United States Nuclear Regulatory Commission Official Hearing Exhibit
In the Matter of: Entergy Nuclear Operations, Inc. (Indian Point Nuclear Generating Units 2 and 3)
ASLBP #: 07-858-03-LR-BD01
Docket #: 05000247 | 05000286
Exhibit #: ENT00286C-00-BD01
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ENT00286C
Submitted: March 29, 2012

APPROVED BY	COUNTY OF ROCKLAND	PROCEDURE NO.
OFES:_____ DPT:_____	OFFICE OF FIRE AND EMERGENCY SERVICES	DPT-3

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DPT-3

TRANSPORTATION PROVIDERS AND BUS DRIVERS EMERGENCY RESPONSE ACTIONS

1.0 PURPOSE

The purpose of this procedure is to provide guidance to the Transportation Providers on emergency response actions during a radiological emergency at the Indian Point Energy Center. The Transportation Providers may have internal dispatch/mobilization/communication procedures which may be used in lieu of this procedure. Bus Drivers will be issued the emergency directions contained in this procedure prior to dispatch.

2.0 RESPONSIBILITY

The Transportation Providers are responsible for implementing this procedure, if applicable, and for ensuring that Bus Drivers properly follow their procedure.

3.0 PRECAUTIONS

Applicable public transportation safety and vehicle traffic regulations shall remain in effect unless specifically modified by the Sheriff's Department.

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center requiring activation of the Emergency Evacuation Bus System.

5.0 ACTIONS

Instructions

Perform the following steps indicated below. When a step is initiated, initial the step and indicate the time in the margin.

5.1 Transportation Providers (Bus Company Owners/Managers/Dispatchers)

5.1.1 Notification

Transportation Providers will not normally be notified for an Unusual Event unless specifically ordered by the Emergency Coordinator or the CDES. They will be notified for an Alert, Site Area Emergency and General Emergency by the DPT Coordinator.

5.1.2 The individual at the Bus Company who is contacted by the DPT Coordinator should notify his/her support staff and others and mobilize as appropriate.

5.1.3 Reporting In

When notified, the Transportation Provider will report to his respective depot/garage.

5.1.4 Notify EOC

Upon arrival at depot, notify the DPT Coordinator of arrival and request updating information.

5.1.5 Inventory Vehicles

Determine number of available vehicles.

5.1.6 Notify Drivers

Notify drivers and determine the number of available drivers.

5.1.7 Inform EOC

Inform the DPT Coordinator of vehicle and driver availability. NOTE: A vehicle is considered available only when a driver is available. If there are any shortages, inform the EOC and request a disposition.

5.1.8 Maintenance Readiness

Keep informed of the emergency status and maintain equipment/drivers on standby until advised by the EOC to de-escalate or to mobilize.

If mobilization is ordered:

5.1.9 Receive Orders From EOC (DPT Coordinator)

The DPT Coordinator in the EOC will indicate the routes to be run. With the assistance of the Transportation Liaison assigned to the Bus Company, assign available vehicles/drivers to the routes.

5.1.10 Dispatch Vehicles

Mobilize vehicles based on route assignments. Utilize the School Dispatch Log (Attachment 4) to mobilize vehicles for school evacuation. Utilize the Dispatch Log (Attachment 1) to mobilize the vehicles for general population evacuation. NOTE: When a route is to be run, record the time the evacuation was announced. Departure times are the wait times at the garage after the evacuation announcement. For example: If the evacuation was announced at 1320 and route 5-A departure time was 0030 and 5-B departure time was 0040, then 5-A should leave the garage at 1350 and 5-B should leave at 1400.

Note on the dispatch log the route to be run. Then scan for the first (i.e., shortest) wait time and dispatch vehicles at the appropriate time. Continue to dispatch vehicles as the consecutive wait time occur.

5.1.11 Inform EOC

Maintain the Dispatch Log and inform the DPT Coordinator when vehicles are dispatched and on the number of buses mobilized for each route.

5.1.12 Receive Updates

Receive information from Bus Drivers on status of routes including traffic/vehicle problems, etc., and route completion. Communicate this information to the EOC regularly.

5.1.13 Provide Updates

Provide periodic updates to the bus drivers as information becomes available from the EOC.

5.1.14 Upon Completion of Routes

Request direction from EOC for any reassignments. If vehicles are no longer needed, direct the drivers/vehicles to return to the depot or other location following monitoring and decontamination (of both driver and vehicle), if required, at a Reception Center or other location.

NOTE: Vehicles evacuating students and school staff to the Rockland Community College school reception center may be reassigned by the Transportation Staging Area Supervisor to a second trip to evacuate schools farther from Indian Point. Those vehicles will take students to other school reception centers. They will then be released for addition assignments or to return to the company parking facility.

5.1.15 Reception Center to Reception Center and Reception Center to Congregate Care Center Transportation

Ascertain the need for transportation between the above locations from the DPT Coordinator and assign vehicles accordingly. NOTE: Only vehicles determined to be clean after contamination check may be used to transport individuals.

5.1.16 Prepare for Return Program

Upon return of vehicles and completion of all routes, restore equipment and facility to pre-emergency conditions. Collect all

forms and inventory supplies. Notify EOC when completed and await orders to activate return program.

5.1.17 Return Program

The following actions outline the process of returning evacuees to their homes:

5.1.17a The EOC will notify the Transportation Providers of the initiation of the return program.

5.1.17b The Transportation Provider(s) should report to their respective garage/depot.

5.1.17c From information provided by the EOC, determine the number of evacuees needing return home transportation from the Congregate Care Centers.

5.1.17d Estimate the amount of vehicles needed and call in the required drivers.

5.1.17e As drivers arrive, inform drivers of the number of evacuees they are to pick up, distribute maps or issue directions and dispatch them to the respective Congregate Care Center to pick up evacuees.

5.1.17f Inform EOC of progress of return transportation.

5.1.17g Drivers performing return duty shall pick up the requested number of evacuees and make use of maps or directions to drop off passengers.

5.1.17h As routes are completed, drivers should return to the garage for reassignment or close out of operation.

5.1.17i EOC is to be informed of completion of return transportation assignments. Transportation Provider(s) should remain on standby at depot until return close out orders from EOC.

5.2 Bus Drivers

Instructions

Perform the following steps indicated below. When a step is initiated, initial the step and indicate the time in the margin.

5.2.1 Notifications

Drivers will not normally be notified for an Unusual Event unless specifically ordered by the Emergency Coordinator or the CDFES. They will be notified for an Alert, Site Area Emergency and General Emergency by the Transportation Provider.

5.2.2 Reporting In

When notified, report to the respective depot/garage.

5.2.3 Receive Dosimetry/Evacuation Instructions/Briefing

Receive dosimetry, evacuation information (maps/directions), and a briefing from the Transportation Liaison assigned to the Bus Company. Utilize Attachment 2, "Bus Driver Instructions."

Evacuation information will consist of maps/directions detailing:

- the route from the depot/garage to the start of a route or evacuating facility
- the route to be run including pick up points or the route from the evacuating facility to a reception center
- from the end of a route to a reception center
- from a reception center back to the depot/garage or other location.

5.2.4 Remain on standby until advised to de-escalate or to mobilize.

If mobilization is called:

5.2.5 Await Dispatcher's Orders

The Dispatcher will inform you when to leave and what route to run.

5.2.6 Drive Route

Drive the assigned route utilizing the evacuation information provided previously. If the vehicle fills prior to completion of all pick up points, proceed directly to your destination-notify dispatcher.

5.2.7 Follow the Bus Driver Instructions (Attachment 2).

IMPORTANT

READ YOUR DOSIMETER EVERY 15-30 MIN. AND RECORD EXPOSURES ON THE RADIATION EXPOSURE RECORD CARD (Attachment 3).

5.2.8 Contact Dispatcher if any of the following occur:

- Crowd Management Problems
- Road or Traffic Impediments
- Handicapped Persons at Pick up Point (vehicle not wheelchair-equipped)
- Additional Vehicle(s) Needed for Pick Up Point (overcrowding)
- Vehicle Mechanical Problems
- Fuel Problems
- Need Periodic Update on Emergency Status

5.2.9 At End of Route

When you reach the reception center, passengers, drivers, and their vehicles will be monitored and decontaminated, if necessary. Notify your dispatcher of your arrival.

NOTE: If you are evacuating students and school staff to the Rockland Community College school reception center, you may be reassigned by he Transportation Staging Area Supervisor to a second trip to evacuate schools farther from Indian Point. Those vehicles will take students to other school reception centers. They will then be released for addition assignments or to return to the company parking facility. Notify your dispatcher of your arrival and reassignment.

5.2.10 If Reassigned

If assigned to new route, obtain directions for new assignment from the Dispatcher (or Transportation Staging Area Supervisor). If assigned for Congregate Care transportation, transport evacuees to designated Congregate Care Center. NOTE: Only vehicles designated clean after contamination check may be used to transport evacuees to Congregate Care Centers.

5.2.11 Emergency Close-out

Return to depot/garage and return all dosimetry and radiation exposure documentation to the Transportation Liaison.

5.2.12 If Assigned to Return Program

Receive maps/directions and proceed to designated Congregate Care Center. Pick up designated number of evacuees and transport home as directed by the Transportation Provider.

6.0 REFERENCES

None

7.0 ATTACHMENTS

1. Dispatch Log
2. Bus Driver Instructions

3. Radiation Exposure Record Card

4. School Dispatch Log

(NOT USED)

DISPATCH LOG

Route	Area	Bus No.	Departure Time	Run Time		Dispatched	Returned
				Pro-jected	Actual		
1	Jones Point	1-A		22			
	Tompkins Cove	1-B					
2	Stony Point	2-A		20			
	Tompkins Cove	2-B					
3	Stony Point	3-A		14			
		3-B					
4	Stony Point	4-A		10			
5	Tompkins Cove	5-A					
	Stony Point	5-B		30			
6	Stony Point	6-A		11			
7	Village of West Haverstraw	7-A		10			
		7-B					
	Unincorporated areas of the Town of Haverstraw	7-C					

DISPATCH LOG
(continued)

Route	Area	Bus No.	Departure Time	Run Time		Dispatched	Returned
				Pro-jected	Actual		
8	Village of West Haverstraw	8-A		12			
		8-B					
		8-C					
9	Unincorporated areas of the Town of Haverstraw	9-A		10			
		9-B					
		9-C					
10	Unincorporated areas of the Town of Haverstraw	10-A		5			
		10-B					
		10-C					
11	Village of West Haverstraw	11-A		15			
		11-B					
	Stony Point	11-C					
	Grassy Point						
12	Village of Haverstraw	12-A		10			
		12-B					
		12-C					
		12-D					
		12-E					
		12-F					
		12-G					

DISPATCH LOG
(continued)

Route	Area	Bus No.	Departure Time	Run Time		Dispatched	Returned
				Pro-jected	Actual		
13	Village of Haverstraw	13-A		10			
		13-B					
		13-C					
		13-D					
		13-E					
		13-F					
		13-G					
14	Village of Haverstraw	14-A		10			
		14-B					
		14-C					
		14-D					
		14-E					
		14-F					
15	Village of Haverstraw	15-A		15			
		15-B					
		15-C					
		15-D					
16	Stony Point	16-A		10			
		16-B					
17	Village of Pomona	17-A		10			
18	Stony Point Tompkins Cove	18-A		23			
19	Stony Point	19-A		11			
20	Northeastern Town of Ramapo	20-1		15			
21	Northeastern Town of Ramapo	21-A		22			

DISPATCH LOG
(continued)

Route	Area	Bus No.	Departure Time	Run Time		Dispatched	Returned
				Pro-jected	Actual		
22	Northeastern Town of Ramapo	22-A		10			
		22-B					
23	Northeastern Town of Ramapo	23-A		12			
		23-B					
	Village of Pomona	23-C					
24	Village of Pomona	24-A		20			
		24-B					
25	Northeastern Town of Ramapo	25-A		10			
		25-B					
26	Northeastern Town of Ramapo	26-A		17			
		26-B					
27	Northeastern Town of Ramapo	27-A		19			
		27-B					
		27-C					

DISPATCH LOG
(continued)

Route	Area	Bus No.	Departure Time	Run Time		Dispatched	Returned
				Pro-jected	Actual		
28	Northwestern Town of Clarkstown	28-A		17			
29	Northeastern Town of Ramapo	29-A		15			
		29-B					
		29-C					
30	Northwestern Town of Clarkstown	30-A		10			
		30-B					
31	Northwestern Town of Clarkstown	31-A		17			
		31-B					
		31-C					
31A	Central Town of Clarkstown	31A-A		12			
32	Central Town of Clarkstown	32-A		12			
33	Central Town of Clarkstown	33-A		19			
		33-B					
34	Northwestern Town of Clarkstown	34-A		17			
		34-B					
35	Central Town of Clarkstown	35-A		19			
36	Central Town of Clarkstown	36-A		19			

DISPATCH LOG
(continued)

Route	Area	Bus No.	Departure Time	Run Time		Dispatched	Returned
				Pro-jected	Actual		
37	Central Town of Clarkstown	37-A		22			
		37-B					
38	Central Town of Clarkstown	38-A		17			
39	Central Town of Clarkstown	39-A		22			
40	Central Town of Clarkstown	40-A		15			
		40-B					
41	Central Town of Clarkstown	41-A		17			
42	Northeastern and Eastern Town of Clarkstown	42-A		20			
		42-B					
43	Northeastern and Eastern Town of Clarkstown	43-A		17			
		43-B					
44	Northeastern and Eastern Town of Clarkstown	44-A		17			
45	Northeastern and Eastern Town of Clarkstown	45-A		17			
		45-B					
46	Northeastern and Eastern Town of Clarkstown	46-A		17			
		46-B					
		46-C					
47	Northeastern and Eastern Town of Clarkstown	47-A		17			
48	Northeastern and Eastern Town of Clarkstown	48-A		12			

BUS DRIVER INSTRUCTIONS

INSTRUCTIONS FOR RADIOLOGICAL EMERGENCIES ONLY

BEFORE STARTING ROUTE:

_____ 1. Remove Radiation Exposure Record Card and fill out the front.

_____ 2. Pick up self-reading dosimeters or electronic dosimeters.

_____ 3. If you have self-reading dosimeters, check to be sure that the dosimeter is at zero before you put it on (this shows a dosimeter has been zeroed).

NOTE: To read a self-reading dosimeter:

Hold it up to the light
Look through the clipped end
Read the scale
Record the reading and time on your
Radiation Exposure Record Card

NOTE: Electronic dosimeters are self-alarming and don't have to be read.

_____ 4. Record dosimeter serial number on front of Radiation Exposure Record Card.

_____ 5. Record the initial self-reading dosimeter readings on the back of the Radiation Exposure Record Card. The initial readings should be at or near zero. Do not accept a dosimeter if it reads below zero.

_____ 6. Place the dosimeters on the upper front part of your body (preferably clip them to the outside of your shirt pocket or collar).

_____ 7. Pick up a TLD badge.

_____ 8. Record TLD badge number on the front of the Radiation Exposure Record Card.

_____ 9. Place the TLD badge next to the dosimeters.

_____ 10. Receive Potassium Iodide (KI) tablets. **DO NOT TAKE ANY KI** unless specifically instructed to do so by your dispatcher.

BUS DRIVER INSTRUCTIONS

INSTRUCTIONS FOR RADIOLOGICAL EMERGENCIES ONLY

WHILE ON YOUR ROUTE:

_____ 11. Perform quick bus inspection ensuring that the bus fuel tank is full.

_____ 12. Drive to the start of your assigned route - follow attached instructions.

_____ 13. If you have self-reading dosimeters, take a dosimeter reading once every 15-30 minutes. Be sure to read both dosimeters.

_____ 14. If your exposure reaches 1R and/or 3R, contact your dispatcher.

_____ 15. If your exposure reaches 5R, contact your dispatcher immediately.

_____ 16. If your dispatcher, by order of the County Health Commissioner, instructs you to take KI follow instructions exactly. You take only one tablet a day.

_____ 17. If in a contaminated area, do not smoke, eat, or drink or place anything in your mouth (with the exception of KI.)

_____ 18. Drive your assigned route - follow attached instructions.

WHEN ROUTE HAS BEEN COMPLETED:

_____ 19. When you reach the reception center, inform your passengers to go inside for personnel monitoring.

_____ 20. After discharging passengers, drivers and their vehicles must also be monitored and decontaminated, if necessary.

_____ 21. Follow instructions from reception center personnel regarding personnel monitoring and decontamination.

_____ 22. Call your dispatcher to see if you should return to your bus company terminal or to a staging area - follow attached instructions.

_____ 23. At the end of your assignment, return your dosimeters, TLD badge, remaining KI and Radiation Exposure Record Card to the designated individual at your bus company terminal or staging area.

ROCKLAND COUNTY RADIATION EXPOSURE RECORD CARD

CONTINUATION OF RADIATION EXPOSURE RECORD

Date(s) of Exposure(s)	Time	Low Range Dose (DRD) Reading	High Range Dose (DRD) Reading

EMERGENCY OPERATIONS CENTER
35 Firemen's Memorial Drive
Pomona, New York 10976

RADIATION EXPOSURE RECORD
(INDIVIDUAL)

Name: Last First M.I.

Social Security Number

Address: _____

Agency

Emergency Management Assignment

Thermoluminescent Dosimeter (TLD) Serial No. _____

Direct Reading Dosimeters (DRDs):
Low Range
0-5R Serial No.: _____
Initial Reading: _____

High Range
0-___ R Serial No.: _____
Initial Reading: _____

Issue Date: _____
Issue Time: _____

Date of Birth: _____
M - D - Y

Rev. 7/98

TOTAL PREVIOUS EXPOSURE AT START OF CARD _____

Date(s) of Exposure(s)	Time	Low Range Dose (DRD) Reading	High Range Dose (DRD) Reading

(NOT USED)

SCHOOL DISPATCH LOG

CHESTNUT RIDGE TRANSPORTATION – SPRING VALLEY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
					Projected	**Actual**		
A01-B014	Fieldstone Secondary School 100 Fieldstone Avenue Thiells, NY 10984 40 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						

SCHOOL DISPATCH LOG

CHESTNUT RIDGE TRANSPORTATION – SPRING VALLEY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A01-B014	Fieldstone Secondary School 100 Fieldstone Avenue Thiells, NY 10984 (Continued)	16						
		17						
		18						
		19						
		20						
		21						
		22						
		23						
		24						
		25						
		26						
		27						
		28						
		29						
		30						
		31						
		32						
		33						

SCHOOL DISPATCH LOG

CHESTNUT RIDGE TRANSPORTATION – SPRING VALLEY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A01-B014	Fieldstone Secondary School 100 Fieldstone Avenue Thiells, NY 10984 (Continued)	34						
		35						
		36						
		37						
		38						
		39						
		40						
A01-B015	Gerald F. Neary Elementary School 20 George Street Haverstraw, NY 10927 8 Buses; 1 Van	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
			1					

SCHOOL DISPATCH LOG

CHESTNUT RIDGE TRANSPORTATION – SPRING VALLEY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A01-B026	TLC Learning Center Helen Hayes Hospital Route 9W West Haverstraw, NY 10993 1 Bus; 1 Van	1						
			1					
A01-B034	Ages & Stages 90 Congers Road Congers, NY 10920 0 Buses; 3 Vans		1					
			2					
			3					

SCHOOL DISPATCH LOG

CLARKSTOWN CENTRAL SCHOOL DISTRICT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A02-B020	Haverstraw Middle School 16 Grant Street Haverstraw, NY 10927 21 Buses; 1 Van	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						

SCHOOL DISPATCH LOG

CLARKSTOWN CENTRAL SCHOOL DISTRICT

Route	Destination	Bus No.	Van No.	Departure Time	Run Time		Dispatched	Returned
A02-B020	Haverstraw Middle School 16 Grant Street Haverstraw, NY 10927 (Continued)	18						
		19						
		20						
		21						
			1					
A02-B028	Clarkstown Teddy Bears 58 Endicott Street Congers, NY 10920 0 buses; 1 Van		1					
A02-B029	Lakewood Elementary School 77 Lakeland Avenue Congers, NY 10920 8 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						

SCHOOL DISPATCH LOG

CLARKSTOWN CENTRAL SCHOOL DISTRICT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A02-B032	Woodglen Elementary School 121 Phillips Hill Road New City, NY 10956	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
			1					
			2					
			3					

SCHOOL DISPATCH LOG

STUDENT BUS COMPANY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A03-B009	Crickettown Child Care Center 18 North Route 9W West Haverstraw, NY 10993 1 Bus; 1 Van	1						
			1					
A03-B011	West Haverstraw Elementary School 71 Blauvelt Avenue West Haverstraw, NY 10993 13 Buses; 1 Van	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
			1					

