



San Onofre Nuclear Generating Station

After Action Report/ Improvement Plan

Exercise Date - July 12, 2012

Radiological Emergency Preparedness (REP) Program



Published August 21, 2012

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EXECUTIVE SUMMARY

The U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) Region IX National Preparedness Division - Technological Hazards Branch, evaluated an offsite medical services exercise at the Tri-City Medical Center (TCMC) in Oceanside, California, on July 12, 2012. TCMC is located outside the Plume Exposure Pathway Emergency Planning Zone (EPZ) around San Onofre Nuclear Generating Station (SONGS). The purpose of the exercise was to assess the level of state and local preparedness in response to a radiological emergency. The exercise was held in accordance with FEMA's policies and guidance concerning the exercise of state and local Radiological Emergency Response Plans (RERP) and procedures.

The most recent biennial exercise at SONGS was conducted on April 12, 2011. The previous medical services exercise at TCMC was conducted on April 30, 2004.

FEMA wishes to acknowledge the efforts of the many individuals who participated in this exercise. Protecting the public's health and safety is the full-time job of some of the exercise participants and an additional assigned responsibility for others. Still others have willingly sought out this responsibility by volunteering to provide vital emergency services to their communities. Cooperation and teamwork of all the participants were evident during the exercise. The efforts of the utility should also be commended for their work on training and exercise preparation.

This After Action Report (AAR) contains the final evaluation of the exercise. The exercise participants, except where noted, demonstrated knowledge of their emergency response plans and procedures and adequately demonstrated the ability to execute those plans.

There were no Deficiencies and no Areas Requiring Corrective Actions (ARCA) identified as a result of this exercise. No ARCAs remain uncorrected from previous exercises.

SECTION 1: EXERCISE OVERVIEW

1.1 Exercise Details

Exercise Name

San Onofre Nuclear Generating Station

Type of Exercise

Exercise

Exercise Date

July 12, 2012

Program

Department of Homeland Security/FEMA Radiological Emergency Preparedness
Program

Scenario Type

Radiological Emergency

1.2 Exercise Planning Team Leadership

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1.3 Participating Organizations

Agencies and organizations of the following jurisdictions participated in the San Onofre Nuclear Generating Station exercise:

Private Organizations

Tri-City Medical Center

Southern California Edison - San Onofre Nuclear Generating Station

Federal Jurisdictions

Marine Corps Base - Camp Pendleton (not evaluated)

SECTION 2: EXERCISE DESIGN SUMMARY

2.1 Exercise Purpose and Design

FEMA Region IX evaluated the medical services exercise on July 12, 2012 to assess the capabilities of local emergency preparedness organizations in implementing their RERP and procedures to protect the public health and safety during a radiological emergency involving SONGS. The purpose of this After Action Report (AAR) is to present the results and findings on the performance of the Offsite Response Organizations (ORO) during a simulated radiological emergency.

2.2 Exercise Objectives, Capabilities and Activities

The exercise evaluation area criteria, contained in FEMA REP Manual, April 2012, represent a functional translation of the planning standards and evaluation criteria of NUREG-0654/FEMAREP-1, Rev.1, "Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," November 1980.

The objectives of this exercise are as follows:

Criterion 1.a.1: OROs use effective procedures to alert, notify, and mobilize emergency personnel and activate facilities in a timely manner. (NUREG-0654/FEMA-REP-1, A.1.a, e; A.3, 4; C.1, 4, 6; D.4; E.1, 2; H.3,4)

Criterion 1.c.1: Key personnel with leadership roles for the ORO provide direction and control to that part of the overall response effort for which they are responsible. (NUREG-0654/FEMAREP-1, A.1.d; A.2.a, b; A.3; C.4,6).

Criterion 1.d.1: At least two communication systems are available, at least one operates properly, and communication links are established and maintained with appropriate locations. Communications capabilities are managed in support of emergency operations. (NUREG-0654/FEMA-REP-1, F.1, 2)

Criterion 1.e.1: Equipment, maps, displays, monitoring instruments, dosimetry, potassium

iodide (KI) and other supplies are sufficient to support emergency operations. (NUREG-0654/FEMA-REP-1, H.7, 10; I.7, 8, 9; J.10.a, b, e; J.11, 12; K3.a; K.5.b).

