person and a Health Physics technician are staged at the Waterford 3 hospital at the beginning of the drill.

6. The drill is initiated by the Drill Control Team requesting the dispatch of the St. Charles Hospital Ambulance Service to transport the patient to Ochsner Foundation Hospital. The Drill Control Team then contacts Ochsner Foundation Hospital simulating a report of a medical emergency.

7. All communications are preceded and ended with "THIS IS A DRILL."

8. The simulated medical emergency continues until the patient is decontaminated and treated by the Ochsner Foundation Hospital medical staff.

9. A critique is conducted immediately following the termination of the drill.

V. NARRATIVE SUMMARY

At approximately 07:45 AM, a Mechanical Maintenance Technician at Waterford 3, who has been repairing a leak on the “A” Low Pressure Safety Injection Pump, slips and falls down breaking his right forearm and striking his forehead on a pump support.

The Drill Control Team simulates the Control Room response and UNT-007-018, First Aid and Medical Care, is implemented. Response by the Emergency First Aid Team is simulated and primary surveys of the patient are performed.

At 08:00, the Drill Control Team simulates calling the St. Charles Hospital Ambulance Service to request transportation of the patient to Ochsner Foundation Hospital. After requesting the ambulance, the Drill Control Team calls the Ochsner Foundation Hospital to report the simulated medical emergency. The patient's primary survey information (vital signs) is provided.

Upon arrival at Ochsner Foundation Hospital, the patient is taken into the REA, decontaminated and treated for the simulated injuries. After the treatment has proceeded to the point that the patient would be admitted to the hospital and the ambulance has been surveyed and released, the medical drill is terminated and a critique of the events is conducted.

VI. SEQUENCE OF EVENTS

TIME	EVENT	DRILL ACTIVITY
07:30 T= -0:30 CC-1	Drill preparations are made.	The Drill Control Team and an HP technician assemble at Ochsner Foundation Hospital. The patient is "made up" and the Drill personnel are briefed.
08:00 T= +0:00 CC-2	Drill initiated by the Drill Control Team.	The Drill Control Team simulates a request to St. Charles Hospital Ambulance Service to respond and notifies Ochsner Foundation Hospital of the medical emergency.
CC-3 CC-4		
CC-5		If Ochsner Foundation Hospital is unable to participate, the medical emergency drill will be terminated.
CC-6		The patient's condition will not change during transportation to Ochsner Foundation Hospital.
CC-7 CC-8	Patient arrives at Ochsner Foundation Hospital.	The patient is removed from the ambulance and taken to the REA. The hospital personnel decontaminate the patient and begin treatment of the injury.
CC-9	HP surveys the ambulance for contamination.	The ambulance is determined to be clean and is released.
CC-10	Drill terminated. Critique conducted.	When the patient is ready to be admitted to the hospital and the ambulance has been surveyed and released, the medical response drill will be terminated.

This page is intentionally blank.