SCHOOL DISPATCH LOG

STUDENT BUS COMPANY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A03-B23	St. Gregory Barbarigo Elementary School 29 Cinder Road Garnerville, NY 10923 3 Buses; 1 Van	1						
		2						
		3						
			1					
A03-B24	St. Peter's Elementary School 21 Ridge Street Haverstraw, NY 10927 3 Buses; 4 Vans	1						
		2						
		3						
			1					
			2					
			3					
			4					
A03-B38	ARC Children's Day Care Center 60 Phillips Hill Road New City, NY 10956 3 Buses	1						
		2						
		3						

SCHOOL DISPATCH LOG

STUDENT BUS COMPANY								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A03-B025	Thiells Elementary School 78 Rosman Road Thiells, NY 10984 14 Buses; 1 Van	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
			1					
A03-B080	Tiny Scholars 224 Brick Church Road Spring Valley, NY 10977 0 Buses; 4 Vans	1						
		2						
		3						
		4						

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B004	Stony Point Elementary School 7 Gurnee Drive Stony Point, NY 10980 13 Buses; 1 Van	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
			1					
A04-B007	Crickettown School Crickettown Road Stony Point, NY 10980 1 Bus; 1 Van	1						
			1					

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B008	Children of Mary Nursery School 174 Filors lane Stony Point, NY 10980 1 Bus; 1 Van	1						
			1					
A04-B012	Building Blocks Center 52 Main Street Garnerville, NY 10923 1 Bus; 1 Van	1						
			1					
A04-B017	Haverstraw Head Start-Site 1 138-146 Maple Avenue Haverstraw, NY 10927 3 Buses; 0 Vans	1						
		2						
		3						
A04-B018	Haverstraw Head Start-Site 2 36 Division Street Haverstraw, NY 10927 0 Buses; 2 Vans		1					
			2					

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT

Route	Destination	Bus No.	Van No.	Departure Time	Run Time		Dispatched	Returned
A04-B21	North Garnerville Elementary School 65 Chapel Street Garnerville, NY 10923 6 Buses; 2 Vans	1						
		2						
		3						
		4						
		5						
		6						
			1					
			2					
A04-B022	North Rockland High School & Annex 106 Hammond Road Thiells, NY 10984 58 Buses; 4 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B022	North Rockland High School & Annex 106 Hammond Road Thiells, NY 10984 58 Buses; 4 Vans (Continued)	11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						
		19						
		20						
		21						
		22						
		23						
		24						
		25						
		26						
		27						
		28						

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B022	North Rockland High School & Annex 106 Hammond Road Thiells, NY 10984 58 Buses; 4 Vans (Continued)	29						
		30						
		31						
		32						
		33						
		34						
		35						
		36						
		37						
		38						
		39						
		40						
		41						
		42						
		43						
		44						
		45						
		46						

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B022	North Rockland High School & Annex 106 Hammond Road Thiells, NY 10984 58 Buses; 4 Vans (Continued)	47						
		48						
		49						
		50						
		51						
		52						
		53						
		54						
		55						
		56						
		57						
		58						
			1					
			2					
			3					
			4					

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B051	St. Paul's Christian Day School 323 South Main Street New City, NY 10956 0 Buses; 10 Vans		1					
			2					
			3					
			4					
			5					
			6					
			7					
			8					
			9					
			10					
A04-B053	Temple Beth Shalom Nursery School 228 New Hempstead Road New City, NY 10956 0 Buses; 10 Vans		1					
			2					
			3					
			4					
			5					
			6					

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B053	Temple Beth Shalom Nursery School 228 New Hempstead Road New City, NY 10956 0 Buses; 10 Vans (Continued)		7					
			8					
			9					
			10					
A04-B056	Cornerstone Christian Community School 384 New Hempstead Road New City, NY 10956 1 Bus; 4 Vans	1						
			1					
			2					
			3					
			4					
A04-B059	CIC Head Start / Early Head Start 1 Washington Avenue Spring Valley, NY 10977 0 Buses; 12 Vans		1					
			2					
			3					
			4					
			5					
			6					

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B059	CIC Head Start / Early Head Start 1 Washington Avenue Spring Valley, NY 10977 0 Buses; 12 Vans (Continued)		7					
			8					
			9					
			10					
			11					
			12					
A04-B064	Sonshine Community Nursery School & Day Care Center 384 New Hempstead Road New City, NY 10956 0 Buses; 3 vans		1					
			2					
			3					
A04-B073	Playgarten Pre-School 58 Lake Road Valley Cottage, NY 10989 2 Buses; 0 Vans	1						
		2						

SCHOOL DISPATCH LOG

HAVERSTRAW TRANSIT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A04-B074	Robin Hill Nursery School 70 Wesley Chapel Road Suffern, NY 10901 0 Buses; 8 Vans		1					
			2					
			3					
			4					
			5					
			6					
			7					
			8					
A04-B086	Busy Bee Play School 39 Germonds Road New City, NY 10956 0 Buses; 4 Vans		1					
			2					
			3					
			4					

SCHOOL DISPATCH LOG

PETER BREGA, Inc.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A05-B003	James A. Farley Middle School 140 Route 210 Stony Point, NY 10980 22 Buses; 2 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						
		19						

SCHOOL DISPATCH LOG

PETER BREGA, Inc.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A05-B003	James A. Farley Middle School 140 Route 210 Stony Point, NY 10980 (Continued)	20						
		21						
		22						
			1					
			2					
A05-B038	ARC Children's Day Care Center 70 Phillips Hill Road New City, NY 10956 5 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
A05-B040	Congers Elementary School 9 Lake Road West Congers, NY 10920 6 Buses; 3 Vans	1						
		2						
		3						
		4						
		5						
		6						
			1					
			2					
			3					

SCHOOL DISPATCH LOG

PETER BREGA, Inc.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A05-B040	St. Paul's Elementary School 365 Kings Highway Valley Cottage, NY 10989 5 Buses; 2 Vans	1						
		2						
		3						
		4						
		5						
			1					
			2					
A05-B072	Beechwood Preschool 181 Ridge Road Valley Cottage, NY 10989 1 Bus; 0 Vans		1					

SCHOOL DISPATCH LOG

EAST RAMAPO CENTRAL SCHOOL DISTRICT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A06-B030	Tutor Time Child Care 285 Route 303 Congers, NY 10920 2 Buses; 3 Vans	1						
		2						
			1					
			2					
			3					
A06-B031	Tutor Time Child Care (New City) 227 North Main Street New City, NY 10956 3 Buses; 3 Vans	1						
		2						
		3						
			1					
			2					
			3					
A06-B036	Street Community Center Pre-School 31 Zukor Road New City, NY 10956 0 Buses; 3 Vans		1					
			2					
			3					
A06-B037	Rockland Learning Center 136 Concklin Road Pomona, NY 10970 1 Bus; 1 Van	1						
			1					

SCHOOL DISPATCH LOG

EAST RAMAPO CENTRAL SCHOOL DISTRICT								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A06-B041	Rockland Country Day School 34 Kings Highway Congers, NY 10920 3 Buses; 3 vans	1						
		2						
		3						
			1					
			2					
			3					
A06-B042	Liberty Elementary School 142 Lake Road Valley Cottage, NY 10989 9 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
A06-B094	West Street Child Care Center 50 Sanitorium Road, Bldg. F Pomona, NY 10970 1 Bus; 0 Vans	1						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B027	Willow Grove Middle School 153 Storrs Road Thiells, NY 10984 22 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B027	Willow Grove Middle School 153 Storrs Road Thiells, NY 10984 22 Buses; 0 Vans	19						
		20						
		21						
		22						
A07-B033	Prime Time for Kids 70 West Phillips Hill Road New City, NY 10970 8 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
A07-B061	New Square Project Head Start 1 Washington Avenue New Square, NY 10977 2 Buses; 0 Vans	1						
		2						
A07-B066	Yeshiva Avir Yaakov – Boys (North Main) 766 North Main Street Spring Valley, NY 10977 20 Buses; 0 Vans	1						
		2						
		3						
		4						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B066	Yeshiva Avir Yaakov – Boys (North Main) 766 North Main Street Spring Valley, NY 10977 (Continued)	5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						
		19						
		20						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B067	Yeshiva Avir Yaakov – Boys (Roosevelt) 100 Roosevelt Avenue Spring Valley, NY 10977 12 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
A07-B068	Yeshiva Avir Yaakov – Boys (Washington Ave.) 91 Washington Avenue Spring Valley, NY 10977 6 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B069	Yeshiva Avir Yaakov (Girls) 15 Roosevelt Avenue Spring Valley, NY 10977 29 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B069	Yeshiva Avir Yaakov (Girls) 15 Roosevelt Avenue Spring Valley, NY 10977 (Continued)	19						
		20						
		21						
		22						
		23						
		24						
		25						
		26						
		27						
		28						
		29						
A07-B070	Bais Yaakov Chafetz Chaim of Pomona (Girls) 44 Camp Hill Road Pomona. NY 10970 6 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B075	Albertus Magnus High School 798 Route 304 Bardonia, NY 10954 12 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
A07-B088	Yeshiva Spring Valley Girls 142 Grandview Avenue Monsey, NY 10952 20 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B088	Yeshiva Spring Valley Girls 142 Grandview Avenue Monsey, NY 10952 (Continued)	8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						
		19						
		20						
A07-B089	Yeshiva Zichron Yaakov (Boys) 720 Union Road Spring Valley, NY 10977 2 Buses; 0 Vans	1						
		2						

SCHOOL DISPATCH LOG

ROCKLAND COACHES, INC.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A07-B090	Bais Chinuch Hayeshon (Girls) 984 Haverstraw Road Suffern, NY 10952 3 Buses; 0 Vans	1						
		2						
		3						
A07-B091	Mesivta Ohr Naftoli (Boys) 38 Glenbrook Road Monsey, NY 10952 2 Buses; 0 Vans	1						
		2						
A07-B092	Talmud Torah Adas (Boys) 33 Union Road Spring Valley, NY 10977 7 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
A07-B093	Mestifa Ohr Hatorah (Boys) 195 West Clarkstown Road Spring Valley, NY 10977 2 Buses; 0 Vans	1						
		2						

SCHOOL DISPATCH LOG

CHESTNUT RIDGE TRANSPORTATION – ROUTE 17								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A08-B010	Stony Point Child Care Center 8 Patriot Hills Drive Stony Point, NY 10980 2 Buses; 0 Vans	1						
		2						
A08-B035	Jawonio, Inc. 260 Little Tor Road North New City, NY 10956 17 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						

SCHOOL DISPATCH LOG

CHESTNUT RIDGE TRANSPORTATION – ROUTE 17								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A08-B027	Willow Grove Middle School 153 Storrs Road Thiells, NY 10984 6 Buses; 4 Vans	1						
		2						
		3						
		4						
		5						
		6						
			1					
			2					
			3					
			4					

SCHOOL DISPATCH LOG

MONSEY-NEW SQUARE TRAILS CORP.								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A09-B049	New City Jewish Center Religious School 47 Old Schoolhouse Road New City, NY 10956 2 Buses; 0 Vans	1						
		2						
A09-B055	Reuben Gittelman Hebrew Day School 360 New Hempstead Road New City, NY 10956 8 Buses; 0 Vans	1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
A09-B079	Temple Beth El Nursery School 415 Viola Road Spring Valley, NY 10977 4 Buses; 0 Vans	1						
		2						
		3						
		4						

SCHOOL DISPATCH LOG

ROCKLAND COUNTY DEPT. OF MENTAL HEALTH - TRANSPORTATION								
Route	**Destination**	**Bus No.**	**Van No.**	**Departure Time**	**Run Time**		**Dispatched**	**Returned**
A10-B063	Rockland Worksite Day Care Center Yeager Health Center, Building R Sanitorium Road Pomona, NY 10970 0 Buses; 5 Vans	1						
		2						
		3						
		4						
		5						

DPT-4

APPROVED BY	COUNTY OF ROCKLAND	PROCEDURE NO.
OFES:_____ DPT:_____	OFFICE OF FIRE AND EMERGENCY SERVICES	DPT-4

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DPT-4

TRANSPORTATION LIAISONS EMERGENCY RESPONSE ACTIONS

1.0 PURPOSE

The purpose of this procedure is to describe the actions and responsibilities of Transportation Liaisons during a radiological emergency at the Indian Point Energy Center.

2.0 RESPONSIBILITY

The Transportation Liaisons are responsible for implementing this procedure and for ensuring that Bus Dispatchers and Bus Drivers follow their procedure.

3.0 PRECAUTIONS

Applicable public transportation safety and vehicle traffic regulations should remain in effect unless specifically modified by the Sheriff's Department.

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center requiring the activation of the Emergency Evacuation Bus System.

5.0 ACTIONS

Summary

The Transportation Liaisons will report to the EOC to pick up dosimetry and evacuation bus maps/directions before being assigned to a Bus Company for the distribution of the aforementioned items to Bus Drivers. At the Bus Company, the Transportation Liaisons will be responsible for the distribution of dosimetry and evacuation instructions to the Bus Drivers and for the maintenance of the Bus Company's Exposure Control System.

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DPT-4

TRANSPORTATION LIAISONS EMERGENCY RESPONSE ACTIONS

Instructions

Perform the following steps indicated below. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Receive Initial Notification

Alert, Site Area Emergency and General Emergency

5.1.1 The Transportation Liaisons will receive notification from the Emergency Operations Center for an Alert, Site Area Emergency or General Emergency or when the Communications Center is instructed otherwise by the County Director of Fire and Emergency Services (CDFES).

5.1.2 Upon notification, the Transportation Liaisons will record time of initial notification.

5.1.3 Report to the EOC.

5.2 Upon Arrival at EOC

5.2.1 Upon arrival at the EOC, have identification card readily available and check in through security.

5.2.2 Log in on sign-in sheet located at security desk in hall.

5.2.3 Obtain TLD from security after signing in. Return the TLD to security when you leave the EOC.

5.2.4 Report to the EOC Resource Coordinator.

5.2.5 Obtain a Bus Company Kit from the Resource Coordinator and inventory its content, time permitting.

5.2.6 Obtain any missing equipment/supplies from the EOC Resource Coordinator.

5.2.7 Report to the Transportation Desk in the Operations Room for a briefing prior to dispatch to a Bus Company.

5.2.8 Report to your assigned Bus Company with your Bus Company Kit.

5.3 Bus, Company Operations

5.3.1 Upon arrival at Bus Company, notify the EOC Transportation Desk of arrival and request updated information.

5.3.2 Brief the Bus Company Owner/Manager/Dispatcher of the emergency status.

5.3.3 Prepare dosimetry (charge dosimeters) and evacuation information for distribution.

5.3.4 Assist Transportation Provider with the assignment/mobilization of vehicles if mobilization is ordered. The DPT Coordinator will inform the Transportation Provider of the routes to be run.

5.3.5 Assemble Bus Drivers

Assemble Bus Drivers and distribute dosimetry. Each driver receives:

Self-reading dosimeters or electronic dosimeters
1 TLD badge
1 Radiation Exposure Record Card (Att. 1)
1 Dosimetry Instruction Card (if available)
1 KI Packet

Brief the drivers on emergency status and radiological considerations. Review Attachment 2 with the drivers.

NOTE

All agencies shall brief female emergency workers on the hazards of Prenatal Radiation Exposure and offer the workers an opportunity to declare pregnancy prior to being assigned emergency responsibilities involving radiation exposure. Declared pregnant emergency workers shall not be assigned emergency responsibilities involving radiation exposure.

IMPORTANT

DRIVERS SHOULD READ THEIR SELF-READING DOSIMETERS EVERY 15-30 MINUTES.

IF A DRIVER'S EXPOSURE REACHES 1R and/or 3R, HE SHOULD CONTACT HIS DISPATCHER AT END OF HIS ASSIGNMENT.

IF A DRIVER'S EXPOSURE REACHES 5R, HE SHOULD CONTACT HIS DISPATCHER.

POTASSIUM IODIDE (KI) IS NOT TO BE TAKEN UNLESS THE DRIVER IS INSTRUCTED TO DO SO BY HIS DISPATCHER WHO WILL HAVE RECEIVED THE ORDER FROM THE COMMISSIONER OF HEALTH.

DO NOT SMOKE, EAT, OR DRINK WHILE RUNNING A ROUTE.

5.3.6 Distribute Evacuation Maps/Directions to the drivers and review map sequence/directions.

5.3.7 Dispatch drivers when determined appropriate by the Transportation Provider.

5.3.8 Monitor Operations

Keep apprised of the status of the evacuation effort and assist the Transportation Provider as appropriate. Communicate regularly with the EOC.

5.4 Exposure Control System

5.4.1 Keep apprised of each driver's exposure. Remind drivers to read their self-reading dosimeters every 15-30 minutes and to report any elevated exposures (1R, 3R and 5R). Inform the DPT Coordinator of any elevated exposure.

5.4.2 Interface with the Transportation Provider to assign additional vehicles/drivers to complete routes terminated by a driver's elevated exposure.

5.4.3 Receive orders on KI consumption from the EOC and communicate them to the drivers through the Transportation Provider.

5.5 Emergency Close-out

5.5.1 Assist Transportation Provider upon return of vehicles. Collect all dosimetry and evacuation information from the drivers. Ensure that all radiation exposure information has been recorded and collect documentation.

5.5.2 Assist Transportation Provider with Return Program if needed.

5.5.3 Return Bus Company Kit to EOC.

5.5.4 Return all dosimetry information to the Exposure Control Coordinator at the EOC. Prepare a report for the Emergency Coordinator detailing all emergency activities and follow-up items.

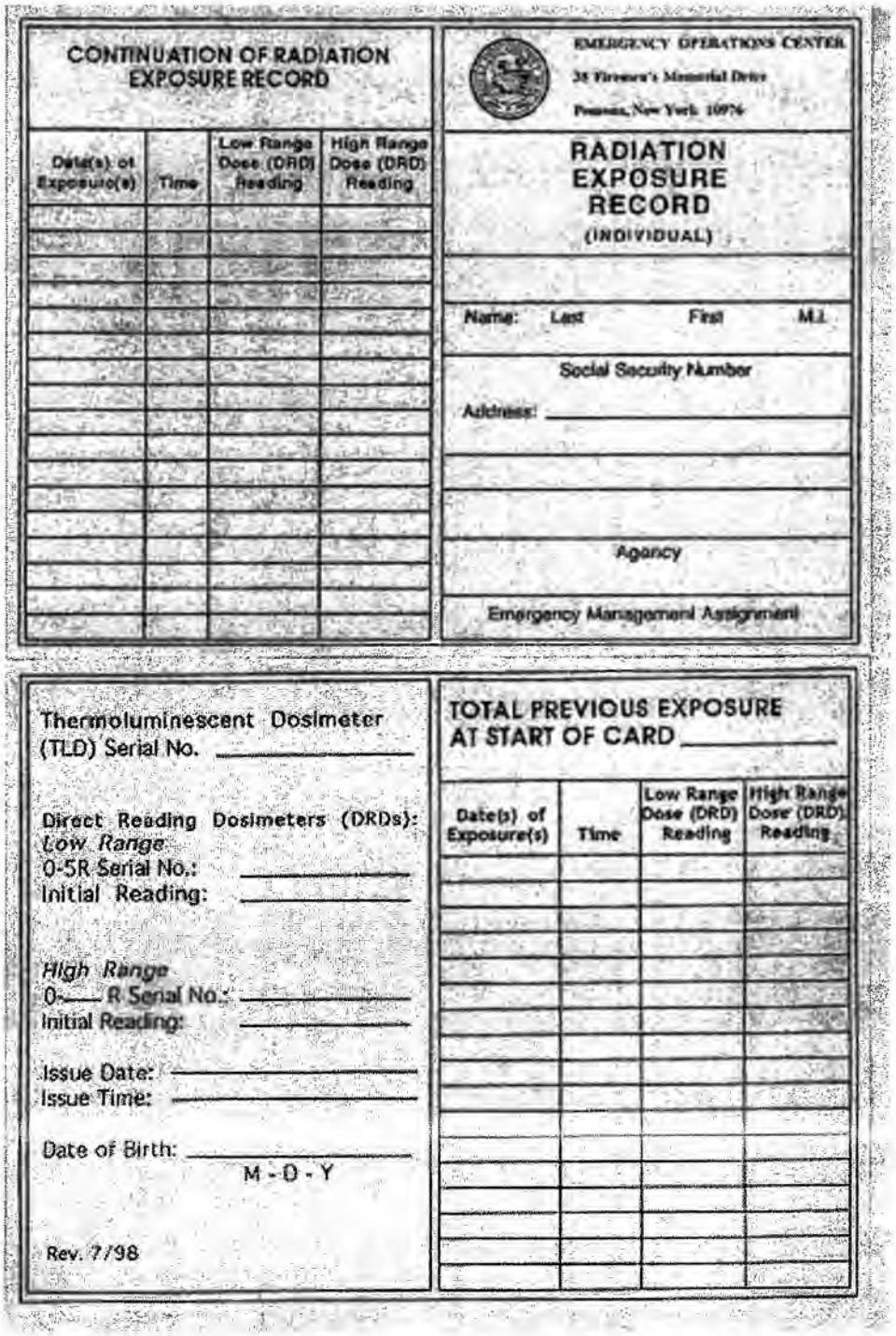
6.0 REFERENCES

6.1 DPT-3, "Transportation Providers and Bus Drivers Emergency Response Actions"

7.0 ATTACHMENTS

1. Radiation Exposure Record Card
2. Bus Driver Instructions

ROCKLAND COUNTY RADIATION EXPOSURE RECORD CARD



CONTINUATION OF RADIATION EXPOSURE RECORD

Date(s) of Exposure(s)	Time	Low Range Dose (DRD) Reading	High Range Dose (DRD) Reading

EMERGENCY OPERATIONS CENTER
35 Firemen's Memorial Drive
Pomona, New York 10970

RADIATION EXPOSURE RECORD
(INDIVIDUAL)

Name: Last First M.I.