Criterion 3.a.1: The OROs issue appropriate dosimetry, KI, and procedures, and manage radiological exposure to emergency workers in accordance with the plans/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. OROs maintain appropriate recordkeeping of the administration of KI to emergency workers. (NUREG-0654/FEMA-REP-1, J.10.e; K.3.a, b; K.4).

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/FEMA-REP-1, F.2; H.10; K.5.a,b; L.1,4).

2.3 Scenario Summary

This section contains a summary of the simulated sequence of events used as the basis for invoking emergency response actions by OROs during the SONGS medical services exercise on July 12, 2012, submitted to FEMA by the State of California and SONGS.

At 0800 hours a SONGS Health Physics Technician (HPT) is performing a system breach in room 106D in the 9' Radwaste. When the HPT plugs in the air sampler a resulting spark causes an explosion of hydrogen gas in the room. The resulting explosion causes the HPT to receive 1st and 2nd degree burns to the hands and face, and fall backwards into radioactive water injuring her back.

SONGS will contact the Camp Pendleton Emergency Medical Service, requesting that an ambulance be dispatched to the injured HPTs location. The arriving ambulance (not being evaluated) will notify the Tri-City Medical Center regarding the transportation of the radiologically contaminated injured HPT.

TCMC upon notification will activate selected staff. The emergency department (ED) will prepare a designated contamination injury room and transfer area prior to the arrival of the ambulance. The TCMC activated staff will initiate radiological controls, and implement exposure control in accordance with their Radiological Emergency Response Plans and

contamination procedures.

Upon arrival to TCMC, the ambulance emergency medical team (EMTs) will transfer the HPT to the care of the TCMC ED staff. TCMC staff will assess the HPT's vitals and monitor radiological levels to make a determination if treatment of the injury takes precedence over decontamination. The patient will be transferred into the "contamination injury room" for decontamination and further assessment. Treatment and decontamination of the HPT, handling and disposal of contaminated materials will be held in accordance to TCMC plans and procedures.

Upon successful decontamination, the injured HPT will be transferred out of the contamination injury room to a receiving floor for treatment of her injuries.

SECTION 3: ANALYSIS OF CAPABILITIES

3.1 Exercise 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 July 12, 2012 medical services exercise to test the offsite emergency response capabilities of state and local governments in the EPZ surrounding SONGS.

Each jurisdictional and functional entities was evaluated on its demonstration of criteria delineated in the exercise evaluation areas as outlined in the FEMA REP Program Manual, April 2012. Detailed information on the Exercise Plan used in this exercise is found in Appendix C of this report..

3.2 Summary Results of Exercise Evaluation

The matrix illustrated in Table 3.1, presents the status of all exercise evaluation area criteria that were scheduled for demonstration during this exercise by all participating jurisdictions and functional entities. Exercise criteria are listed by number and demonstration status is indicated by the use of the following letters:

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

D - Deficiency assessed

A - ARCAs assessed or unresolved ARCAs from prior exercise

N - Not Demonstrated

Presented below are definitions of the terms used in this section relative to criteria demonstration status.

- Met - Listing of the demonstrated exercise evaluation area criteria under which no Deficiencies or ARCAs were assessed during this exercise and under which no ARCAs assessed during prior exercises remain unresolved.

-
- **Deficiency** – Listing of the demonstrated exercise evaluation area criteria under which one or more Deficiencies were assessed during this exercise. Included is a description of each Deficiency and recommended corrective actions.

 - **Area Requiring Corrective Action** – Listing of the demonstrated exercise evaluation area criteria under which one or more ARCAs were assessed during the current exercise. Included is a description of the ARCAs assessed during this exercise and the recommended corrective actions to be demonstrated before or during the next medical services exercise.