Social Security Number

Address: _____

Agency

Emergency Management Assignment

Thermoluminescent Dosimeter (TLD) Serial No. _____

Direct Reading Dosimeters (DRDs):
Low Range
0-5R Serial No.: _____
Initial Reading: _____

High Range
0-___ R Serial No.: _____
Initial Reading: _____

Issue Date: _____
Issue Time: _____

Date of Birth: _____
M - D - Y

Rev. 7/98

TOTAL PREVIOUS EXPOSURE AT START OF CARD _____

Date(s) of Exposure(s)	Time	Low Range Dose (DRD) Reading	High Range Dose (DRD) Reading

(NOT USED)

BUS DRIVER INSTRUCTIONS

INSTRUCTIONS FOR RADIOLOGICAL EMERGENCIES ONLY
(GENERAL PUBLIC EVACUATION)

BEFORE STARTING ROUTE:

_____ 1. Remove Radiation Exposure Record Card and fill out the front.

_____ 2. Pick up self-reading dosimeters or a electronic dosimeter.

_____ 3. If you have a self-reading dosimeters, check to be sure that the dosimeter is at zero before you put it on (this shows a dosimeter has been zeroed).

NOTE: To read a self-reading dosimeter:

Hold it up to the light
Look through the clipped end
Read the scale
Record the reading and time on your
Radiation Exposure Record Card

NOTE: Electronic dosimeters are self-reading and don't have to be read.

_____ 4. Record dosimeter serial number on front of Radiation Exposure Record Card.

_____ 5. Record the initial self-reading dosimeter readings on the back of the Radiation Exposure Record Card. The initial readings should be at or near zero. Do not accept a dosimeter if it reads below zero.

_____ 6. Place the dosimeters on the upper front part of your body (preferably clip them to the outside of your shirt pocket or collar).

_____ 7. Pick up a TLD badge.

_____ 8. Record TLD badge number on the front of the Radiation Exposure Record Card.

BUS DRIVER INSTRUCTIONS

INSTRUCTIONS FOR RADIOLOGICAL EMERGENCIES ONLY
(GENERAL PUBLIC EVACUATION)

_____ 9. Place the TLD badge next to the dosimeters.

_____ 10. Receive a packet of Potassium Iodide (KI) tablets. **DO NOT TAKE ANY KI** unless specifically instructed to do so by your dispatcher.

WHILE ON YOUR ROUTE:

_____ 11. Perform quick bus inspection ensuring that the bus fuel tank is full.

_____ 12. Drive to the start of your assigned route - follow attached instructions.

_____ 13. If you have a self-reading dosimeter, take a dosimeter reading once every 15-30 minutes. Be sure to read both dosimeters.

_____ 14. If your exposure reaches 1R and/or 3R, contact your dispatcher.

_____ 15. If your exposure reaches 5R, contact your dispatcher immediately..

_____ 16. If your dispatcher, by order of the County Health Commissioner, instructs you to take KI follow instructions exactly. You take only one tablet a day.

_____ 17. If in a contaminated area, do not smoke, eat, or drink or place anything in your mouth.

_____ 18. Drive your assigned route - follow attached instructions.

WHEN ROUTE HAS BEEN COMPLETED:

_____ 19. When you reach the reception center, inform your passengers to go inside for personnel monitoring.

_____ 20. After discharging passengers, drivers and their vehicles must also be monitored and decontaminated, if necessary.

_____ 21. Follow instructions from reception center personnel regarding personnel monitoring and decontamination.

_____ 22. Call your dispatcher to see if you should return to your bus company terminal or to a staging area - follow attached instructions.

23. At the end of your assignment, return your dosimeters, TLD badge, KI and Radiation Exposure Record Card to the designated individual at your bus company terminal or staging area.

(NOT USED)

DOH-7

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-7

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-7

FIELD MONITORING TEAM COORDINATOR

1.0 PURPOSE

The purpose of this procedure is to delineate the emergency response actions to be implemented by the Field Monitoring Team Coordinator in the event of an emergency at the Indian Point Energy Center.

2.0 RESPONSIBILITY

The Field Monitoring Team Coordinator is responsible for implementing this procedure.

3.0 PRECAUTIONS

3.1 Field Monitoring Teams are to closely monitor personnel exposure while in the affected area.

3.2 The Team Coordinator is responsible for providing the teams' paths of travel designed to minimize exposure.

3.3 At the direction of the Health Commissioner, the Team Coordinator is responsible for instructing the field teams to take KI. Detailed records of drug administration must be kept on the individual's Radiation Exposure Record Card.

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

5.0 ACTIONS

Summary

The Field Monitoring Team Coordinator will be responsible for the following:

- Direct the Field Monitoring Teams from sample point to sample point to gather radiological information needed to assess the emergency.
- Provide survey sampling instructions for types of surveys to be performed at specified sample locations.
- Receive reports from the Field Monitoring Teams concerning results of field surveys.
- Coordinate monitoring efforts to preclude duplication of surveys by utility and county monitoring teams.
- Monitor exposure of Field Monitoring Teams adhering to ALARA concepts.
- Ensure that sampling data is transmitted by telefax to the EOF and the other EOCS.

Instructions

When directed to report to the EOC, the Field Monitoring Team Coordinator will utilize this procedure to direct and coordinate offsite radiological monitoring during radiological emergencies in Rockland County. As each of the steps listed below is initiated, initial the step and indicate the time in the margin.

5.1 Notification

5.1.1 The Field Monitoring Team Coordinator will be notified to report to the EOC by DOH staff via the Health Department Alerting List.

5.1.2 The Field Monitoring Team Coordinator will report to the EOC.

5.2 Set Up of the EOC

5.2.1 Log in at Security Desk, if set up and on Assessment Room Staffing Board. Obtain TLD from security.

5.2.2 Check in with the Dose Assessment Team Leader and set up Coordinator's desk.

5.2.3 Record all activities, telephone calls and radio communications on the Field Monitoring Coordinator Activity Log (Attachment 3).

5.2.4 Notify field monitors to standby and activate as needed.

5.3 Team Formation

5.3.1 Upon field monitoring personnel arrival, assign a team leader and a monitor(s) to each field team. Assign 2 teams.

5.3.2 Ensure that the field teams inventory their monitoring kits utilizing the Monitoring Kit Checklist, Attachment 1.

5.3.3 Issue each team dosimeters, chargers, TLDs (if not received at Security Desk), KI tablets, Radiation Exposure Record Cards, protective clothing, and appropriate instrumentation and equipment.

5.3.4 Reiterate DOH Departmental Policy concerning potential prenatal radiation exposure to female field team members.

NOTE

All agencies shall brief female emergency workers on the hazards of Prenatal Radiation Exposure and offer the workers an opportunity to declare pregnancy prior to being assigned emergency responsibilities involving radiation exposure. Declared pregnant emergency workers shall not be assigned emergency responsibilities involving radiation exposure.

5.3.5 Brief the teams as to the utility involved, emergency situation, weather conditions and forecast, NFO source term and dose projection information, protective actions taken, types of surveys to be taken and the areas expected to be affected.

5.3.6 Remind field team members about emergency worker exposure control: the 1R, 3R, and 5R reporting levels. The Commissioner of Health and the Emergency Coordinator must authorize any emergency exposure in excess of 5 Rem. Field team members are to read their dosimeters every 15-30 minutes.

5.3.7 Remind field team members that potassium iodide (KI) is to be taken only when directed to do so. The Commissioner of Health and the Emergency Coordinator must approve its' use for emergency workers.

5.3.8 Synchronize watches with team members.

5.3.9 Perform radio check with each vehicle to be used by the teams (vehicle to vehicle and base to vehicle). Ensure that each vehicle has a full fuel tank.

5.3.10 Instruct field teams to don protective clothing when indicated by Dose Assessment Team Leader. The directive to don protective clothing will be considered at the General Emergency action level or in the event of a release if prevailing meteorological conditions dictate.

5.4 Dispatch and Direct Teams

5.4.1 At the direction of the Dose Assessment Team Leader, dispatch the teams to the first sample point. Document all actions on the activity log (Attachment 3).

5.4.2 Follow accepted radio procedures and radio courtesy for communications with the field teams. Maintain continuous

radio contact. Utilize cellular phones for backup communications.

5.4.3 Coordinate the field team efforts by receiving data and relocating teams to the next sample point using the list of monitoring sites and the county map (Attachment 4).

5.4.4 Ensure that the plume has been defined and that air sampling has been performed.

5.4.5 Consider dose rates and total doses of team members when moving teams around.

5.4.6 Report to the Exposure Control Coordinator any team member's total exposure approaching 1R, 3R, and 5R.

5.4.7 As monitoring team data becomes available, record data on the Offsite Survey Team Data Form (Attachment 2). Ensure that the Dose Assessment Team Leader is apprised and that sampling data is transmitted by telefax to the EOF and the other EOCS.

5.4.8 Plot and update monitoring team data on the overlay map.

5.4.9 Keep the field teams up-to-date on the status of the emergency, protective actions taken, projected dose rates and present/projected meteorological conditions.

5.4.10 Coordinate with the NYSDOH contact or the Rockland County DOH representative at the EOF to prevent duplication of sampling efforts at the same point by county and utility personnel.

5.4.11 If KI is to be taken, ensure all field teams have been instructed to do so.

5.4.12 If respirators and protective clothing are to be used, ensure all field teams have been instructed to do so.

5.4.13 Coordinate with the field teams for the pickup of field samples for further analysis. Arrange with the Operations

Manager for the delivery of field samples to the State Department of Health Laboratories.

5.5 Closeout of the EOC

5.5.1 Recall teams to the EOC at the direction of the Dose Assessment Team Leader.

5.5.2 Instruct teams to report to the Emergency worker PMC located at the Rockland County Sewer Plant on Route 340, Sparkill prior to returning to the EOC, if necessary.

5.5.3 Ensure that the monitoring teams return all equipment to the kits and replenish spent supplies.

5.5.4 Collect all survey sheets filled out by the teams and attach the appropriate air samples.

5.5.5 Transfer any samples to the custody of the State Department of Health using applicable rules and regulations for shipment.

5.5.6 Collect all field team logs and completed Radiation Exposure Record Cards for the files. Team Coordinator logs and survey sheets should also be collected.

5.5.7 Prepare a report for the Emergency Coordinator detailing the activities of the Field Monitoring Teams including comments and follow-up items.

6.0 REFERENCES

None

7.0 ATTACHMENTS

1. Monitoring Kit Checklist
2. Offsite Survey Team Data Sheet
3. Activity Log
4. Rockland County Radiological Monitoring Sites

(NOT USED)

MONITORING KIT CHECKLIST

KIT NUMBER_____

INITIALS

1. Field Monitoring Procedures Folder Containing:
   - _____ a. 1 Field Monitoring Procedures
   - _____ b. 1 Monitoring Kit Checklist and Description of Equipment
   - _____ c. 1 Field Survey and Air Sampling Techniques
   - _____ d. 1 List of Rockland County Field Monitoring Sites
   - _____ e. 1 List of Utility Sampling Sites
   - _____ f. List of Telephone Numbers
   - _____ g. Statement for Public and Police
   - _____ h. Radio use Instructions
   - _____ i. Rockland County Maps and 10-Mile Wind Sector Map
   - _____ j. 10 Offsite Survey Team Data Forms
   - _____ k. 10 Activity Logs
   - _____ l. 2 Pencils
2. _____ 50 Fiberglass (particulate) Filters
3. _____ 10 Envelopes
4. _____ 10 Charcoal Filters
5. _____ 10 Plastic Bags
6. _____ 1 Suture Removal Kit (for tweezers)
7. _____ 12 Self-Adhesive Labels
8. _____ 6 Pair Disposable Gloves
9. _____ 3 Large Plastic Bags
10. _____ 3 Respirators and Cartridges
11. _____ 1 Roll of Tape
12. _____ 2 Fuses
13. _____ 1 Screwdriver
14. _____ 1 Lantern with Battery Function Check_____
15. _____ 1 Stopwatch Function Check_____
16. _____ 1 Cs-137/Ba-133 Check Source
17. _____ 5 Silver Zeolite (Ag-Ze) Iodine Cartridges
18. _____ 1 Ludlum 14C Meter
    Serial No._____ Batt. Check_____
    Cal. Date_____ Source Check_____
19. _____ 1 Pancake Probe and Cable
20. _____ 1 F&J Air Sampler
    Serial No._____ Cal. Date_____
21. _____ 1 Scintillation Probe and Cable
22. 1 RO-2A or equivalent Meter Serial No._____
    Batt. Check_____
    Cal. Date_____ Source Check_____

MONITORING KIT CHECKLIST
(continued)

The following are not in kit. Obtain separately.

_____ *23. Self-Reading Dosimeters or Electronic Dosimeters
_____ 24. DLRs
_____ *25. Dosimeter Charger
_____ *26. Extra "D" Batteries
_____ *27. KI Packets
_____ *28. Radiation Exposure Record Cards
_____ 29. Protective Clothing

PERFORMED BY:_____DATE:_____

* Located in grey Health Department boxes.

Date:_____

Time:_____

ROCKLAND COUNTY

OFFSITE SURVEY TEAM DATA

			1	2		3	4	5	6			
Time of Survey	**Team No.**	**Sample Point***	**O.W.** (mR/hr)**	**C.W.*** (mR/hr)**	**# BETA (mRad/hr)**	**Bkgd. (CPM)**	**Gross Part. (CPM)**	**Gross Iodine Ag-Ze (CPM)**	**Sample Vol. (ft^3)**	**Part. Act. (uCi/cc)**	**Iodine Act. (uCi/cc)**	**CDE-Thyroid (Rem/hr)**
			3'									
			3"									
			3'									
			3"									
			3'									
			3"									
			3'									
			3"									
			3'									
			3"									
			3'									
			3"									

* Sample Pt. (Site No. and Sector Mile)
** O.W. - Open Window
*** C.W. – Closed Window
# BETA reading for RO-2A only

NOTE: Use O.W. (3') for PAG considerations.

Thyroid dose rate uses iodine mix DCF.
If the iodine mix is not known and it is within 24 hours of shutdown, use the post accident iodine mix dose conversion factor (8.0×10^8).
After 24 hours, use the I-131 dose conversion factor of 2.6×10^9.

Equations

BETA Reading = (O.W.-C.W.) x 4

Net Count = Gross Counts - Bkgd.

Particulate Act. (uCi/cc) = $\frac{\text{Part. Net Count} \times 6.4 \times 10^{-11}}{\text{Sample Vol. } (ft^3)}$

Iodine Act. (uCi/cc) = $\frac{\text{Iodine Net Count} \times 4.6 \times 10^{-9}}{\text{Sample Vol. } (ft^3)}$

CDE-Thyroid Dose Rate (R/hr) = $\frac{\text{Iodine Activity} \times 8.0 \times 10^8 \text{##}}{10^3}$

(NOT USED)

FIELD MONITORING COORDINATOR ACTIVITY LOG

ORGANIZATION	LOCATION	PERIOD COVERED FROM	TO
FIELD MONITORING COORDINATOR	EOC	HOUR DATE	HOUR DATE

TIME			MESSAGE OR ACTION	
IN	OUT	FROM/TO	SUMMARY	INITIALS

(NOT USED)

ROCKLAND COUNTY RADIOLOGICAL MONITORING SITES

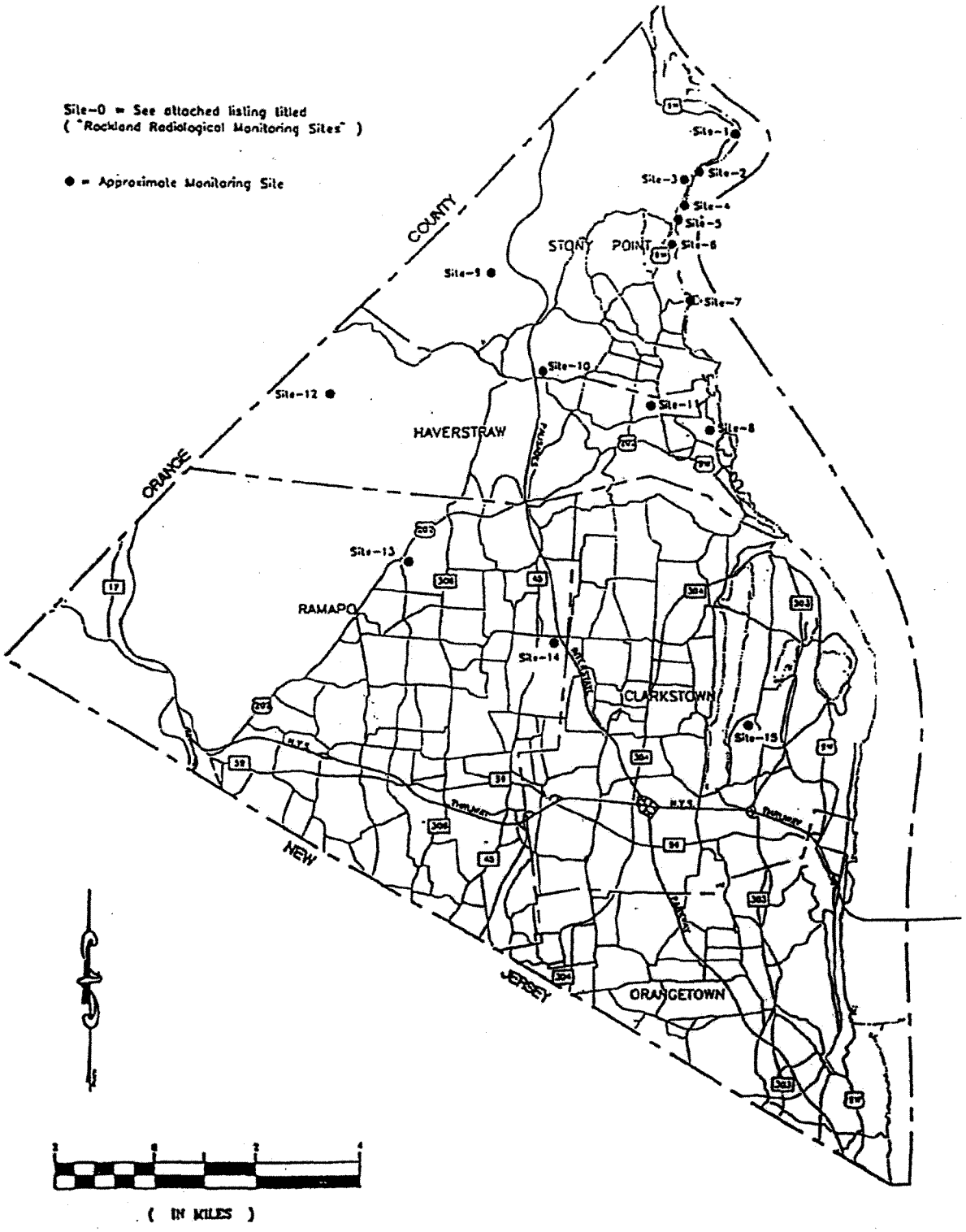
Site No.	(Sector-Mile)	Location	Directions
1	(16-1)	Old Ayers Rd-Jones Pt.	Route 9W Ayers Rd. Northern end of paved road by Railroad Track. By LaGrange Residence (301).
2	(15-1)	Anchor Monument-Rt. 9W	Route 9W to Moth Ball Fleet Monument directly across from Indian Point.
3	(14-2)	Thunder Mountain Rd.-Route 9W	West side off of Route 9W.
4	(13-2)	West Shore Rd. (North End) and Route 9W	Intersection of Route 9W and North end of West Shore Road.
5	(12-2)	West Shore Rd. (South End) and Route 9W	Intersection of Route 9W and South end of West Shore Road.
6	(11-2)	Tilcon Conveyor near Quarry	Route 9W to Lovett Power Plant entrance. Bear right onto Tilcon Property near Coal Pile.
7	(10-3)	Stony Point Battlefield	Route 9W to Park Road to Battlefield Road. Left on Battlefield Road to Bridge. Visitor's Parking Lot or Gate if park is closed.
8	(9-5)	Bowline Point Park	Route 9W to Westside Avenue to Samsondale Avenue to entrance to Bowline Point Park (O&R Bowline Power Plant). If park is closed, sample at park gate.
9	(12-5)	Lake Welch Parkway before Tiorati Brook Road	PIP North to Exit 16 on left. Lake Welch Parkway. Sample site before Tiorati Brook Road.

ROCKLAND COUNTY RADIOLOGICAL MONITORING SITES
(continued)

Site No.	(Sector-Mile)	Location	Directions
10	(11-5)	Willow Grove Road - Letchworth Village	PIP to Exit 14. Proceed to Willow Grove Road to intersection of Letchworth Village Road (traffic light).
11	(10-5)	Helen Hayes Hospital – Entrance	Route 9W to entrance of Helen Hayes Hospital. Right at entrance and up the hill to Guard Building on right.
12	(12-10)	Lake Welch Pkwy and Seven Lakes Pkwy	PIP North to Exit 16. West on Lake Welch Parkway to intersection on Seven Lakes Parkway.
13	(11-10)	Haverstraw Road and Wilder Road - Rt. 202	PIP to Exit 13. West on Route 202 to intersection with Wilder Road.
14	(10-10)	New Hempstead Road at PIP Exit 11	PIP to Exit 11 intersection with New Hempstead Road.
15	(9-10)	Kings Highway and Old Mill Road	Route 303 to New Lake Road to intersection with Kings Highway. Right to intersection of Kings Highway and Old Mill Road.

ROCKLAND COUNTY

RADIOLOGICAL MONITORING SITES



(NOT USED)

DOH-8

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-8

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-8

POTASSIUM IODIDE ISSUE AND USE

1.0 PURPOSE

The purpose of this procedure is to outline the method for a decision(s) on whether or not to utilize KI blocking agents to protect the general public and emergency workers, and the means of implementing such a decision.

2.0 RESPONSIBILITY

It is the responsibility of the Rockland County Commissioner of Health to implement this procedure.

3.0 PRECAUTIONS

3.1 Indication for the use of KI is highly specific. Care shall be taken to avoid the misuse of KI, particularly by those individuals allergic to iodine, or those already taking medication containing iodine. Emergency workers and members of the general public who will receive KI shall receive fact sheets and instructional materials in its proper use prior to any distribution.

3.2 The New York State Plan endorses the FDA recommendation and will use the guidance set forth in the FDA policy for administering KI to the general public and emergency workers and selected captive populations. The FDA recommends daily doses of Potassium Iodide of 130 mg for adults and adolescents approaching adult size (>70 kg), 65 mg for ages 3-18 years, 32 mg for ages 1 month-3 years and 16 mg for ages 0-1 month be considered for thyroid blocking in radiation emergencies for those persons who are likely to receive a projected dose of 5 rem or greater to the thyroid gland from radioiodines released to the environment.

3.3 The decision to administer KI to Rockland County residents will be made with by the Rockland County Commissioner of Health in consultation with local and State Health officials.

3.4 KI shall be administered according to the age and exposure thresholds noted in Table 1.

Table 1

Threshold Thyroid Radioactive Exposures and Recommended Doses of KI for Different Risk Groups				
	KI dose (mg)	# ml liquid (65 mg/ml)	# of 65 mg tablets	# of 130 mg tablets
Adults over 40 yrs Adults over 18 through 40 yrs Pregnant or lactating women	130	2	2	1
Adolescents over 12 through 18 yrs who weigh at least 150 pounds	130	2	2	1
Adolescents over 12 through 18 yrs who weigh less than 150 pounds	65	1	1	½
Children over 3 through 12 yrs	65	1	1	½
Over 1 month through 3 years	32	½	½	¼
Birth through 1 month	16	¼	¼	1/8

3.5 KI should be taken until the individual is no longer exposed to radioiodine. Total length of administration should not exceed 10 days.

4.0 PREREQUISITES

4.1 If time permits, the County Commissioner of Health shall consult with the State Health Commissioner prior to ordering the administration of KI.

4.2 Potassium Iodide tablets shall be included with the dosimetry kits issued to all emergency workers.

4.3 It is the responsibility of the Rockland County Department of Health to ensure that the FDA expiration date has not been passed.

4.4 A sufficient supply of potassium iodide has been delivered to the Rockland County EOC.

4.5 A Potassium Iodide distribution program has been implemented in accordance with Reference 6.4.

5.0 ACTIONS

Discussion

Licensee and State members of the Potassium Iodide (KI) Task Force (KI Task Force) developed a position paper to detail the decision process by which several recommendations regarding KI distribution will be made. The Task Force agreed that upon declaration of a General Emergency by the licensee, a recommendation to evacuate and take KI would be made simultaneously. It was also agreed that a single trigger level would be used (projected dose of 5 rem to the child thyroid).

The following six specific recommendations were agreed upon by the KI Task Force:

1. "Upon declaration of a General Emergency, the following will be directed to ingest KI:

   - members of the public that are directed to evacuate
   - captive populations within the evacuated area
   - members of the public that would otherwise have been evacuated but are directed to shelter-in-place because evacuation is not feasible."

2. "If evacuation is recommended at an ECL other than a General Emergency, or for any other reason, a direction to ingest KI as described in recommendation No. 1 will not be made. Ingestion of KI will be recommended only upon declaration of a General Emergency."

3. "Upon declaration of a General Emergency, members of the public that are directed to shelter-in-place in order to reduce dose shall be directed to

ingest KI. Members of the public who are directed to go inside and listen to the radio will not be directed to ingest KI."

4. "Upon declaration of a General Emergency, all emergency workers located within the 10-mile EPZ will be directed to take KI (one 130-mg tablet every 24 hours). This recommendation will be made at the same time as the recommendation to ingest KI is made to the general public."

5. "Members of the public and captive populations who are directed to take KI shall be directed to ingest KI in the dosage recommended by the US FDA. If it is not possible to divide the tablet, one 130-mg tablet per person may be ingested with minimal risk for those over one year of age. Dose to neonates should be limited to 16 mg, if possible."

6. "As part of a pre-distribution effort, each member of the public should be offered a quantity of KI tablets equivalent to the following:

   Maximum ETE (in days-rounded up) x 1 age and/or weight dependent dose/day. Alternatively, one bottle of liquid KI may be offered per family."

The Commissioner of Health will perform the steps listed below, as appropriate to the emergency. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Interface with the Dose Assessment Team to determine the I-131 content of the release or expected release. Obtain CDE-Thyroid dose estimates. (See DOH-5, "Dose Assessment Calculations".)

5.2 Determine plume exposure time for emergency workers in Rockland County and calculate emergency worker thyroid dose estimates. (See DOH-5, "Dose Assessment Calculations.")

5.3 Interface with the Special Facilities Coordinator to determine how many patients (and staff) in affected Areas cannot be relocated. (See also SFC-1, Attachment 2).

5.4 Interface with the Sheriff to determine how many persons (and staff) are incarcerated in jails and local law enforcement lockups in affected Areas.

5.5 Request from the CDFES the necessary number of KI issues as determined in steps 5.3 and 5.4.

5.6 As required, request that the Sheriff deliver the KI issues to the Special Facilities and jails in the numbers determined in steps 5.3 and 5.4 above. KI Registry Form (Attachment 2) shall be included.

5.7 At the General Emergency action level, or when the projected dose to the thyroid is expected to be equal to or greater than 5 Rem, consult with the NYS DOH and the Emergency Coordinator for an affirmative decision to issue.

5.8 Instruct the Exposure Control Coordinator to interface with EOC representatives of agencies having emergency workers and to have them issue instructions for all emergency workers in the EPZ to take their KI tablets. Instructions are to include the reminder to record how much and when the KI was taken on their individual Radiation Exposure Record Cards. Similar instructions are to be issued to agencies having captive populations (using KI Registry Form - Attachment 2).

5.9 Issue a media advisory to the general public in the affected areas to take KI.

5.10 At the conclusion of the emergency, ensure that all KI documentation is collected and returned to the Exposure Control Coordinator at the EOC.

5.11 Prepare an activity report for submission to the Emergency Coordinator.

5.12 Upon termination of an accident that required the consumption of KI tablets by emergency workers and captive population, tabulate all records of consumption and forward tabulation to the NYS Department of Health. Utilize KI Registry Forms (Attachment 2) and individual Radiation Exposure Record Cards which will be collected and sent to the EOC.

6.0 REFERENCES

6.1 DOH-4, "Exposure Control Coordinator"

6.2 DOH-5, "Dose Assessment Calculations"

6.3 DOH-6, "Recommendation for Protective Measures"

6.4 DOH-12, "Potassium Iodide (KI) Distribution"

6.5 App H. "Distribution and use of Potassium Iodide (KI)"

6.6 NYS REPP, Part I, Section III.5.b.6

7.0 ATTACHMENTS

1. Patient Package Insert for Iosat tablets, Ambex Inc.

2. KI Registry Form (Captive Populations)

CONSUMER PACKAGE INSERT FOR IOSAT

Consumer Package Insert

IOSAT™

(Potassium Iodide Tablets USP, 130 mg)
(Abbreviated KI)

Take potassium iodide (KI) only when public officials tell you. In a nuclear radiation emergency, radioactive iodine could be released into the air. KI protects only the thyroid gland from uptake of radioactive iodine. Therefore, KI should be used along with other emergency measures that will be recommended to you by public officials.
If you are told to take this medicine, take it 1 time every 24 hours. Do not take it more often. More KI will not help you. Too much KI may increase the chances of side effects.
Do not take this medicine if you know you are allergic to iodine (see SIDE EFFECTS below).

DESCRIPTION

Each white, round, cross-scored—the name IOSAT stamped on one side—tablet contains 130 mg of potassium iodide.

INDICATIONS

IOSAT (Potassium Iodide Tablet, USP) is a thyroid blocking medicine that is used in a nuclear radiation emergency only.

DIRECTIONS FOR USE

Use only as directed by public officials if a nuclear radiation emergency happens.

Dose:

Adults over 18 years	1 tablet (whole or crushed) every day (130 mg)
Children over 12 years to 18 years who weigh at least 150 pounds	1 tablet (whole or crushed) every day (130 mg)
Children over 12 years to 18 years who weigh less than 150 pounds	1/2 tablet (whole or crushed) or 4 teaspoonfuls every day (65 mg)
Children over 3 years to 12 years	1/2 tablet (whole or crushed) or 4 teaspoonfuls every day (65 mg)
Children over 1 month to 3 years	2 teaspoonfuls every day (32.5 mg)
Babies at birth to 1 month	1 teaspoonful every day (16.25 mg)

Tablets can be crushed and mixed in many liquids. To take the tablet in liquid solution, use dosing directions under **Making a Potassium Iodide Liquid Mixture.**

Take KI every day (every 24 hours) as directed by public officials. Do not take more than 1 dose in 24 hours. More will not help you. Too much medicine may increase the chances of side effects.

Making a Potassium Iodide Liquid Mixture:

1. Put one 130 mg KI tablet into a small bowl and grind it into a fine powder using the back of a metal teaspoon against the inside of the bowl. The powder should not have any large pieces.
2. Add 4 teaspoonfuls of water to the crushed KI powder in the bowl and mix until the KI powder is dissolved in the water.
3. Take the KI water mixture solution made in step 2 and mix it with 4 teaspoonfuls of low fat white or chocolate milk, orange juice, flat soda, raspberry syrup, or infant formula.
4. The KI liquid mixture will keep for up to 7 days in the refrigerator. It is recommended that the KI liquid mixtures be prepared weekly. Throw away unused portions.

The amount of KI (130 mg tablet) in the drink when mixed as described above is 16.25 mg per teaspoonful. The number of teaspoonfuls of the drink to give your child depends on your child's age as described in the following table:

Child's Age	Give your child this amount in teaspoonfuls
Over 12 to 18 years old who weigh less than 150 pounds	4 teaspoonfuls will give you a 65 mg dose
Over 3 to 12 years old	4 teaspoonfuls will give you a 65 mg dose
Over 1 month to 3 years old	2 teaspoonfuls will give you a 32.5 mg dose
Birth to 1 month	1 teaspoonful will give you a 16.25 mg dose

Note: This is the amount to give your child for **one** single dose in **teaspoonfuls (not tablespoonfuls).** You should give your child **one** dose each day as recommended by the public officials.

Pregnant or breastfeeding women or babies under 1 month of age: Take as directed above and call a doctor as soon as possible. Repeat dosing should be avoided. It is recommended that thyroid function be checked in babies less than 1 month of age that take KI. Women who are pregnant or breastfeeding should also be checked by a doctor if repeat dosing is necessary. Although these precautions should be taken, the benefits of short-term use of KI to block uptake of radioactive iodine by the thyroid gland far exceed its chances of side effects.

Patients with thyroid disease: If you have both a nodular thyroid condition such as multinodular goiter with heart disease, you should not take KI. Patients with other thyroid conditions may take KI as directed above, but call a doctor if you need to take KI for more than a few days.

WARNING

People who are allergic to iodine, have dermatitis herpetiformis or hypocomplementemic vasculitis, or have nodular thyroid disease with heart disease should not take KI. Keep out of the reach of children. In case of an allergic reaction (difficulty breathing, speaking or swallowing; wheezing; shortness of breath or swelling of the mouth or throat), call 911 or get medical care right away. In case of overdose, get medical help or call a Poison Control Center right away.

HOW POTASSIUM IODIDE WORKS

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a nuclear radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage. If you take KI, it will block or reduce the chances that radioactive iodine will enter your thyroid gland.

WHO SHOULD NOT TAKE POTASSIUM IODIDE

People should avoid KI if they are allergic to iodine, have dermatitis herpetiformis or hypocomplementemic vasculitis, or have nodular thyroid disease with heart disease, because these conditions may increase the chances of side effects to iodine.

HOW AND WHEN TO TAKE POTASSIUM IODIDE

KI should be taken as soon as possible after public officials tell you. If you are told to repeat the dose, you should take the second dose 24 hours after the first dose. Do not take it sooner. More KI will not help you because the thyroid can "hold" only certain amounts of iodine. Taking more than 1 dose per day will increase the chances of side effects. The public officials will tell you how many days to take KI. You should take KI until the chances of major exposure to radioactive iodine by breathing or swallowing stops.

SIDE EFFECTS

Short-term use of KI at the recommended dose is safe. You should not take this drug for longer than you are told.

Possible side effects include: swelling of the salivary glands, nausea, vomiting, diarrhea, stomach ache, fever, headache, metallic taste, and allergic reactions. Allergic reactions can include

- skin rashes such as hives
- swelling of various parts of the body such as the face, lips, tongue, throat, hands or feet
- fever with joint pain
- trouble breathing, speaking or swallowing
- wheezing or shortness of breath

Get medical attention right away if you have trouble breathing, speaking or swallowing; wheezing; shortness of breath; or swelling of the mouth, tongue or throat.

Taking iodide, in rare cases, may cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter). Symptoms of an overactive thyroid gland may include an irregular heart beat and chest pain. Patients with thyroid disease are more likely to get these side effects. Babies under 1 month of age are more likely to get an underactive thyroid gland (hypothyroidism).

WHAT TO DO IF SIDE EFFECTS OCCUR

Stop taking KI and call a doctor if you have one or more of the following symptoms:

- swelling of the face, hands or feet
- fever and joint pain
- skin rash

Stop taking KI and get medical help right away if you have one or more of the following symptoms:

- trouble breathing, speaking or swallowing
- shortness of breath or wheezing
- swelling of the lips, tongue or throat
- irregular heart beat or chest pain

HOW SUPPLIED

Potassium iodide tablets, USP. Packages of 14 tablets. Each white, round, cross-scored tablet contains 130 mg potassium iodide. Store at 20-25° C (68-77° F). Keep dry and foil intact.

Distributed by: Anbex Inc
530 Morris Ave.
Springfield, NJ 07081
www.anbex.com

REGISTRY FORM
POTASSIUM IODIDE (KI) CONSUMPTION
(CAPTIVE POPULATION)

NAME OF FACILITY:						
INDIVIDUAL'S NAME	**SOCIAL SECURITY NUMBER**	**DATES KI CONSUMED AND QUANTITY CONSUMED**				

Instructions to Facility Administrator: Return this completed form to: Rockland County Department of Health.

(NOT USED)

DOH-9

OFES:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-9

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-9

EOC MONITORING AND EXPOSURE CONTROL

1.0 PURPOSE

The purpose of this procedure is to provide instructions for the monitoring of personnel coming to the Rockland County Emergency Operations Center.

2.0 RESPONSIBILITY

2.1 The Dose Assessment Team Leader has the responsibility for implementing monitoring of personnel.

2.2 Dose Assessment Team Leader personnel are responsible for implementing this procedure.

3.0 PRECAUTIONS

3.1 Vehicles shall be restricted to designated parking areas.

4.0 PREREQUISITES

4.1 An Alert or higher emergency class has been declared at the Indian Point Energy Center.

4.2 Monitoring of personnel will commence only if there has been a radiological release at the Indian Point Energy Center.

5.0 ACTIONS

As each of the steps listed below is completed, initial and indicate the time in the margin.

5.1 Set up of Monitoring Equipment

5.1.1 Inventory Monitoring Facility for the following supplies:

a) Gloves
b) Adhesive tape
c) Copies of this procedure
d) Paper, pencils, magic markers, pens
e) Portal Monitors
f) TLDs 0-5 and 0-200
g) Ropes, cones, signs, barriers
h) Plastic covering

5.1.2 Obtain missing supplies and equipment from the EOC Resource Coordinator.

5.1.3 Set up a stop and scan location inside the main entrance to the lower level of the Fire Training Center Complex for all personnel. (Refer to Attachment 1)

5.2 Operation

5.2.1 Attendees put on protective clothing and appropriate dosimetry, if directed by the Dose Assessment Team Leader.

5.2.2 EOC monitoring attendees directed individuals through portal monitor and/or scan individuals for contamination. Refer to paragraphs 5.3 of this procedure for checking personnel contamination respectively.

5.2.3 If the individual is contaminated, notify Dose Assessment Team Leader. Facility attendee completes an Emergency Worker Exposure Record Form (DOH-2, Attachment 3).

5.2.4 Contaminated personnel may be directed to report to the Emergency Worker PMC in Sparkill.

5.3 Personnel Contamination Check

5.3.1 Obtain a Ludlum 2401P from Resource Coordinator.

5.3.2 Perform and record battery check.

5.3.3 Note condition of the meter and the calibration due date on the calibration sticker.

5.3.4 Determine background reading in each area where monitoring is to be performed.

5.3.5 Have the emergency worker stand with arms and legs spread apart at the step-off pad.

5.3.6 Use the detector to scan the whole body for external contamination. Hold the detector about ½ inch away from the body and scan slowly over the entire body. Prevent contamination of the detector.

5.3.7 Pay particular attention to the feet (including bottom of shoes), elbows, face, ears, hands, armpits and any area where contamination may collect.

5.3.8 The individual is considered contaminated if the reading is **360 counts per minute above background**.

5.4 EOC Radiological Control Program

5.4.1 EOC radiological monitor establishes EOC Exposure Control program as follows:

5.4.2 Obtains dosimeters, dosimeter chargers and the TLDs from EOC Monitoring Kit.

5.4.3 Zeroes the dosimeters using the charger.

5.4.4 Place a 0-200R dosimeter, a 0-5R dosimeter and a TLD at the following locations (using tape to affix them):

5.4.4.1 Assessment Room (west rear wall window) – lower level.

5.4.4.2 Classroom 4 (north side wall window) – lower level.

5.4.4.3 Front entrance vestibule – glass side panel (east front wall) upper level.

5.4.4.4 Industrial Training Coordinator's Office (south window) – upper level.

5.4.4.5 Garage door-window (south side wall) – upper level.

5 5.5 Prepare a log to be placed at each location to record the readings of each dosimeter. Indicate all dosimeter serial numbers.

5.5.6 Read all dosimeters at every local every hour. Increase Frequency of readings if a radiological release has occurred affecting the EOC.