 - **Not Demonstrated** – Listing of the exercise evaluation area criteria that were scheduled to be demonstrated during this exercise, but were not demonstrated and the reason they were not demonstrated.

 - **Prior Issue – Resolved** – Descriptions of issues assessed during previous exercises that were resolved in this exercise and the corrective actions demonstrated.

 - **Prior Issue – Unresolved** – Descriptions of issues assessed during prior exercises that were not resolved in this medical services exercise. Included are the reasons the issues remain unresolved and recommended corrective actions to be demonstrated before or during the next medical services exercise.

The following classifications are types of issues that are discussed in this report:

A Deficiency is defined in the FEMA REP Program Manual, April 2012, as “...an observed or identified inadequacy of organizational performance in an exercise that could cause a finding that offsite emergency preparedness is not adequate to provide reasonable assurance that appropriate protective measures can be taken in the event of a radiological emergency to protect the health and safety of the public living in the vicinity of a nuclear plant.”

An ARCA is defined in the FEMA REP Program Manual, April 2012, as “...an observed or identified inadequacy of organizational performance in an exercise that is not considered, by itself, to adversely impact public health and safety.”

FEMA has developed a standardized system for numbering issues. This system is used to achieve consistency in numbering exercise issues among FEMA Regions and site specific

exercise reports within each Region. It is also used to expedite tracking of exercise issues on a nationwide basis.

The identifying number for Deficiencies and ARCAs includes the following elements, with each element separated by a hyphen (-).

- Plant Site Identifier – A two-digit number corresponding to the Utility Billable Plant Site Codes.
- Exercise Year – The last two digits of the year the exercise was conducted.
- Evaluation Area Criterion – A letter and number corresponding to the criteria in the FEMA REP Exercise Evaluation Methodology.
- Issue Classification Identifier – (D = Deficiency, A = ARCA)
- Exercise Issue Identification Number – A separate two-digit number assigned to each issue identified in the exercise.

Table 3.1 - Summary of Exercise Evaluation

DATE: 2012-07-12 SITE: San Onofre Nuclear Generating Station, CA M: Met, A: ARCA, D: Deficiency, P: Plan Issue, N: Not Demonstrated		Tri-City
Emergency Operations Management		
Mobilization	1a1	M
Facilities	1b1	
Direction and Control	1c1	M
Communications Equipment	1d1	M
Equipment and Supplies to Support Operations	1e1	M
Protective Action Decision Making		
Emergency Worker Exposure Control	2a1	
Dose Assessment & PARs & PADs for the Emergency Event	2b1	
Dose Assessment & PARs & PADs for the Emergency Event	2b2	
PADs for the Protection of persons with disabilities and access/functional needs	2c1	
Radiological Assessment and Decision-making for the Ingestion Exposure Pathway	2d1	
Radiological Assessment & Decision-making Concerning Post-Plume Phase Relocation, Reentry, and Return	2e1	
Protective Action Implementation		
Implementation of Emergency Worker Exposure Control	3a1	M
Implementation of KI Decision for Institutionalized Individuals and the Public	3b1	
Implementation of Protective Actions for persons with disabilities and access/functional needs	3c1	
Implementation of Protective Actions for persons with disabilities and access/functional needs	3c2	
Implementation of Traffic and Access Control	3d1	
Implementation of Traffic and Access Control	3d2	
Implementation of Ingestion Pathway Decisions	3e1	
Implementation of Ingestion Pathway Decisions	3e2	
Implementation of Post-Plume Phase Relocation, Reentry, and Return Decisions	3f1	
Field Measurement and Analysis		
RESERVED	4a1	
Plume Phase Field Measurement and Analyses	4a2	
Plume Phase Field Measurement and Analyses	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	
RESERVED	5a2	
Activation of the Prompt Alert and Notification System	5a3	
Activation of the Prompt Alert and Notification System	5a4	
Emergency Information and Instructions for the Public and the Media	5b1	
Support Operations/Facilities		
Monitoring, Decontamination, and Registration of Evacuees	6a1	
Monitoring and Decontamination of Emergency Workers and their Equipment and Vehicles	6b1	
Temporary Care of Evacuees	6c1	
Transportation and Treatment of Contaminated Injured Individuals	6d1	M

3.3 Criteria Evaluation Summaries

3.3.1 Private Organizations

3.3.1.1 Tri-City Medical Center

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

- a. MET: 1.a.1, 1.c.1, 1.d.1, 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

SECTION 4: CONCLUSION

A medical services exercise was conducted at the TCMC in Oceanside, California on July 12, 2012 to assess the capabilities of state and local emergency preparedness organizations in implementing their RERPs and procedures to protect the public health and safety during a radiological emergency involving SONGS. The purpose of this AAR is to present the exercise results and findings on the performance of the OROs during a simulated radiological emergency.

The findings presented in this report are based on the evaluations of the federal evaluation team, with final determinations made by the FEMA Region IX Regional Assistance Committee Chairperson and approved by the Regional Administrator.

There were no Deficiencies and no ARCAs identified during the course of this exercise.

Based on the evaluation of the July 12, 2012 medical services exercise, the offsite radiological emergency response plans for the State of California and the affected local jurisdictions site specific to SONGS can be implemented, and are adequate to provide reasonable assurance that appropriate measures can be taken offsite to protect the health and safety of the public in the event of a radiological emergency at SONGS.

APPENDIX A: Exercise EVALUATORS AND TEAM LEADERS

DATE: 2012-07-12, SITE: San Onofre Nuclear Generating Station, CA

LOCATION	EVALUATOR	AGENCY
Tri-City Medical Center	*Roy Smith Daryl Thome	ICFI ICFI
* Team Leader		

APPENDIX B: ACRONYMS AND ABBREVIATIONS

Acronym	Meaning
ARCA	Areas Requiring Corrective Actions
EPZ	Emergency Planning Zone
FEMA	Federal Emergency Management Agency
KI	Potassium Iodide
ORO	Offsite Response Organization
REP	Radiological Emergency Preparedness
SONGS	San Onofre Nuclear Generating Station
TCMC	Tri-City Medical Center

APPENDIX C: EXERCISE PLAN

The summary presented in this appendix is a compilation of exercise scenario materials submitted by the State of California and SONGS.

This appendix contains the Exercise Plan prepared by the State of California and approved by FEMA Region IX to provide evaluators with guidance on expected actual demonstration of the evaluation area criteria.

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EXERCISE PLAN (ExPlan)

San Onofre Nuclear Generating Station Medical Services Exercise

Tri-City Medical Center



EXERCISE DATE
July 12, 2012

DATE REVISED
June 5, 2012



Tri-City Medical Center

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(ExPlan)**

**SONGS Medical Services Exercise
July 12, 2012**

PREFACE

San Onofre Nuclear Generating Station (SONGS) Medical Services Exercise is jointly sponsored by SONGS and the Tri-City Medical Center. This Exercise Plan (ExPlan) was produced by the SONGS Medical Services Exercise planning team which followed the guidance set forth in the Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP).

The ExPlan gives officials, observers, and players from participating organizations the information necessary to observe or participate in an exercise related to a nuclear power plant emergency focusing on participants' emergency response plans, policies, and procedures. The information in this document is current as of the date of publication and is subject to change as dictated by the SONGS Medical Services Exercise planning team.

Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of the SONGS and Tri-City Medical Center.

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(ExPlan)**

**SONGS Medical Services Exercise
July 12, 2012**

HANDLING INSTRUCTIONS

1. The title of this document is *SONGS Medical Services Exercise Plan (ExPlan)*.
2. The information gathered in this ExPlan is *For Official Use Only (FOUO)* and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For exercise specific information, please consult the following points of contact (POC):

<u>Agency/Role</u>	<u>Name</u>	<u>Email</u>	<u>Phone</u>
San Onofre Nuclear Generating Station Exercise Director/ Lead Controller	Richard Garcia	Richard.A.Garcia@sce.com	(949) 368-3845 or (949) 606-2968
Federal Emergency Management Agency Evaluation Team Lead	Alberto Sifuentes	Alberto.Sifuentes@fema.dhs.gov	510-627-7108 or 510-333-7569

Per FEMA Region IX REP, the portions of the ExPlan contained here are no longer For Official Use Only (FOUO) following completion of this exercise.