5.5.7 Report the completion of tasks and all dosimeter readings to Exposure Control Coordinator in the Assessment Room.

6.0 REFERENCES

1. DOH-2, Attachment 3, Emergency Worker Exposure Record Form.

7.0 ATTACHMENTS

1. Portal Monitor Set-Up Instructions
2. EOC Monitoring Log Sheet

ROCKLAND COUNTY RADIOLOGICAL EMERGENCY REPONSE PLAN
PROCEDURE 3 - PUBLIC HEALTH

PORTAL MONITOR SET-UP INSTRUCTIONS

- Connect cables to the bottom of the portal monitor frame.
- Position the portal frame so the cable connectors are facing incoming traffic on the left hand side.
- Wrap detector panels with thin clear plastic.
- Connect cables and AC power cord to M51.
- Place the background detector next to the portal frame.
- Place the BG SUB switch on the back of the M51 to the ON position.
- Place the AUTO RESET switch on the back of the M51 to the ON position.
- Switch M51 ON/OFF switch to ON position and allow 1 minute for detectors to stabilize.
  - Confirm that the 8 green monitor lamps on the M51 are illuminated or blinking.
  - Confirm that the green READY lamp is illuminated.
- Step into the monitor, confirm that he green READY lamp toggles to the white COUNTING lamp (approximately 10 seconds) and returns to green READY lamp.
- Step out of the monitor, then step in again, and confirm the mode light goes from green READY to white COUNTING. Immediately step off the monitor base plate (do not wait 10 seconds) and confirm that the purple INCOMPLETE lamp illuminates.

Perform Source Check

- Position a 1 uci Cs-137 source at vertical center of the portal frame and depress on the base plate.

  - Confirm that the detector panel to which the beta side of the check source is exposed - alarms (red lamp on panel lights, audio alarm sounds and red lamp lights, audio alarm sounds and red lamp lights at appropriate location on M51 panel)
  - Expose the source to the other six panels, check for proper operation.
  - To test the feet detectors, place the source 3-4 inches from the base plate grid.
  - Confirm all monitor A/V alarms reset and monitor returns to READY mode.

EOC MONITORING FORM

Date: _____

Time of Release:_____

Monitor Name_____

Monitoring Location_____

	CD 742	611	TLD	
Serial Number				
Time				

(NOT USED)

DOH-10

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-10

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-10

RECOVERY/RE-ENTRY

1.0 PURPOSE

The purpose of this procedure is to provide outline instructions for the performance of post-radiological incident recovery operations as they pertain to environmental requirements during re-entry and recovery.

2.0 RESPONSIBILITY

The Rockland County Commissioner of Health is responsible for implementing this procedure.

3.0 PRECAUTIONS

3.1 Emergency workers participating in post-accident operations are to perform all tasks in conformance with ALARA practices.

3.2 Exposure controls and records continue through recovery/re-entry.

4.0 PREREQUISITES

4.1 The nuclear reactor at Indian Point Energy Center, which was involved in the incident, is in a safe shutdown condition and the initiating events are stabilized or terminated.

4.2 No further abnormal release of radionuclides to the environment is anticipated.

5.0 ACTIONS

Summary

During recovery, a planned effort is made to restore the quality of life to the community and to implement the safe re-entry of any evacuated members of the

public to their places of residence and/or employment. Environmental requirements are considered in two (2) areas:

- Recovery/Re-Entry Operations
- Long Term Recovery

5.1 Recovery/Re-Entry Operations

Recovery/Re-entry operations will be performed in accordance with the stated guidelines in the New York State Radiological Emergency Preparedness Plan. Steps include, but are not limited to:

5.1.1 Completion of radiological surveys that indicate that the results of levels of contamination are below standards established for Rockland County.

5.1.2 Completion of any necessary decontamination activities and waste disposal necessary to achieve 5.1.1.

5.1.3 Distribution of potable drinking water and uncontaminated foodstuffs in areas where such are required to replace locally available food and water.

5.1.4 Continuation of security patrols for evacuated areas, including those for which reentry have been approved, to prevent unauthorized entry and vandalism.

5.1.5 Provision of transportation assistance for those individuals requiring it during re-entry.

5.1.6 Realignment of traffic control perimeters as areas are authorized for re-entry.

5.1.7 Issuance of re-entry authorizations, specifying areas, in concurrence with NYS, the NFO and the federal authorities. These will be announced over public communications.

5.1.8 Establishment of long term radiological monitoring programs for contaminated areas of the County.

5.1.9 Establishment of long term medical monitoring programs for the general public and emergency workers.

5.2 Long Term Recovery Operations

Implementation of long term recovery operations including complex environmental monitoring and sample analysis is the primary responsibility of the State of New York. Performance of these measures will be in accordance with the New York State Radiological Emergency Preparedness Plan - Part I, Section IV.

6.0 REFERENCES

6.1 New York State Radiological Emergency Preparedness Plan Part I, Section IV.

7.0 ATTACHMENTS

None

(NOT USED)

DOH-11

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-11
RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE DOH-11 FIELD MONITORING TEAMS		

1.0 PURPOSE

The purpose of this procedure is to delineate the actions to be implemented by the County Health Department Field Monitoring Teams in the event of an emergency at the Indian Point Energy Center.

2.0 RESPONSIBILITY

The Field Monitoring Teams are responsible for implementing this procedure.

3.0 PRECAUTIONS

3.1 Respirators and protective equipment are not to be worn unless directed to do so by the Field Monitoring Coordinator.

3.2 KI tablets will be taken only at the direction of the Health Commissioner. Detailed records of drug administration must be kept on the individual's Radiation Exposure Record Card.

3.3 Team members are to keep radiological exposure as low as reasonably achievable.

3.4 If directed to collect samples for offline analysis, complete chain of custody form, (Pg. 23-26)

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

5.0 SUMMARY

- The field monitoring teams are responsible for the following:
- Performance of radiation surveys in the field.
- Obtaining airborne radioactivity samples in the field.
- Reporting any unusual occurrences encountered while doing surveys in the field.

6.0 ATTACHMENTS

1. Monitoring Kit Checklist (Pgs. 4 & 5)
2. Radiation Survey Data Sheet (Pg. 15, more in Section 8)
3. Activity Log (in Section 9)
4. Description of Equipment (Pg. 18)
5. Chain of Custody forms (Pgs. 23-27)
6. Rockland County Radiological Monitoring Sites (Pg. 21)

INSTRUCTIONS

When directed to report to the EOC, the Field Monitoring Team Members will utilize this procedure to perform offsite radiological monitoring during radiological emergencies in Rockland County. As each of the steps listed below is initiated, initial the step and indicate the time in the margin.

NOTES	Time/initial	
		Notification
		1. The Field Monitoring Team members will be notified to report to the EOC by DOH staff via the Health Department Alerting List.
		2. The Field Monitoring Team Leader will report to the EOC.
		3. The Field Monitoring Team Navigator/ Monitor will report to the County Health Complex and pick up the vehicle.
		4. The Navigator/Monitor shall ensure that the radio is operational and that **the fuel tank is full**
		5. The Team Leader shall pick up the monitoring kit at the EOC and inventory it. (Using the Monitoring Kit Checklist.) If a seal is installed and intact, an inventory is not required.
		6. Determine operability and set up instruments. Record results on Inventory Checklist.

MONITORING KIT CHECKLIST

Kit Number_____ **Initials**_____

_____1. Field Monitoring Procedures Folder Containing:

- ___a. 1 Field Monitoring Procedures
- ___b. 1 Monitoring Kit Checklist and Description of Equipment
- ___c. 1 Field Survey and Air Sampling Techniques
- ___d. 1 List of Rockland County Field Monitoring Sites
- ___e. 1 List of Utility Sampling Sites
- ____f. List of Telephone Numbers
- ___g. Statement for Public and Police
- ___h. Radio use Instructions
- ____i. Rockland County Maps and 10-Mile Wind Sector Map
- ____j. 10 Offsite Survey Team Data Forms
- ___k. 10 Activity Logs
- ____l. 2 Pencils

_____2. 50 Fiberglass (particulate) Filters

_____3. 10 Envelopes

_____4. 10 Charcoal Filters

_____5. 10 Plastic Bags

_____6. 1 Suture Removal Kit (for tweezers)

_____7. 12 Self-Adhesive Labels

_____8. 6 Pair Disposable Gloves

_____9. 3 Large Plastic Bags

_____10. 3 Respirators and Cartridges

_____11. 1 Roll of Tape

_____12. 2 Fuses

_____13. 1 Screwdriver

14. 1 Lantern with Battery

Function Check _____

15. 1 Stopwatch

Function Check_____

_____16. 1 Cs-137 Check Source

_____17. 5 Silver Zeolite (Ag-Ze) Iodine Cartridges

_____18. 1 Ludlum 14C Meter

Serial No._____ Batt. Check_____

Cal. Date_____ Source Check_____

_____19. 1 Pancake Probe and Cable

_____20. 1 Scintillation Probe and Cable

_____21. 1 F&J Digital Flow Meter

Serial No._____Cal. Date_____

_____22. 1 RO-2A Meter

Serial No._____Batt. Check_____

Cal. Date_____Source Check_____

The following are not in Black kit.
Obtain separately. Located in gray Health Department boxes.

_____23. Pager Dosimeters
_____24. DLRs
_____25. Spare C and D Cell Batteries
_____26. KI Packets
_____27. Radiation Exposure Cards
_____28. Protective Clothing

Note: 1. Place all meters and probes in protective plastic bags.

2. Change plastic bags as needed

PERFORMED BY_____ DATE:_____

Meter set up

Ludlum 14C Set Up

1. Install batteries, if not already done
2. Attach the cable and detector to the Ludlum 14 C.
3. Using the Cs source located on the side on the meter, perform and record a response check.
4. Perform Battery Check
5. Note the calibration date on the survey data form

Eberline RO-2A Meter Set Up

1. Install Batteries, if not already done so
2. Perform and record both Battery checks
3. Perform and record response check using Cs check source with an open window.
4. Zero Meter
5. Note condition of meter and calibration date

NOTES	Time/initial	**Pre-Departure Actions**
		1. Receive briefing from the Field Monitoring Team Coordinator regarding utility involved, emergency situation, weather conditions and forecasts, NFO source term and dose projection information, protective actions taken, types of surveys and the areas expected to be affected.
		2. Receive instructions on Emergency Worker Exposure Control and the use of Potassium iodide (KI) from the Field Monitoring Team Coordinator.
		3. Synchronize watches with the Field Monitoring Team Coordinator.
		4. Write down the dose assessment room phone number(s) for field monitoring communications on your Radiation Exposure Record Card. **362-1695**
		5. Perform an operability check of the air sampler with the vehicle.
		6. Perform radio check with base and other vehicles to be used by the teams.
		7. Tape plastic covered (bagged) scintillation probe on window, weather permitting or on dashboard. Ensure that the probe is protected from contamination at all times. Plastic bags will prevent contamination of probe.

NOTES	Time/Initial	**In Transit to Monitoring Sites**
		1. Using available maps provided in the Field Monitoring Kits and the list of monitoring sites, the team will proceed to their assigned sites.
		2. While in transit to the sites, teams will ensure that the Ludlum 14C is in the "ON" position. If, while in transit the instruments indicate any reading approaching 1 mR/hr above background, the team will notify the EOC.
		3. Put on respirator and or protective clothing if instructed to do so by the Field Monitoring Team Coordinator.

		Upon Arrival at the Monitoring Site
		1. The team member will report their location and time of arrival to the EOC. Each team will read their dosimeter(s). Dosimeters should be read every 15-30 minutes.
Notify the EOC at the 1R, 3R, and 5R reporting level		
		2. As directed by the Field Monitoring Team Coordinator, perform radiation and air sampling surveys in accordance with the appropriate procedure. Perform both surveys simultaneously.
		3. After completion of the surveys and the survey forms, report the following to the Coordinator:
* Before completing particulate filter gross count rate and silver zeolite filter gross count rate, request to move to a low background area.		a. Team designation b. Location (see Rockland County Map in kit) and time of survey c. Radiations readings at 3' and 3" above ground open and closed windows d. Background counts per minute (cpm) e. Particulate filter gross count rate f. Silver Zeolite filter gross count rate
CAREFUL ATTENTION SHOULD BE PAID TO TEAM MEMBERS EXPOSURE WHILE PERFORMING MONITORING ACTIVITIES AND WHILE IN TRANSIT FROM ONE MONITORING SITE TO ANOTHER.		
		4. After the above information has been reported to the EOC, the Field Monitoring Team Coordinator will assign a new monitoring site, a standby location or instruct you to return from the field.
		5. If proceeding to next assigned location, repeat the preceding activities and continue on data forms. Additional forms can be found in Sections 8 & 9.
		6. Coordinate with the Field Monitoring Coordinator for the pickup of field samples for further analysis.

NOTE: START THE AIR SAMPLER FIRST, AND THEN WHILE IT IS RUNNING, USE THE RO-2A

Radiation Survey Techniques (conducted at Monitoring Sites as directed by Field Team Coordinator)

Eberline RO-2A or equivalent for "in air" radiation monitoring

CAUTION
Foil window is extremely thin. Exercise care in not puncturing the window.

- Turn on the RO-2A and turn to the highest scale. (50mR/hr.)
- Open the Beta window shield on the bottom of the meter
- Adjust selector switch downscale as needed in order to obtain a reading that is mid-scale on the meter face.
- Hold meter 3' from the ground and observe open window meter reading. Log result on Survey Data Sheet. (Pg. 15, Col 1)
- Close the window and repeat the survey. Log results on Survey Data Sheet. (Pg. 15, Col 2)
- Perform survey 3" from the ground. Log results on the Survey Data Sheet. (Pg. 15, Col 2)
- Open the window and repeat the survey. Log results on the Survey Data Sheet. (Pg. 15, Col 1)
- If the needle moves rapidly toward the upper end of the scale, the meter should be changed upscale to keep the reading midscale.
- Place dirty gloves in the "Dirty Bag" for transport.

- Place meter in separate clean plastic bag for transport.

- Call EOC and request further instructions.

AIRBORNE SURVEY TECHNIQUES (for particulates)

Draw Air Sample **Note: Survey meter readings shall be taken during air sampling.**

- Install new fiberglass filter (textured side out) and charcoal filter or silver zeolite (lip out) into the Filter Holder and attach filter holder to the Air Sampler. (**Don't touch with fingers)**

  NOTE: The F & J air sampler may be run from the internal battery for up to 10 hours of operation. Monitor the battery capacity indicator and if the battery capacity falls to 25% or less, connect to the power inverter to re-charge the battery. The F & J may also be run from the 12 VDC Accessory socket.

- Prior to collecting an air sample, purge the flowmeter. Open the cover and depress the "On/Off" button and let the flowmeter run for about 30 seconds.

- To collect the air sample, open the cover on the air flowmeter and push the "On/Off" button. The LED display should read "0.00" and the "flow" LED should be lit.

- Push the "RESET" button to begin air sampling. The flow rate should gradually increase to about 0.96 to 1.00 cfm. Close and latch the cover.

- The air flowmeter has been programmed to collect a 10 (ten) cubic foot air sample. Running at a flow rate of about 1.0 cfm, it will require about 10 minutes to collect the sample. After collecting 10 cubic feet, the air flowmeter will shut off.

- Record the following information on the data sheet:

  - (Start Time and Flow Rate)
  - (Stop Time and Flow Rate)

- Place Air Sampler in "Dirty Bag" for transport.
- Change gloves to minimize contamination problems
- Notify EOC When Air Sample is completed.

REMINDER: Use caution when handling "contaminated" air sampler.

CHANGE GLOVES OFTEN

Counting Air Sample - Gross Particulate

Request to move to a low background area for counting sample

- Determine the background of the counting location with the LUDLUM 14C detector with the pancake probe. Proceed with the test when an on-scale reading of less than 500 CPM is obtained and record the reading. (Pg. 15, Col 3)

Note: Background count and sample count must be taken at the same location.

- Prior to counting the air sample, purge the sample of possibly remaining noble gases by running the air sampler with the sample in place for about 30 seconds.
- Separate the sampling assembly (gold/black particulate filter part from the blue iodine cartridge part). Unscrew the top ring of the gold/black particulate filter part to expose the filter. Place the detector on top of the exposed filter by resting it on the edges of the gold/black part.
- Turn the function switch to X100. If the reading is below 50 CPM on the meter, turn the function switch to X10. If the reading is still below 50 CPM on the meter, turn the function switch to X1. Check the scale setting.
- Check the meter reading and return the function switch to "OFF."

- Multiply the meter reading by the scale setting to get the counts per minute. Log results on Survey Data Sheet. Read numbers and scale. **Calculate actual reading.** E.G. "1.5 Kcpm on the times 1 scale equals 1500 cpm"

Reading x Scale Setting = _____Counts/Min.

- Remove the fiberglass filter from the filter holder with the tweezers and place into a paper envelope. Mark the envelope with the time, location and gross count, and label the envelope "PARTICULATE."
- Changes gloves. Check tweezers for contamination.
- Place clean filter into sampling head using tweezers.

Counting Air Sample-Gross Iodine

- Ensure that the cable of the pancake probe is still attached to the Ludlum 14C.
- Place the detector on top of the exposed iodine cartridge by resting it on the edges of the blue iodine cartridge part of the sampling assembly.
- Turn the function switch to X100. If the reading is below 50 units on the meter, turn the function switch to X10. If the reading is still below 50 units on the meter, turn the function switch to X1. Check the scale setting.
- Check the meter reading and return the function switch to "OFF."
- Multiply the meter reading by the scale setting to get the counts per minute. Log results on Survey Data Sheet.
- "Pour" the cartridge filter from the blue cartridge part into a plastic bag (supplied with the kit). Mark the bag with the time, location, and gross counts and label the envelope "CHARCOAL" (or "SILVER ZEOLITE").
- Notify EOC of readings. Report by column number
- Change gloves and then insert clean cartridge into sampling head.

- Screw clean (spare) sampling head into air sampler in preparation for next sample.
- Place used sampler head in separate clean plastic bag. (This may be needed for additional samples)

ROCKLAND COUNTY OFFSITE SURVEY TEAM DATA

Team Members _____

_____ Team No. _____ Date_____

RO-2A Serial No._____ Source Check_____ Battery Check_____ Cal. Date_____

Ludlum 14C Serial No._____ Source Check_____ Battery Check_____ Cal. Date_____

RADECO H-809C Serial No._____

REPORT NUMBERED COLUMNS ONLY

			1	2	3	4	5	6		
Site No.	Arrival Time	Departure Time	RADIATION SURVEY		AIR SAMPLING Ludlum 14C with Pancake probe					
			O.W.* (mR/hr)	C.W.** (mR/hr)	Background (CPM)	Particulate (CPM)	Ag-Ze (CPM)	Sample Volume (ft^3)	Start Time	Stop Time
			3'							
			3"							
			3'							
			3"							
			3'							
			3"							
			3'							
			3"							
			3'							
			3"							

O.W.*: Open Window C.W.**: Closed Window

NOTES	Time/initial	
		Between Survey Points
		1. Always travel from sample point to sample point with the Ludlum 14 C with **scintillation probe** "on"
		2. Report back to Field Team Coordinator any readings 1mR/Hr above background.
		3. If traveling in a radiation field, check personal dosimetry every 15-30 min. Report back at 1R, 3R, and 5R as per directions of Field Team Coordinator

NOTES	Time/initial	Returning from the Field
		1. When your field assignments have been completed, you will be instructed to report directly to the Emergency Worker Personnel Monitoring Center (PMC) located at the Rockland County Sewer Plant on Route 340, Sparkill.
		2. At the PMC, you, your vehicle and equipment will be monitored for contamination. If all is found to be "Clean," you will be instructed to return the Monitoring Kit to the Rockland County EOC/Fire Training Center and return the vehicle to the County Health Complex or hand them over to a new team on second shift.
		3. If you, your vehicle, or equipment is contaminated, decontamination procedures will have to be completed at the PMC
		4. Return a log of all activities (Activities Log sheet), completed survey sheets, completed Radiation Exposure Record Cards, and collected samples to the EOC or other designated location.

DESCRIPTION OF EQUIPMENT

The following is a listing and description of the Monitoring Kit Equipment available for use by the Field Monitoring Teams.

1. RO-2A (or equivalent) ionization chamber. This device uses a display meter to indicate radiation dose rate.

   a. An eight position switch indicates off, BAT 1, BAT 2, indicates the condition of the four 9 volt batteries, Zero - used to set the meter to zero as necessary and select 0-50,000, 0-5,000, 0-500, and 0-50 mR/hr ranges respectively.

   b. A sliding shield on the bottom of the instrument which when opened allows the user to make beta/gamma readings.