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CHAPTER 1: GENERAL INFORMATION

Introduction

The SONGS Medical Services Exercise is an exercise designed to demonstrate emergency response plans, policies, and procedures as they pertain to a nuclear power plant emergency; involving medical services for a contaminated injured individual that is transported to the Tri-City Medical Center in Oceanside. This is the first evaluation for this facility for the 2009 to 2014 exercise cycle. Camp Pendleton will be the ambulance provider for this exercise. Since they are a federal agency, they will not be evaluated by FEMA.

This ExPlan was produced by the SONGS Medical Services Exercise planning team and describes the anticipated exercise demonstrations and level of participation. The exercise is evidence of the growing public-private safety partnership between local, federal jurisdictions and non-governmental organizations for the response to the threats and hazards our nation and communities face.

Purpose

The purpose of this exercise is to evaluate actions and tasks associated with Tri-City Medical Center current response plan and capabilities for a nuclear power plant-related incident, and to comply with the requirements of 44 Code of Federal Regulations (CFR) 350 and the guidelines of NUREG 0654/FEMA-REP-1. Exercise planners utilized the Radiological Emergency Preparedness (REP) Program Manual (October 2011) to develop this exercise.

This document illustrates the evaluation area that will be demonstrated and identifies planned deviations from the implementation of the applicable plans. Code Yellow – Radiation Disaster, Treatment of the Contaminated Patient (May 2012) will be utilized for this exercise.

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Target Capabilities

Capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. Target Capabilities for this exercise have been identified during the development of the Exercise Evaluation Guides (EEG) and are listed below:

Mission Areas	Target Capabilities
Respond Mission Capabilities	Medical Surge

Exercise Goal/Objective

The overarching goal of this exercise is to demonstrate reasonable assurance Tri-City Medical Center has the capability for evaluation of radiation exposure and uptake, including assurance that persons providing these services are adequately prepared to handle contaminated individuals through successful demonstration of a specific REP criteria.

REP Criteria/Evaluation Area

EVALUATION AREAS

NOTE: Potassium Iodide (KI) distribution, ingestion and recordkeeping is outside of the scope of this exercise, and will not be demonstrated.

Criterion 1.a.1: OROs use effective procedures to alert, notify, and mobilize emergency personnel and activate facilities in a timely manner.

Criterion 1.c.1: Key personnel with leadership roles for the ORO provide direction and control to that part of the overall response effort for which they are responsible.

Criterion 1.d.1: At least two communication systems are available, at least one operates properly, and communication links are established and maintained with appropriate locations. Communications capabilities are managed in support of emergency operations.

Criterion 1.e.1: Equipment, maps, displays, monitoring instruments, dosimetry, potassium iodide (KI) and other supplies are sufficient to support emergency operations.

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Criterion 3.a.1: The OROs issue appropriate dosimetry, KI, and procedures, and manage radiological exposure to emergency workers in accordance with the plans/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. OROs maintain appropriate record-keeping of the administration of KI to emergency workers.

Criterion 6.d.1: The facility/Offsite Response Organization (ORO) has the appropriate space, adequate resources, and trained personnel to provide transport, monitoring, decontamination, and medical services to contaminated injured individuals.

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CHAPTER 2: EXERCISE LOGISTICS

Exercise Summary

General

The SONGS 2012 Medical Services Exercise is designed to demonstrate emergency response plans, policies and procedures as they pertain to Tri-City Medical Center capability for evaluation of radiation exposure and uptake, including assurance that persons providing these services are adequately prepared to handle contaminated individuals in a nuclear power plant-related incident. The exercise begins on July 12, 2012 at the San Onofre Nuclear Generating Station and will transition to the Tri-City Medical Center located at 4002 Vista Way in Oceanside.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, hence, are assumed to be present before the start of the exercise. The following general assumptions apply:

- The exercise will be conducted in a no-fault learning environment wherein training, systems and processes - not individuals - will be evaluated.
- Exercise simulation will be realistic and plausible, containing sufficient detail from which to respond.
- Exercise players will react to the information and situations as they are presented, in the same manner as if this had been a real event.

Constructs and Constraints

Constructs (also known as exercise artificialities) are exercise devices designed to enhance or improve exercise realism. Alternatively, constraints are exercise limitations that may detract from exercise realism. The SONGS Medical Services Exercise planning team recognizes and accepts the following as necessary:

- The participating agencies may need to balance exercise play with real-world emergencies. It is understood that real-world emergencies will take priority.
- Exercise play will begin at 8:00 am, initiated by at telephone notification to the San Onofre Nuclear Generating Station Fire Department Dispatch requesting support to a radiologically contaminated and injured individual.

Due to security consideration the exercise will be initiated outside the SONGS Protected Area but will simulate conditions inside a radiological area inside the Protected Area.

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Exercise Evaluation

Areas Requiring Corrective Action (ARCA) may be immediately corrected and re-evaluated during the exercise or immediately following, providing that the re-demonstration is not disruptive, does not interrupt the flow of the exercise, and does not affect other evaluation areas.

If a participant performs an evaluated criterion unsatisfactorily during the exercise, the Evaluator, after consultation with the Lead Controller, will provide another opportunity for the participant to re-demonstrate the activity. Appropriate training may be given to the participant by controllers or other players prior to the re-demonstration. If the activity is re-demonstrated satisfactorily, the issue will be documented in the exercise report as corrected during the exercise.

The Evaluator may interview players to determine sequence of events or actions taken during the treatment of the patient. Evaluator interview of players should not be disruptive nor interrupt flow of the exercise.

Play may be interrupted by an actual emergency. Attempts will be made to resume play at the end the actual emergency. If play is unable to resume, the remaining portions of the exercise may be demonstrated via interview with a designated representative of the hospital.

Exercise Participants

The following are the categories of participants involved in this exercise; note that the term “participant” refers to all categories listed below, not just those playing in the exercise:

- *Players.* Players are personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.
- *Controllers.* Controllers set up and operate the exercise site and manage exercise play. Controllers direct the pace of exercise play and explain or clarify issues arising during the exercise.

Controllers have limited decision-making authority in their respective areas. Any changes that impact the scenario or affect other areas of play must be coordinated through the Lead Controller. Controllers record events and ensure documentation is submitted for review and inclusion in the After-Action Report.

- *Evaluators.* FEMA Evaluators provide an independent evaluation, with written narratives and feedback, on a designated functional area of the exercise. They are

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July 12, 2012**

assigned based on their experience and expertise in the functional area(s) they assess during the exercise. Evaluators assess and document participants' performance against the local emergency plans and procedures, and REP program exercise evaluation criteria, in accordance with REP Program regulations and guidance. The sum of their evaluations provides the basis for the statement from FEMA to Nuclear Regulatory Commission (NRC) that there is reasonable assurance that Tribal, State, local governments can implement their plans and preparedness to protect the public health and safety.

- *Observers.* Observers visit or view selected segments of the exercise. Observers do not play in the exercise, and do not perform any control or evaluation functions. Observers will view the exercise from a designated observation area and will be asked to remain within the observation area during the exercise. VIPs are a type of observer, but are frequently grouped separately. An Observer Coordinator will be assigned to manage these groups if necessary.
- *Support Staff.* Exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (i.e. registration, catering, etc.).

Exercise Implementation and Rules

- Demonstration or exercise play will terminate when the Lead Evaluator and Lead Controller agree the required evaluation criteria/objective has been adequately demonstrated and evaluated. A message indicating that the exercise has been completed will be issued at the direction of the Lead Controller.
- Real-world emergency actions take priority over exercise actions.
- **"Real Emergency"** will be the designated phrase that indicates there is an emergency requiring immediate attention that may or may not stop exercise play.
- **"Timeout"** will be the designated phrase used by the Lead Controller to temporarily stop exercise play.