Window	Detects
Open	Beta and Gamma
Closed	Gamma only

2. Ludlum 14C Radiation Monitor. This radiation counter uses a display meter and audible tone to indicate any radiation given off by airborne particles trapped by the fiberglass and charcoal filters (or Silver Zeolite). The plug marked "Detector" receives the input lead from the Sample Holder/ Detector.

   a. A five-position switch indicates off, checks battery pack condition and selects a scale of X100, X10 and X1 respectively. At X100 the scale reads 0-50,000 CPM (Counts Per Minute), at X10 0-5,000 CPM and at X1 0-500 CPM.

   b. A two-position fast-slow response switch provides two different rates of pointer fluctuation. This switch should be set to slow response.

4. F&J Digital Flow Meter. This is a DC voltage powered air sampling system operable from on-board NiMH batteries, AC line power or vehicle cigarette lighter socket. The device is used to draw air through a fiberglass and a cartridge filter to trap any

airborne radioactive particles. The machine draws air through a large female threaded hole into which the filter holder is connected. The filter cartridges may be either charcoal or Silver Zeolite.

5. Filter Holder. This holds a fiberglass and cartridge filter simultaneously and is male threaded to screw into the air sampler threaded intake.

6. Fiberglass Filters. These discs are in the package marked 'Fiberglass Filters.'

7. Envelopes. For collecting used fiberglass filters.

8. Charcoal Filters. These wire mesh discs contain charcoal pieces and are marked 'Charcoal Filters.' They are used to sample for noble gases and iodines.

9. Plastic Bags. The cartridge filter is placed in this bag after taking Ludlum 14C reading.

   Stop Watch. This wind up watch is used to measure the elapsed time the air sampler draws air through the filters.

10. Battery Lantern. Used to illuminate equipment, etc., if needed.

11. Silver Zeolite Filters. These cartridge filters are used to collect radioiodine samples without interference from noble gases. Not to be used for drills or exercises.

12. Maps.

13. Screwdriver.

14. Respirators.

15. Roll of Tape.

16. Fuses. For air sampler

17. Tweezers. Used to remove fiberglass filter and charcoal filter from filter holder.

18. Self-Adhesive Labels. Used to label envelops and plastic bags containing collected filters.

19. Disposable Gloves. For handling used fiberglass and charcoal filters.

20. Large Plastic Bags. To store possibly contaminated materials.

22. Cs-137/Ba-133 Check Source. Used to check operation of meters.

23. Spare C and D Cell Batteries

ROCKLAND COUNTY RADIOLOGICAL MONITORING SITES

Site No.	(Sector-Mile)	Location	Directions
1	(16-1)	Old Ayers Rd-Jones Pt.	Route 9W Ayers Rd. Northern end of paved road by Railroad Track. By LaGrange Residence (301).
2	(15-1)	Anchor Monument-Rt. 9W	Route 9W to Moth Ball Fleet Monument directly across from Indian Point.
3	(14-2)	Thunder Mt. Rd and Rt. 9W	West side off of Route 9W.
4	(13-2)	West Shore Rd. (North End) and Route 9W	Intersection of Route 9W and North end of West Shore Road.
5	(12-2)	West Shore Rd. (South End) and Route 9W	Intersection of Route 9W and South end of West Shore Road.
6	(11-2)	Tilcon Conveyor near Quarry	Route 9W to Lovett Power Plant entrance. Bear right onto Tilcon Property near Coal Pile.
7	(10-3)	Stony Point Battlefield	Route 9W to Park Road to Battlefield Road. Left on Battlefield Road to Bridge. Visitor's Parking Lot or Gate if park is closed.
8	(9-5)	Bowline Point Park	Route 9W to Westside Avenue to Samsondale Avenue to entrance to Bowline Point Park (O&R Bowline Power Plant). If park is closed, sample at park gate.
9	(12-5)	Lake Welch Parkway before Tiorati Brook Road	PIP North to Exit 16 on left. Lake Welch Parkway. Sample site before Tiorati Brook Road.
10.	(11-5)	Willow Grove Road - Letchworth Village	PIP to Exit 14. Proceed to Willow Grove Road to intersection of Letchworth Village Road (traffic light).
11.	(10-5)	Helen Hayes Hospital – Entrance	Route 9W to entrance of Helen Hayes Hospital. Right at entrance and up the hill to Guard Building on right.
12.	(12-10)	Lake Welch Pkwy and Seven Lakes Pkwy	PIP North to Exit 16. West on Lake Welch Parkway to intersection on Seven Lakes Parkway.

13.	(11-10)	Haverstraw Road and Wilder Road - Rt. 202	PIP to Exit 13. West on Route 202 to intersection with Wilder Road.
14.	(10-10)	New Hempstead Road at PIP Exit 11	PIP to Exit 11 intersection with New Hempstead Road.
15.	(9-10)	Kings Highway and Old Mill Road	Route 303 to New Lake Road to intersection with Kings Highway. Right to intersection of Kings Highway and Old Mill Road.

CHAIN OF CUSTODY FORM

Field	Data
Collection Team ID	Enter Team Name or Number
Collector's Name	Enter Collectors Name
Org	Enter Collectors Home Organization
Location	Enter Location either GPS-Longitude/Latitude, Description (*i.e.*, Address, Mile Marker, Sector, Distance). The recommended format is degrees and decimal degrees. *(i.e.*, Longitude = W 108°.27976).
Collection Date	Enter the Date the Sample was Collected (mm-dd-yyyy)
Collection Time	Enter the Time the Sample was Collected (Military)
# of Containers	If more than one sample container is collected enter the number
Contact Dose Rate	If background permits, enter the Radiation Level with units
Remarks	Enter any pertinent information not already entered (i.e. Grab/Composite Sample, Multiple Analysis Required)
Sample Type	Check the appropriate Sample Type. Enter all available information.
Air Sample	Enter Air Sampler Type, Filter Size and Type, Date On & Off (mm-dd-yyyy), Time On & Off (Military). Enter either Start & Stop Flow Rate (Corrected) or Total Volume.
Milk Sample	Check Type of Milk Sampled, if Other describe in the remarks. Enter feed type the cattle eat. If Other, describe in the remarks. Enter Milking Date (mm-dd-yyyy) & Time (Military)
Soil Sample	Enter Depth of soil sample in cm and/or Dimensions of sample area give units. Check if Vegetation Sample was collected with soil sample. If yes enter Vegetation Sample Control Number.
Water Sample	Check Water Sample Collection Area, if Other, describe in the remarks.
Other	Check Other Sample Type, and Enter description of sample and size or volume of sample (i.e. Vegetation 1-gal sealable bags grass, Swipe 100 cm^2)
Processing Priority	Identify Rush Samples. Add Rush labels to sample bags
Split # / Dup #	If Samples are to be split, create duplicate paperwork and assign a new sample number to the dup or split.
Forms and Sample bags checked for contamination	Check exterior of sample bags and forms for contamination. This can be done with a large area wipe check in the field with a survey instrument. These should be reserved at the hot line.
Sample Remarks/ Special instructions	Enter any other descriptive information for the sample or special instructions (*i.e.*, homogenize sample)
Relinquished by	Signed by person releasing custody of the sample - must be done to a person or secured area

Date	Date relinquished
Time	Time (military) relinquished
Received by	Signed by the person receiving the sample - if relinquished to a secure area, the relinquisher must enter the secure location to which the sample is relinquished
Date	Date received or relinquished to a secure area
Time	Time (military) received or relinquished to a secure area

ELDARS Accession # _____

_Sample No. _____

1. Sampling Information

Collection Team ID: Collector's Name: Org:

Location: ☐ GPS Latitude _____ Description: _____
Longitude _____

Collection Date: Collection Time (Military): # of Containers: Contact Dose Rate:

Remarks: _____

_____

	_Air	_Sampler ID: Type: Filter Size & Type:	
		_Date ON: _____ (MM/DD/YYYY) Time ON: (Military)	Date OFF: _____ (MM/DD/YYYY) Time OFF: _____ (Military)
		_Start Flow: Stop Flow:	OR Total Volume: Unit:
	_Milk	_☐ Cow ☐ Goat ☐ Other:	_☐ Stored Feed ☐ Pasture ☐ Other:
		_Milking Date: Milking Time:	Number of Animals sampled:
	_Ground	_Depth of soil sample: cm	_Vegetation collected with soil samples? ☐ Yes ☐ No
		_Sample surface area:	_If vegetation in separate container, provide sample #:
	_Water	_☐ Surface ☐ Ground/Well ☐ Potable/Tap ☐ Other:	
	_Other	_☐ Vegetation ☐ Feed ☐ Produce ☐ Swipe ☐ Other:	
		_Describe:	

3. Sample Preparation for Transport

Processing Priority: ☐ **Contamination Check:** Forms and sample bags surveyed.

Dup Sample #: Split Sample #: _____

Sample Remarks/Special Instructions: _____

_____

_____

_____

4. Custody Transfer (Signatures)

Collected by:	Date	Time	Received by:	Date	Time
Relinquished by:	Date	Time	Received by:	Date	Time
Relinquished by:	Date	Time	Received by:	Date	Time
Relinquished by:	Date	Time	Received by:	Date	Time
Relinquished by:	Date	Time	Received by:	Date	Time

Original with Sample Copy to Field Team Coordinator Copy to SECC

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-12

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-12

POTASSIUM IODIDE (KI) DISTRIBUTION

1.0 Purpose

The purpose of this procedure is to identify the methods for both pre and post distribution of Potassium Iodide (KI) to the general public.

2.0 Responsibility

It is the responsibility of the Rockland County Office of Fire and Emergency Services, in conjunction with the County Health Department, to implement this procedure.

3.0 Prerequisites

The use of Potassium Iodide is only indicated during emergencies in which the public is likely to be exposed to Radioactive Iodine. The County Health Commissioner, along with the New York State Health Department, will advise the general public when to take Potassium Iodide. They will also advise the general public when the administration of Potassium Iodide is no longer needed.

4.0 Distribution

The distribution will be broken down into two areas: pre-distribution and post-distribution. Potassium Iodide will be made available for all residents within Rockland County.

4.1 Pre-Distribution

Potassium Iodide is available to the general public during a normal business day. One tablet will be made available for each resident during pre-distribution.

4.1.1. Locations

Office of Fire and Emergency Services

Potassium Iodide will be made available five days a week at the Rockland County Office of Fire and Emergency Services, 35 Firemen's Memorial Drive, Pomona, NY, Monday through Friday from 8:30 a.m. – 5:00 p.m.

4.1.2 Town/Village Halls

Potassium Iodide will be made available for a 30-day period at specified Town and Village Halls during summer months. These Towns and Villages that agree to this annual distribution will be identified in the local newspaper through a Press Release from the County Executive's Office on the County's website and Public Service announcements, one week prior to the start of distribution.

- It will be the responsibility of residents of Rockland County to pick up Potassium Iodide at their Town or Village Hall for each member of his/her family.

- The member of the family picking up the Potassium Iodide must be at least 18 years of age. He/she must review the information sheets provided by the Rockland County and New York State Health Departments and sign for the number of tablets being picked up.

4.2 Businesses, Hospitals and Nursing Homes

Potassium Iodide will be made available for any business, hospital, nursing home or other facility within Rockland County.

- It will be the responsibility of the organization to make arrangements to pick up the Potassium Iodide at the Rockland County Fire Training Center, Monday through Friday between the hours of 10:00 a.m. and 3:00 p.m.
- The representative from the organization will be required to bring a letter on the organization's letterhead requesting the quantity of Potassium Iodide needed.
- The representative will be required to sign a Potassium Iodide form and will be responsible to make certain that the fact sheet is distributed to each employee prior to issuing the Potassium Iodide.

4.3 Post Distribution

The distribution of Potassium Iodide to the general public will occur during an emergency at the Indian Point Nuclear Power Plant once an evacuation order has been given.

4.3.1 General Public

Potassium Iodide will be made available to the general public and transient population at the following Reception Centers:

- Tappan Zee High School
  Dutch Hill Road
  Orangeburg, NY 10962
- Suffern High School
  49 Viola Rd.
  Suffern, NY 10901

- Nanuet High School
  103 Church Street
  Nanuet, NY 10954

- Chestnut Ridge Middle School
  892 S. Main Street
  Chestnut Ridge, NY 10977

- Spring Valley High School
  Route 59
  Spring Valley, NY 10977

- Pearl River High School
  275 E. Central Avenue
  Pearl River, NY 10965

KI is stored at each public reception center in the emergency equipment cage enclosures and will be distributed at the point of entry of the reception center complex.

4.3.2 Schools

School administrators are required to establish a distribution plan for their students..

4.3.3 Additional Potassium Iodide

During an emergency, school administrators are to contact the Rockland County Office of Fire and Emergency Services for an additional supply, if necessary.

5.0 Action

The existing emergency response plans in Rockland County rely on evacuation of potentially affected populations to prevent or reduce exposure to the radioactive materials that could be released in an accident. Evacuation would continue to be the primary protective measure in such accidents. Potassium Iodide, if used, would only be a supplemental protective measure.

5.1 Potassium Iodide Administration

5.1.1 Dose

KI doses for different risk groups shall be in accordance with the following table:

Threshold Thyroid Radioactive Exposures and Recommended Doses of KI for Different Risk Groups

	KI dose (mg)	# ml liquid (65 mg/ml)	# of 65 mg tablets	# of 130 mg tablets
Adults over 40 yrs Adults over 18 through 40 yrs Pregnant or lactating women	130	2	2	1
Adolescents over 12 through 18 yrs who weigh at least 150 pounds	130	2	2	1
Adolescents over 12 through 18 yrs who weigh less than 150 pounds	65	1	1	½
Children over 3 through 12 yrs	65	1	1	½
Over 1 month through 3 years	32	½	½	¼
Birth through 1 month	16	¼	¼	1/8

5.1.2 Effectiveness

To be most effective, it should be taken when directed by the County Health Commissioner of the New York State Department of Health before or shortly after exposure to Radioactive Iodine. Even if taken three to four hours after exposure, KI still would reduce the uptake of Radioactive Iodine by the thyroid. However, its effectiveness would be reduced.

Potassium Iodide, while quite effective in reducing the radiation dose to the thyroid that could result from the intake of Radioactive Iodine, it does not protect other organs or tissues. It also does not protect against radiation doses received from sources external to the

body, such as the radiation dose from the radioactive plume or from materials deposited on the ground. Potassium Iodide also does not protect against radioactive materials, other than iodine, which are inhaled or ingested in an emergency.

5.1.3 Side Effects

Newborns receiving 15 mg of Potassium Iodide showed transient hypothyroidism at a rate of 1 in 270. The effects observed in adults and children were generally of little clinical significance. Observed side effects included gastro-intestinal distress in about 2% and rash in about 1%. In two cases adults with known iodine sensitivity were hospitalized. FDA's position is that the overall benefits of Potassium Iodide far exceed the risks of Potassium Iodide overdosing, especially in children.

5.1.4 Daily Dosage

Administered Potassium Iodide is effective for about 24 hours. Thus, the above-referenced dosage should be taken daily, until the risk of significant exposure to Radioactive Iodine no longer exists or up to ten days.

5.1.5 Shelf Life

The shelf life approved by USFDA for different manufacturers of the drug ranges from three to five years.

5.1.6 Precautions and Contraindications

- People with iodine allergy or shellfish allergy should not take Potassium Iodide.
- People with known thyroid conditions should consult their medical provider before taking Potassium Iodide.

- Pregnant women should be given Potassium Iodide for their own protection but should consult with their medical provider before taking repeat doses.
- Lactating women should take Potassium Iodide if indicated, but if repeat dosing is necessary, the nursing infant's thyroid function should be monitored.

6.0 Public Information

Residents will be urged to listen to radio stations and local media, as well as the Emergency Alert System for instruction of when to take and when to discontinue the use of Potassium Iodide.

6.1.1 Radio Stations and Local Media

- Journal News
- WPWM 332 1640 AM
- WRCR 1300 AM
- WHUD 100.7 FM
- WCBS 880 AM
- WABC 770 AM
- www.rocklandgov.com
- www.health.state.ny.us

7.0 Fact Sheets

The attached fact sheets (Attachment 1) will be distributed to each resident picking up Potassium Iodide.

(NOT USED)

County of Rockland

ROCKLAND COUNTY DEPARTMENT OF HEALTH
The Dr. Robert L. Yeager Health Center
50 Sanatorium Road
Pomona, New York 10970

C. SCOTT VANDERHOEF
County Executive

JOAN FACELLE, M.D.
Commissioner of Health

PLEASE READ BEFORE SIGNING

POTASSIUM IODIDE

Confirmation Statement

My signature confirms that I live in Rockland County. I am 18 years of age or older. I have received potassium iodide (KI) (tablet or liquid) for each member of my household that resides at the address I have listed. No other member of my household has received additional doses of KI, nor will any seek additional doses of KI at this free distribution.

I have received copies of the manufacturer's product sheet and New York State Department of Health's fact sheet (Use of Potassium Iodide During Radiological Emergencies Information for the Public). The fact sheet includes information on: proper usage, risks, side effects and the effectiveness of KI. KI is only to be taken as directed in the event of a radiological incident. I will convey this information to the member of my household.

I understand that I should contact my personal physician regarding medical questions concerning taking KI.

You Should Not Take KI If You Have:

- **A known iodine sensitivity**
- **Shellfish allergies**

You Should Consult Your Physician Before Taking KI, If You:

- **Are pregnant or breast feeding**
- **Have thyroid disorder**

If you have any questions or concerns about taking KI, speak with your physician.

Potassium Iodide (KI) and Radiation Emergencies
Fact Sheet

1. What is potassium iodide (KI) and what is it used for?
If there is a radiological emergency from a nuclear plant, large amounts of something called radioiodine could be put into the air, and this could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects your thyroid gland from being harmed.

2. How does potassium iodide work?
When you take the KI pill, it fills your thyroid with a kind of iodine that prevents your thyroid gland from taking in any of the radioactive kind of iodine.

3. What age group has the highest risk from exposure to radioiodine?
Young children have the highest risk. We have learned this from looking at children in Russia and other areas who were exposed to the radioiodine from the Chernobyl nuclear power plant accident.

4. When should KI be taken?
You need to take KI before or just after you are exposed to radioiodine. You can also take it 3 or 4 hours later, but it will not be as helpful.

5. How will I know if I should take KI?
If there is an emergency, you will hear an announcement from your local or state health officials. Your local health department will tell you when you should start taking KI and they will also tell you when you can stop taking it.

6. Does KI work in all radiation emergencies?
KI will only protect you from radioactive iodine. It does not protect you from other kinds of radioactive material. KI works very well to protect your thyroid gland. However, it protects only your thyroid, not other parts of your body.

7. What will happen in an emergency?
You will be told what, if any, actions you should take to protect yourself. This might include leaving the area, staying inside with your windows closed and/or taking KI.

8. Can people have reactions to KI?
In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government thinks the benefits of taking KI are much greater than the risks.

9. Are there some people who should not take KI?
Most people can take KI, but you should talk to your doctor before taking it. Talk to your doctor before an emergency occurs. It is not a good idea to take it if you have certain medical conditions or problems. Babies need to be watched carefully if they take KI.

10. How much KI do I take?
The table on the next page shows the smallest KI dose that different age groups can take which will protect the thyroid. KI comes in liquid, 65-mg tablets and 130-mg tablets. Since it is hard to cut many pills, the State Health Commissioner says that, in an emergency, it is safe for children at school or day care centers to take the whole pill. It's better for children under 12 years old to take the 65-mg pill, but it is safe to take the 130-mg pill if that is the only one you have. For children or babies who cannot take pills, parents and caregivers can cut or crush the pill to make lower doses, or give the liquid form of KI.

11. How often should KI be taken?
KI is helpful for about 24 hours. You should keep taking it until the health department says to stop, or you are out of the emergency area.

12. Does KI come in liquid or pill form?
KI can come as a pill or a liquid. Pills are available in 65-mg or 130-mg doses. KI is also available as a liquid.

13. If KI has been stored for a while, is it still OK to use?
The manufacturers say KI stays "fresh" for 3-7 years. If you keep it in a dry, dark and cool place, it should last for many years.

14. Do you need a prescription to get KI?
No. You are allowed to get it over-the-counter.

15. Can KI be purchased at local pharmacies?
Yes, though it may not widely be available in drugstores near you. Since it is not a prescription drug, you can buy it over the Internet. As with other drugs, make sure the KI you buy has been approved by the FDA. A supply of KI is available five days a week at the Rockland County Fire & Emergency Services, 35 Firemen's Memorial Drive in Pomona.