Safety Requirements

General

Any participant witnessing an unsafe act or emergency should immediately notify the Exercise Director/Lead Controller. The Exercise Director/Lead Controller will evaluate the situation; determine the proper course³⁰ of action which may lead to suspension of exercise play.

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Site Access

Observer Coordination

Agency representatives and/or the Observer Coordinator may be present to explain the exercise program and answer questions for the observers before and during the exercise.

Refreshments and Restroom Facilities

Food and refreshments will be made available for the convenience of all exercise participants at the conclusion of the exercise. Restrooms are available in the area for use during the exercise.

Communications Plan

Basic Communications

Players will use normal communications methods for responding to exercise play. The principal method of communications for controllers during the exercise will be face-to-face, telephone or radio. **All Spoken communications sent via telephone or radio (any communications other than face-to-face) will start and end with the statement, "This is a drill."**

Public Affairs

Any public safety exercise may be a newsworthy event. Special attention must be given to the needs of the media, allowing them to get as complete and accurate a story as possible while ensuring their activities do not compromise the exercise realism, safety, or objectives. Media personnel must be escorted at all times.

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July 12, 2012**

CHAPTER 3: PLAYER GUIDELINES

Exercise Staff

Exercise Director/ Lead Controller

The Exercise Director/Lead Controller has the overall responsibility for planning, coordinating, and overseeing all exercise functions. He/she monitors exercise activities and maintains a close dialogue with the Controllers regarding the status of play and the achievement of the exercise objectives. The Lead Controller coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The Lead Controller debriefs the controllers and evaluators after the exercise and oversees the setup and takedown of the exercise.

Controllers

The Controller monitors actions by individual controllers and ensures they implement all designated and modified actions at the appropriate time. The individual controllers issue exercise materials to players as required and monitor the exercise timeline.

Lead Evaluator

The Lead Evaluator is responsible for the overall evaluation. The Lead Evaluator monitors exercise progress and stays in contact with the Lead Controller regarding changes to the exercise during play. The Lead Evaluator monitors actions of individual Evaluators and ensures they are tracking progress of the players in accordance with the Overview of Play. The Lead Evaluator debriefs the evaluators after the exercise and oversees the entire evaluation and After Action process.

Evaluators

Evaluators work under the direction of the Lead Evaluator, and as a team with controllers. Evaluators are Subject Matter Experts (SMEs) who record events that take place during the exercise and assess/submit documentation for review and inclusion in the After Action Report. Evaluators should refrain from any direct interaction with the players during exercise play except with the facilitation of a Controller for clarification of issues or during scheduled interviews.

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**Exercise Plan
(ExPlan)**

**SONGS Medical Services Exercise
July 12, 2012**

Player Instructions

Before the Exercise

- Review the appropriate emergency plans, procedures, and/or exercise support documents.
- Respond according to your emergency response procedures, unless otherwise noted in this document.

During the Exercise

- Respond to the exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Refrain from engaging in personal conversations with controllers, evaluators, observers, or media personnel while the exercise is in progress. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate so, but report back with an answer at the earliest time possible.
- If you do not understand the scope of the exercise or if you are uncertain about an organization's or agency's participation in an exercise, ask a controller.
- Recognize that the exercise has objectives to satisfy and may require the incorporation of unrealistic aspects. Every effort has been made to balance realism with the creation of an effective learning and evaluation environment.

Following the Exercise

- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and effectiveness of the exercise. Please provide the completed form to a controller.

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**Exercise Plan
(ExPlan)**

**SONGS Medical Services Exercise
July 12, 2012**

CHAPTER 4: EVALUATION AND POST-EXERCISE ACTIVITIES

Exercise Documentation

It is essential that evaluators keep accurate records and notes because these will form the basis for evaluation of performance. The value of evaluation is its ability to provide constructive feedback (positive and negative) to improve the effectiveness of an organization's response to emergencies. Accurate and detailed documentation is critical to facilitate a full record of all the events in an exercise and to understand player actions.

Evaluators will document the exercise based on the appropriate Exercise Evaluation Guides (EEG) for actions in their area. The EEGs will be provided separately by FEMA as part of the Evaluator Package. Evaluators should document key activities and those that require a timely response for later evaluation.

Evaluators will review their forms and notes immediately following the exercise to ensure an accurate reconstruction of events and activities for discussion at the Controller and Evaluator Debriefing. Evaluation materials, including notes and forms, become part of the exercise documentation. Checklists and evaluation forms must be completed as thoroughly and accurately as possible.

Exercise Evaluation Guides

The content for the After Action Report/Improvement Plan (AAR/IP) will be drawn from the EEGs and appropriate federal regulations. Each evaluator will be provided with an EEG that will provide specific guidance on what data to collect during the exercise, how to record it, and how to analyze it prior to submission to the Lead Evaluator. The evaluation team will compile all evaluator submissions into the first working draft of the AAR.

Each EEG provides a list of subordinate activities and tasks players are expected to perform during the exercise in order to demonstrate the given capability. These tasks are drawn primarily from the Universal Task List (UTL), Target Capabilities List (TCL), and REP Program documentation.

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**Exercise Plan
(ExPlan)**

**SONGS Medical Services Exercise
July 12, 2012**

Controller and Evaluator Debriefing

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing. During the debriefing these individuals will discuss their observations of the exercise in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete/finalize their EEGs and evaluator narratives for submission to the lead evaluator as well as begin the analysis process outlining the issues to be included in the AAR.

After Action Report

FEMA will create the After Action Report for this exercise, which will take the place of the Final Report normally issued by FEMA. The AAR will be drafted by FEMA, with input regarding exercise issues provided from the San Diego County Office of Emergency Services. The After Action Report is the culmination of the SONGS 2012 Medical Services Exercise. It is a written report outlining the strengths and areas for improvement identified during the exercise. The AAR will include the timeline, executive summary, scenario description, mission outcomes, and capability analysis.

The After Action Report may include an Improvement Plan to address issues documented by FEMA. A separate, internal, Improvement Plan will be developed by San Diego County Office of Emergency Service to address specific issues outside the scope of the FEMA evaluation.

After Action Conference and Improvement Plan

The improvement process represents the comprehensive, continuing preparedness effort of which the exercise is a part. The lessons learned and recommendations from the After Action Report will be incorporated into an Improvement Plan. An After Action Conference may be scheduled for jurisdiction officials to hear the results of the evaluation analysis, validate the findings and recommendations in the draft AAR, and begin development of the IP. The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion

APPENDIX A: ADDITIONAL INFORMATION

Table A.1 *Participating Agencies*

Participating Agencies
Federal
Camp Pendleton Fire Department Emergency Medical Services
Non-Governmental Organizations
San Onofre Nuclear Generating Station
Tri-City Medical Center

Table A.2 *Exercise Schedule*

July 11, 2012	Time	Location
Evaluator and Controller Meeting	2:00 pm to 3:00	Tri-City Medical Center
July 12, 2012		
Exercise Initiation	8:00 am	SONGS
Exercise Termination	11:00 am	Tri-City Medical Center
Exercise Hot Wash	12:00 pm	Tri-City Medical Center

APPENDIX B: ACRONYMS

AAR.....	After Action Report
ARCA.....	Area Requiring Corrective Action
CFR.....	Code of Federal Regulations
EEG.....	Exercise Evaluation Guide
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise and Evaluation Program
IP.....	Improvement Plan
NRC.....	Nuclear Regulatory Commission
ORO.....	Offsite Response Organization
POC	Point of Contact
REP	Radiological Emergency Preparedness
SME	Subject Matter Expert
SONGS.....	San Onofre Nuclear Generation Station
TCL.....	Target Capabilities List
UTL.....	Universal Task List

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