Recommended Doses of KI for Different Age Groups				
Age Group	KI Dosage	Number of ml liquid (65 mg/ml)	Number of 65-mg tablets	Number of 130-mg tablets
Adults over 18 years	130 mg	2	2	1
Over 1 – 18 years and over 150 pounds	130 mg	2	2	1
Over 12 – 18 years and less than 150 pounds	65 mg	1	1	½
Over 3 – 12 years	65 mg	1	1	½
Over 1 month to 3 years	32 mg	0.5	½	¼
Birth – 1 month	16 mg	0.25	¼	1/8

For additional information contact:

Resident information System 845-364-8990 or www.rocklandgov.com
New York State Department of Health Infoline at 1-800-458-1158, extension 2-7550
or e-mail BERP@health.state.ny.us

Other sources of information:
www.fda.gov/cder/guidance/4825fnl.htm
www.fda.gov/cder/drugprepare/KI_Q&A.htm
www.bt.cdc.gov/radiation/ki.asp
www.who.int/ionizing_radiation/pub_meet/Iodine_Prophylaxis_guide.pdf

County of Rockland

ROCKLAND COUNTY DEPARTMENT OF HEALTH
The Dr. Robert L. Yeager Health Center
50 Sanatorium Road
Pomona, New York 10970
www.rocklandgov.com/health

C. SCOTT VANDERHOEF
County Executive

JOAN FACELLE, M.D., MPH
Commissioner of Health

POR FAVOR LEA ANTES DE FIRMAR

Declaración Confirmando Distribución de

Iodo de Potasio

- **Mi firma atestigua que yo vivo dentro de Rockland. Yo he recibido Poatsio (KI) tableta o liquido por cada miembro de mi hogar que vive en el domicilio que he indicado; que ningún miembro de mi hogar ha recibido alguna dosis adicional de KI, ni procurará dosis adicionales de KI en esta distribución gratis.**

- **Yo he recibido copias de la hoja informative del fabricante del producto como también de la hoja de datos del Departamento de Salud del New York State que me informan del uso apropiado, los riesgos, los efectos secundarios y la efectividad de las tabletas de KI que solo deben tomarse siguendo las indicaciones en caso de un evento radiológico; así mismo yo communicaré esta información a los miembros de mi familia.**

Usted NO debe tomar KI si usted:

- **Sabe que es sensible al Ioda**
- **Es Alergico/a a los mariscos**

Usted debe consultar con su doctor personal antes tomar KI si usted:

- **Esta embarazada o amamantando**
- **Tiene un problema de la tiroide**

Si usted tiene dudas o preguntas acerca de tomar KI; consulte su doctor personal.

Vire para hija informative del fabricante del producto.

County of Rockland

ROCKLAND COUNTY DEPARTMENT OF HEALTH
The Dr. Robert L. Yeager Health Center
50 Sanatorium Road
Pomona, New York 10970
www.rocklandgov.com/health

C. SCOTT VANDERHOEF
County Executive

JOAN FACELLE, M.D., MPH
Commissioner of Health

Uso del Iodo de Potasio (KI por fórmula química elemental) Información para el Público

Esta hoja informativa describe una nueva póliza para residentes que viven a 10 millas alrededor de una instalación de energía nuclear, quienes pueden ser expuestos a radiación durante una emergencia nuclear. Durante el mes de diciembre del 2001, la Administración Federal de Alimentos y Drogas (FDA por su siglas en ingles) dijo que en caso de un evento radiológico, las personas deben tomar un medicamento para proteger los de cáncer de la tiroides. Este medicamento se llama Iodo de Potasio (KI). El departamento de Salud del Estado de Nueva York concuerda con las recomendaciones de la FDA. Las preguntas y respuestas a continuar proveen más información.

1. ¿Qué es el Iodo de Potasio y para que se utiliza?

Durante un accidente radiológico, grandes cantidades de iodo radioactivo pueden dispersarse en el medio ambiente y ésto puede causar daño a la glándula de la tiroides y a largo plazo puede causar cáncer de la tiroides. Uno puede ser expuesto al inhalar o consumir alimentos que contienen iodo radioactivo. La tableta de KI le protege la glándula de la tiroides.

2. ¿Cómo funciona el Iodo de Potasio?

Cundo uno toma la tableta, KI inunda la glándula de la tiroides con iodo inofensivo para reducir la absorción del iodo radioactivo.

3. ¿Personas de qué edad están a mayor riesgo de exposición a iodo radioactivo?

Los niños e infantes están a mayor riesgo. Esto se concoce debido la experiencia de las personas en Rusia y otras regiones quienes fueron expuestos a iodo radioactivo durante el accidente en la instalación de energía nuclear de *Chernobyl*.

4. ¿Cúando debo tomar KI?
Uno debe tomar la tableta de KI antes o inmediatamente después de ser expuesto a iodo radioactivo. La tableta se puede tomar 3 o 4 horas después de ser expuesto, pero no será tan efectiva.

5. ¿Cómo saber si es indicado el uso de KI?
En caso de una emergencia, el Departamento de Salud del Condado de Rockland y del Estado de Nueva York notificarán al público inmediatamente si el KI debe ser tomado. El Departamento de Salud también notificará cuando ya no sea necesario tomar el KI.

6. ¿ El uso de KI es efectivo para toda emergencia radiológica?
El KI le protege solamente del iodo radioactivo y es muy efectivo para la protección de la glándula de la tiroides. El KI no ofrece protección contra otros materiales radioactivos y no le protege ninguna otra párte del cuerpo además de la glándula de la tiroides.

7. ¿Que ocurrirá durante una emergencia?
El Departamento de Salud le va a indicar que acciones uno debe tomar para protegerse. Ésto puede incluir evacuar la región o mantenerse adentro con las ventanas cerradas y/o tomar KI.

8. ¿Pueden haber efectos secundarios a KI?
En general, la mayoría de las personas que toman KI no sufren efectos secundarios. En pocos casos, niños e infantes han tenido reacciones en la tiroides. Algunos efectos secundarios en adultos que tomaron KI fueron problemas del estómago o salpullido en la piel. El gobierno federal entiende que los beneficios de tomar KI sobrepasan los riesgos.

9. ¿Quiénes no deben tomar KI?
La mayoría de las personas pueden tomar KI, pero toda persona debe consultar su medico. Toda persona debe consultar su medico antes de que ocurra una emergencia. Personas con ciertas condiciones médicas no deben tomar KI. Niños e infantes que toman KI deben ser cuidadosamente vigilados.

10. ¿Cúanto KI debo tomar?
La tabla le indica la dosis minima de KI que diferentes edades deben tomar para proteger el tiroides. KI viene en forma de liquido y tabletas de 65 mg y 130 mg. Como es difícil cortar la tableta el Comisionado de Salud de Estado de Nueva York dice, que es seguro que un niño(a) en la escuela o en centros de niñez tome la tableta entera. Es mejor que niños menores de 12 años de edad tomen la tableta de 65 mg, pero pueden tomar la tableta de 130 mg si es lo único que tienen. Para niños e infantes que no pueden tomar la tableta, los padres o guardián pueden cortar o moler la tableta para poder disminuir la dosis o dar el KI en forma de liquido.

Dosis recomendadas				
Edad	Dosis de KI	Numero de liquido (65 mg/ml)	Numero de tabletas de 65-mg	Numero de tabletas 130 mg
Adultos mayor de 18 años	130 mg	2	2	1
Mas que 12-18 años y más que 150 libras	130 mg	2	2	1
Mas que 12-18 años y menos que 150 libras	65 mg	1	1	½
Mas que 3-12 años	65 mg	1	1	½
1 mes a 3 años	32 mg	0.5	1/2	¼
0 a 1 mes	16 mg	0.25	1/4	1/8

11. ¿Cuán frequente debo tomar KI?
El KI es beneficioso por 24 horas. Uno debe continuar tomando KI hasta que el Departamento de Salud le informe que ya no es necesario o uno ya esté fuera del área de emergencia.

12. ¿El KI se puede utilizar aunque haya estado guardado por largo tiempo?
El fabricante indica que si KI se mantiene en un lugar fresco, oscuro, y seco, las tabletas perduran por 3-5 años.

13. ¿Necesito un receta para adquirir KI?
No. Uno puede adquirir el KI sin receta.

14. ¿Se puede conseguir el KI en una farmacia local?
Si, aunque no siempre es disponible en una farmacia local. Como no es un medicamento que necesita receta, usted lo puede comprar por el Internet. Como cualquier otro medicamento, asegúrese que su compra sea aprobado por el FDA (Food and Drug Adminstration). También se puede adquirir KI, los 5 días de la semana en el Fire and Emergency Services, 35 Firemen's Memorial Drive en Pomona en el Condado de Rockland.

Para más información llame al:

- Sistema de información residente 845-364-8990 o www.rocklandgov.com
- "Infoline" del Departamento de Salud del Estado de Nueva York: 1-800-458-4458, extensión 2-7550 o BERP@health.state.ny.us

Otras fuentes de información:

www.fda.gov/cder/guidance/4825fnl.htm
www.fda.gov/cder/drugprepare/KI_Q&A.htm
www.bt.cdc.gov/radiation/ki.asp
www.who.int/ionizing_radiation/pub_meet/Iodine_Prophylaxis_guide.pdf

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-13

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-13

SCHOOL RECEPTION CENTERS

1.0 PURPOSE

The purpose of this procedure is to outline the method for notifying and activating personnel, setting up School Reception Centers (SRCs), and monitoring and decontaminating school children and school personnel for radioactive contamination in the event of a radioactive release from the Indian Point Energy Center (IPEC). Whenever the term student appears in this document, it is meant to include school staff members as well.

2.0 RESPONSIBILITY

2.1 SRC Team Leaders, under the direction of the Department of Health and the Schools Coordinator at the EOC, provide direction and coordination for radiological monitoring and decontamination personnel at the facility. They will also interface with the following personnel to coordinate response actions: Volunteer Fire Departments, Hazmat Team Members, school staff and police security personnel assigned to the Reception Centers.

2.2 Monitoring personnel are responsible for the radiological monitoring of personnel and the complete and accurate recordkeeping of the monitoring activities performed.

2.3 Decontamination personnel are responsible for performing radiological decontamination of personnel and the complete and accurate recordkeeping of the decontamination activities performed.

2.4 Fire Police and/or Auxiliary Police personnel are responsible for traffic control at the Reception Center.

3.0 PRECAUTIONS

3.1 Lifesaving medical attention takes precedence over monitoring and decontamination activities.

3.2 SRC personnel shall wear and utilize appropriate dosimetry and personnel protective equipment to keep radiological exposure as low as reasonably achievable (ALARA).

3.3 SRC personnel shall be a minimum of 18 years old.

3.4 Missing, malfunctioning or shortages of SRC equipment or supplies shall be reported to the Rockland County EOC for replacement.

3.5 Any difficulties encountered in decontaminating personnel shall be reported to the Rockland County EOC for suitable action. Refer to ADMIN-7, Telephone Listing.

3.6 Female SRC personnel shall not be pregnant.

4.0 PREREQUISITES

4.1 An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

4.2 SRCs have been activated and school children have been evacuated. Radiological monitoring and decontamination of school children and school personnel may be necessary if a radiological release is imminent or in progress.

5.0 ACTIONS

There are four (4) school reception centers (SRCs) listed below that are available to receive Rockland County school children.

- Rockland Community College
- St. Thomas Aquinas College
- Dominican College
- South Orange Middle School

Additional school reception centers are located in Bergen County, NJ and are described in procedure RC/BC-2. The activities and operations at each SRC are similar; however, the physical layout of each facility varies resulting in slightly different personnel and vehicle traffic flow patterns.

School children monitoring and decontamination activities are performed at Rockland Community College and St. Thomas Aquinas College. The Dominican

College and South Orange Middle School reception centers are for school children reception only. If school children assigned to these centers require monitoring or decontamination, arrangements will be made to transport them to St. Thomas Aquinas College prior to reporting to Dominican College or South Orange Middle School.

5.1 Notification and Activation

5.1.1 Upon notification of an Alert or higher emergency classification and upon order to activate the SRC, the Director of Fire and Emergency Services will direct his deputies to notify applicable Fire Department and HAZMAT team personnel to report to an assigned SRC. Approximately eight (8) monitoring and decontamination personnel in addition to one (1) SRC Team Leader should be assigned to each SRC performing monitoring and decontamination activities.

5.1.2 SRC personnel will report to their assigned SRCs.

5.2 PRC Set Up

5.2.1 Gain entry to the facility.

5.2.2 Refer to the appropriate SRC layout contained in the Standard Operating Procedures located in the SRC kit. SRC equipment and supplies are stored at each SRC and maintained by the OFES. A generalized SRC layout is provided in Attachment 1.

5.2.3 Inventory all equipment and supplies per Attachment 8. Replace any missing, broken, or out of calibration equipment. Contact the EOC for additional equipment or supplies.

5.2.4 Assign monitors to each of the following areas:

- At or near entrance to the SRC for initial monitoring of personnel
- In the decontamination area for determining the effectiveness of decontamination

5.2.5 Set up "monitoring station(s)" including portal monitors at the SRC for use in the contamination check of arriving school children and school staff.

5.2.6. Set up appropriate step off pads in the SRC to separate clean areas from contaminated areas.

5.2.8 Set up appropriate labeled receptacles for contaminated waste.

5.2.9 Place disposable paper sheeting or plastic on the floor at the entrance to the SRC and in the decontamination area to minimize the spread of contamination.

5.2.10 Decontamination personnel should dress in appropriate protective clothing. Monitoring personnel, at a minimum, should wear disposable gloves until instructed otherwise by the SRC Team Leader.

5.2.11 All SRC personnel shall wear and utilize appropriate dosimetry and protective clothing. Issued dosimetry shall be entered into the Attachment 6 log.

5.2.12 Determine background readings in each area where monitoring is to be performed. Periodically monitor work area to ensure area is not contaminated.

5.2.13 Ensure Police personnel have manned the vehicle entrance and exit to the Reception Center.

5.3 SRC General Guidelines

5.3.1 Unmonitored personnel shall be restricted to "controlled areas" which are clearly marked.

5.3.2 Known contamination areas shall be clearly marked using warning rope/tape, signs, etc.

5.3.3 Contaminated personnel shall be located inside well defined contaminated holding areas as indicated in step 5.3.2.

5.3.4 Access to contaminated areas will be restricted to properly attired decontamination personnel with the exception of students being decontaminated.

5.3.5 All solid radioactive waste (towels, rags, coveralls, etc.) shall be placed in plastic bags, tagged and stored in an area separated by warning rope/tape to await disposal by Entergy.

5.3.6 Each bag containing radioactive waste shall be conspicuously labeled with tags that specify Date/Time of survey and Name of Surveyor.

5.4 Personnel Contamination Check

Utilizing portal monitors or personnel monitors assigned by the SRC Team Leader as follows performs personnel contamination checks:

Utilizing Portal Monitor

5.4.1 Prepare the portal monitor as per portal monitor set-up instructions.

5.4.2 Ensure green READY light is on and no alarm conditions exist.

5.4.3 Direct the student to step into and stand in the Portal Monitor from the side marked ENTER.

5.4.4 Check that the green READY light toggles to the white COUNTING light.

5.4.5 Count should take approximately 10 seconds. NOTE: If the INCOMPLETE light comes on, have the student step back and allow the portal monitor to reset. Proceed with step 5.4.3 when the green READY light is lit.

5.4.6 If at the end of the COUNTING period the green READY light is lit, the student is considered clean and may step forward and proceed to the registration area after receiving a "CLEAN" card. As a precaution, parents should be advised

to have the student shower and change his/her clothes within twenty-four hours.

5.4.7 If the monitor alarms during the COUNTING period, note the area of the alarm indication and direct the student to step back and proceed to the decontamination area.

5.4.8 Check that the Portal Monitor resets automatically - audio/visual alarms stop and green READY light is lit.

5.4.9 If a contaminated student has come in contact with the portal monitor surface, remove the thin plastic wrap from the area where the alarm was generated and discard as contaminated waste in a radwaste bag.

5.4.10 Rewrap the area with thin plastic wrap and direct the next student to step into the Portal Monitor.

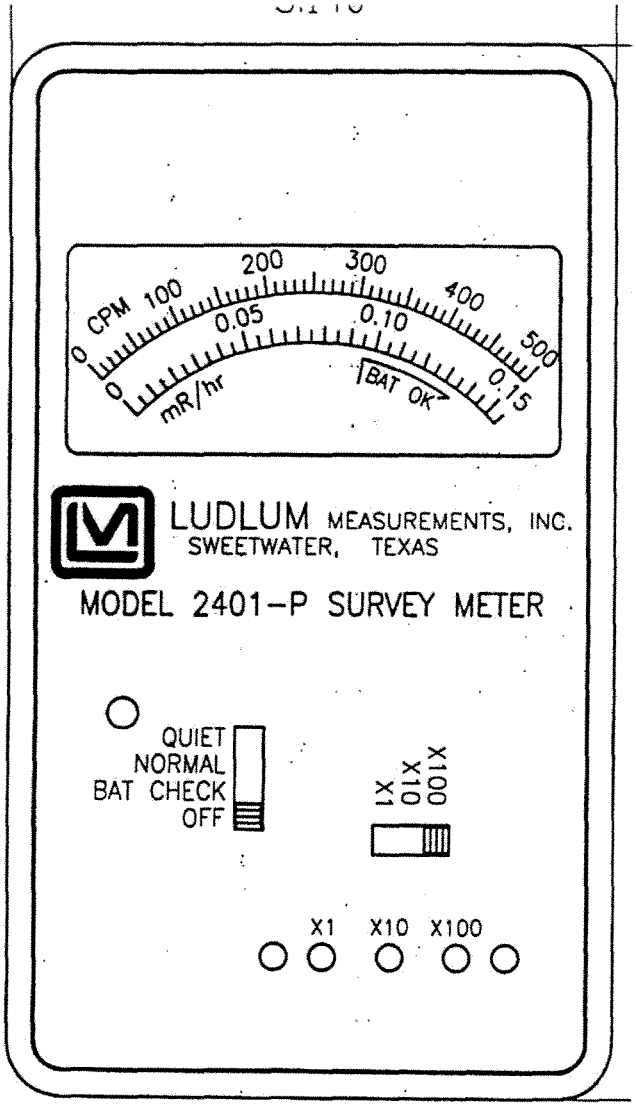
5.4.11 Scan the portal monitoring location for loose contamination with a Ludlum 2401-P hand held survey meter, especially after a contaminated student has been processed.

5.4.12 The total scan time per student equals approximately 20 seconds, 10 seconds for the counting period with the remaining time allotted for entry to and exit from the portal monitor. If any questions or problems arise, the portal monitor operator should contact the monitoring/decon. team supervisor.

NOTE
If contamination is detected, direct student to decontamination area.

Utilizing the Ludlum 2401-P Personnel/Hand-held Monitors (when portal monitors are not available or practical to use)

5.4.13 Check the calibration sticker on the Model 2401-P to verify it hasn't expired.



5.4.14 Push the Model 2401-P mode selector switch to the "BAT CHECK" position to verify that the battery is adequate. The meter needle should be in the region marked "BAT OK" on the meter face.

5.4.15 Place the Ludlum 2401-P survey meter in the calibration test block fixture. Position the range selector switch to "X 10." The meter face should read 1-3 mR/hr indicating correct operability.

NOTE

In the 1x position, mR/hr scale readings are 0.05, 0.10, etc.
In the 10x position, mR/hr scale readings are 0.5, 1.0, etc.

5.4.16 Position the range selector switch to "x1." A small meter needle deflection will likely occur, due to normal background radiation. The amount of deflection will depend upon the particular model (due to meter scale differences) and the amount of normal background radiation.

5.4.17 Use the Ludlum 2401-P hand held survey meter with the detector side toward the body when performing whole body scan for external contamination. Cover the meter with plastic wrap or bag to prevent contamination.

5.4.18 If the plastic covering around the meter becomes contaminated, carefully replace the plastic. Discard contaminated plastic in a contaminated waste receptacle.

5.4.19 Direct the student to stand at the monitoring location extending his arms and legs for monitoring when asked to.

5.4.20 Start measuring at the lowest range, "x1," and then move the range switch upwards if the needle deflects past full-scale.

5.4.21 The crosshairs above the meter on the black front panel indicate the location of the center of the detector. Read the value on the meter scale indicated by the needle and multiply by the value of the range multiplier to get the final reading in either exposure rate or count rate.

5.4.22 Listen carefully to improve detection of contamination and to prevent meter contamination since you will be able to watch the meter rather than the readings.

5.4.23 Hold the Ludlum 2401-P meter about 1/2 inch away from the area being monitored and scan slowly **(about 1 inch per second)** over the entire body. The meter detector should always face the student's body surface.

5.4.24 Pay particular attention to hands, feet (including bottom of shoes), head, and shoulders.

5.4.25 Take approximately 5 minutes to monitor each student or school staff member.

5.4.26 Upon noticeable increase in audio count rate, investigate the body area to identify the location and extent of contamination. **If a reading of greater than 300 CPM above background is detected, the student should be considered contaminated.**

5.4.27 **If the student or staff member is not contaminated**, issue a "clean" tag (Attachment 4) and direct the student into the Reception Center. Instruct the student or his teacher/aid to sign out on the Clean Student Monitoring Record Form (Attachment 6).

5.4.28 **If the student or staff member is contaminated**, direct the student to the decontamination area and complete a "Student Exposure Record" form (Attachment 2).

5.5 Decontamination of Personnel

Decontamination personnel assigned by the SRC Team Leader as follows perform decontamination of students:

Note: School personnel, administrators and/or teachers, and student parents may assist in decontamination activities.

5.5.1 Direct the student go to the shower area and instruct the student to remove all clothing (undergarments may be left on) and take a shower using soap and water. Place the clothing in a bag. Label the bag with a description of contents, student's name, school, grade and place the bag in a controlled area.

5.5.2 After the student has showered, direct them to the portal monitor located in the decontamination area.

5.5.3 **If the student or staff member is successfully decontaminated**, issue clean coveralls and a "clean" tag (Attachment 4) and direct the student or staff member into the Reception Center. Instruct the student or staff member to sign out on the Clean Student Monitoring Record Form (Attachment 6).

5.5.4 **If the student is still contaminated after four attempts at decontamination**, contact the SRC Team Leader. Issue clean coveralls to the contaminated student or staff member and have him/her remain in the decontamination area.

5.5.5 The SRC Team Leader should contact the Health Department at the EOC directly or through the Public Health Nurse assigned to the SRC. The DOH will evaluate and determine whether referral of the contaminated student to a medical facility is required.

5.5.6 If it is necessary to send a student to a medical facility, send a copy of the Personnel Monitoring Form (Attachment 2) with the student.

5.6 Treatment of Minor Contaminated Injuries

CAUTION

First Aid or other medical treatment initially required shall take precedence over monitoring and decontamination efforts. If injury is severe, requiring hospital treatment, dial 911 and notify the EOC.

5.6.1 Monitor injury area locating general area of contamination in or around injury.

5.6.2 Remove all clothing around injury.

5.6.3 Remonitor wound area.

5.6.4 When it is determined that an student has radioactive contamination in a fresh wound, efforts to clean the wound should begin in a manner similar to cleaning an ordinary dirt-laden wound or removing a foreign body.

5.6.5 Remonitor injury area after wash. **If wound is clean and measures less than 300 CPM above background**, apply light dressing. Process the student through the SRC as normal.

5.6.6 **If wound is still contaminated**, apply light dressing and contact the EOC for further medical and decontamination assistance. See step 5.4.11.

5.7 Reports/Records

All SRC documentation must be collected and returned to the EOC when the emergency is terminated and it has been determined that the operation of the SRC is no longer required.

5.8 SRC Closeout

5.8.1 All SRC equipment and supplies should be collected, monitored, and decontaminated, if necessary.

5.8.2 All contaminated material should be bagged, labeled, and stored in a controlled area to await disposal by Entergy.

5.8.3 Contaminated areas should be decontaminated or roped off and posted to await further decontamination.

5.8.4 All SRC personnel should be monitored and decontaminated, if necessary, before being released from duty. Dosimetry devices and exposure record cards should be completed and collected.

5.12.5 Inventory equipment and supplies and identify items to be replenished.

5.8.6 Check survey equipment operability and replace as required.

6.0 REFERENCES

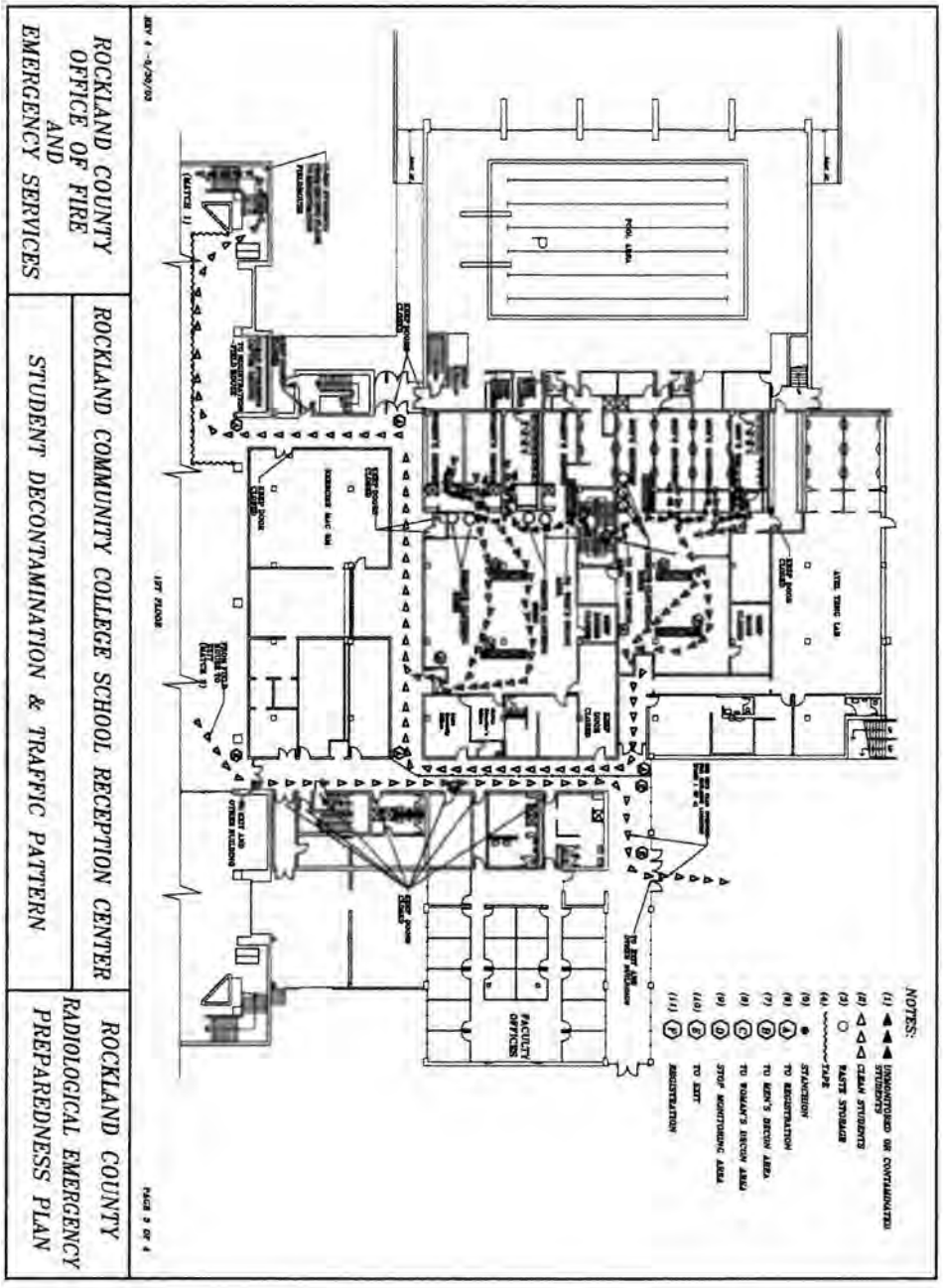
6.1 REPG Correspondence regarding liquid waste water, dated 11/27/81, 11/16/83 and 7/3/85 (on file at SEMO Offices and Rockland EOC).

6.2 FEMA Policy Statement on Disposal of Waste Water and Contaminated Products from Decontamination Activities, December 1988.

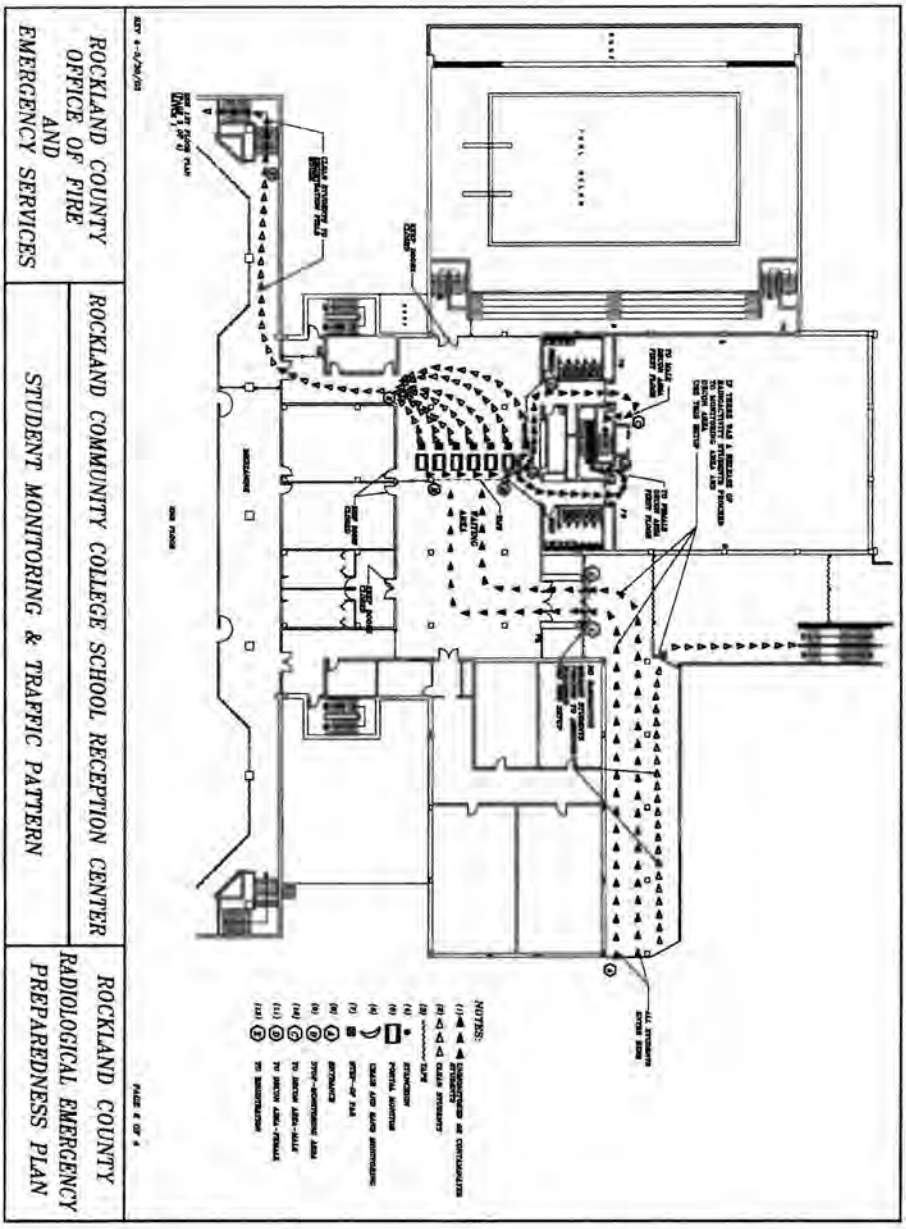
7.0 ATTACHMENTS

1. SRC Layout-Rockland Community College
2. Personnel Monitoring Form - Student
3 Clean Student Tag
4. Clean" Student Monitoring Record
5. Personnel Monitoring Center Equipment List
6. Emergency Worker Dosimetry Issuance Log

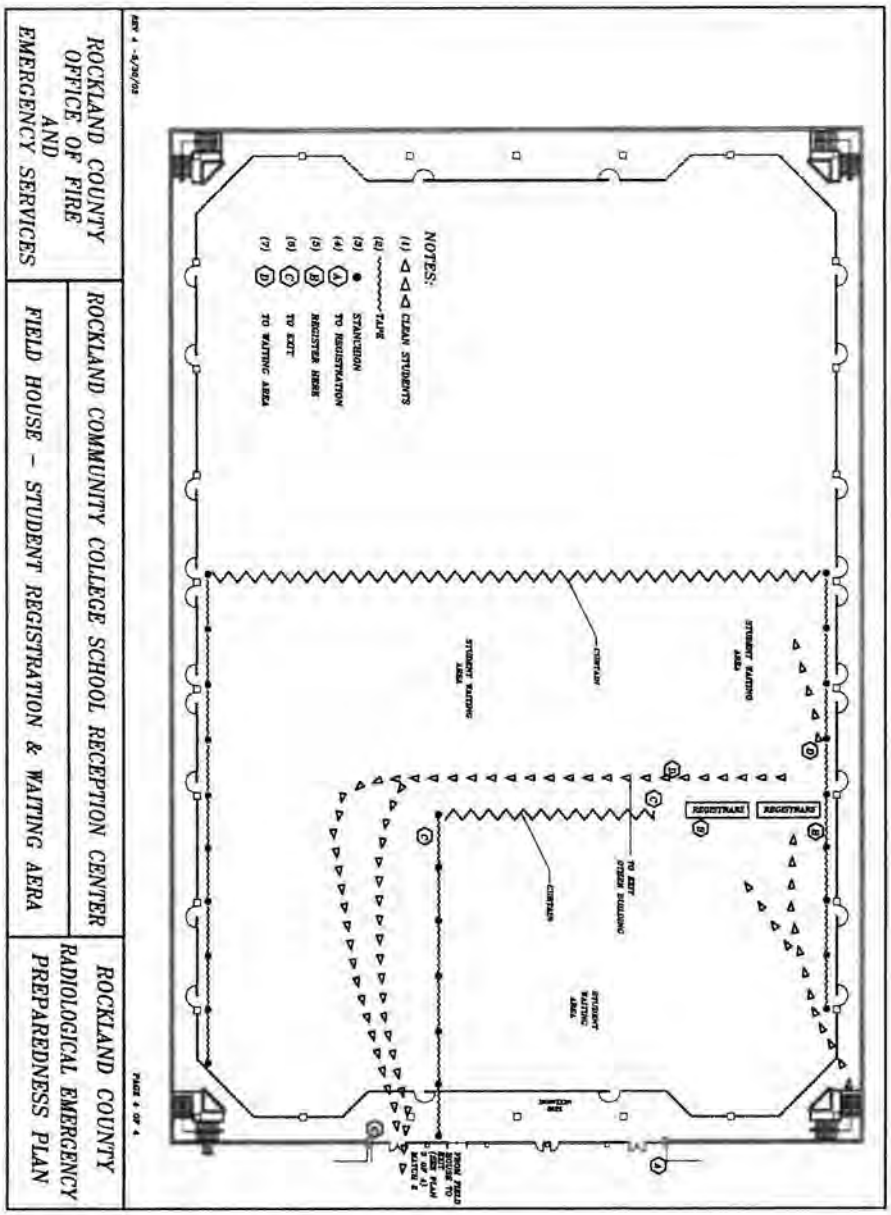
Student Decontamination & Traffic Pattern
Rockland Community College



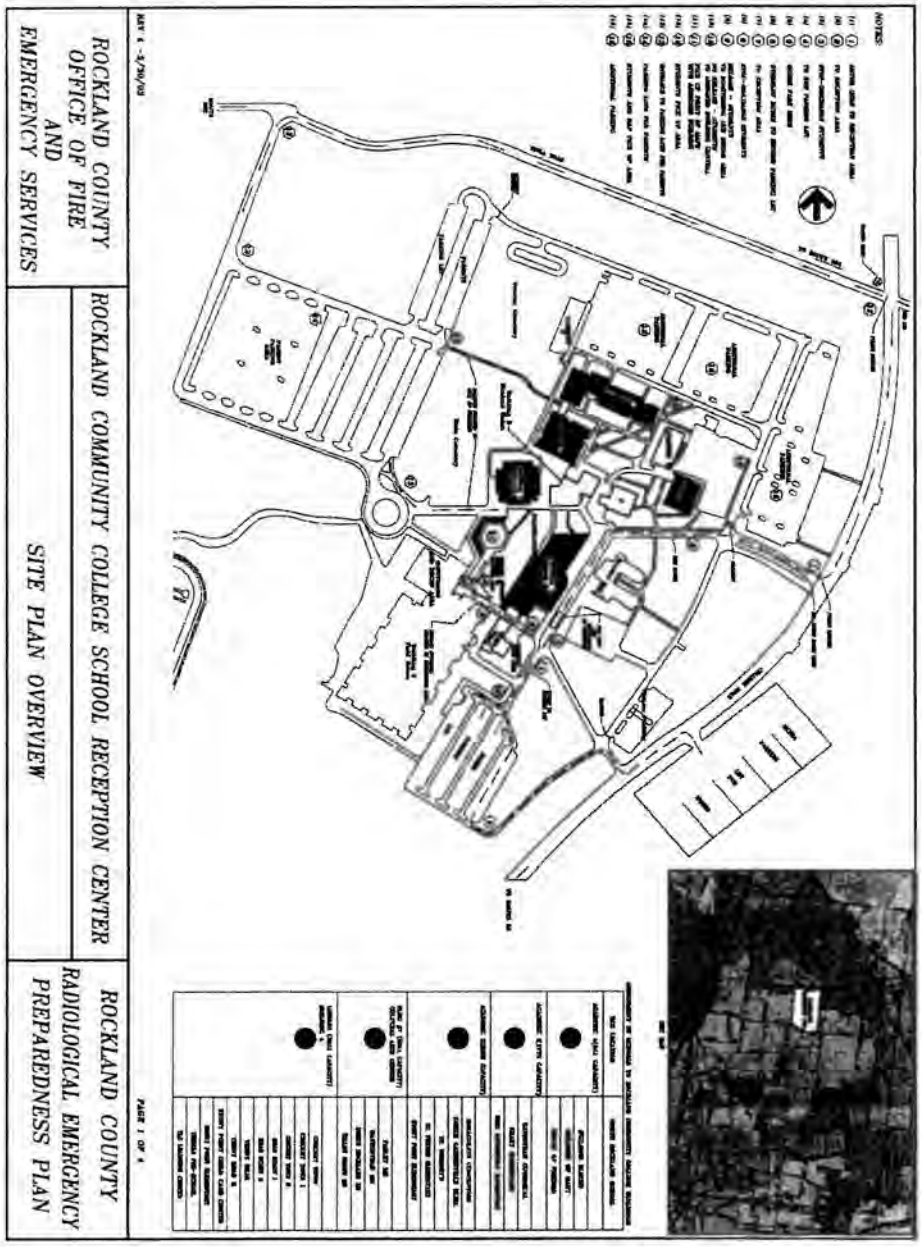
Student Monitoring & Traffic Pattern
Rockland Community College



SRC Student Registration & Waiting Area
Rockland Community College



SRC Site Plan Overview
Rockland Community College



STUDENT EXPOSURE RECORD

1. Date: _____ Time: _____

Student's Name: _____
(Last) (First) (Middle)

Age: _____ Sex: Male Female Pregnant: Yes No

School Name: _____ Grade: _____

Teacher's Name: _____

2. Briefly describe person's whereabouts and activities:

3. Background: _____ CPM or mR/hr (Circle one)

INITIAL READING			READING AFTER DECONTAMINATION			
Clothed		Unclothed	First Attempt	Second Attempt	Third Attempt	Fourth Attempt
Monitor's Initials						
Whole Body						

_____ No Contamination Found

Check Decon Method(s) used:

For Widespread Contamination:

_____ Shower

Decontamination Personnel's Initials _____

Check Appropriate Final Action:

_____ Student Decontaminated

_____ Student Still Contaminated

_____ cannot decon due to injury/illness

_____ cannot decon below 300 CPM (above bkgd)

_____ Referred to NYS Radiation Specialist
Disposition_____

CLEAN STUDENT TAG

☐ STUDENT ☐ OBJECT ☐ VEHICLE

CLEAN

Name: _____ DOB: _____

School: _____ Grade: _____

Teacher's Name: _____

HAS BEEN MONITORED AND NO DECONTAMINATION IS NECESSARY.

_____ _____ _____

DATE HOURS INITIAL-PMC

Note

Students should take a shower and change clothes within 24 hours.

FORM 2
"CLEAN" STUDENT MONITORING RECORD

No.	NAME			SCHOOL INFORMATION			HomePhone Number
	Last	First	M.I.	Name	Grade	Teacher's Name	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

SCHOOL RECEPTION CENTER EQUIPMENT LIST

School Reception Centers should have available the following equipment:

1. Appropriate Procedures
2. Rolls of Boundary Tape
3. Rolls of Masking Tape
4. Barrier Rope
5. Radiological Warning Signs
6. Soap
7. Shampoo
12. Self-reading dosimeters or electronic dosimeters (15)
13. TLDs (15)
14. Dosimeter Chargers
15. Anti-Contamination Clothing/PPE
16. Scissors
16. Cotton Swabs
18. Paper Coveralls
19. Cloth Towels
20. Paper Towels
21. Waste Barrels/Contamination Canister
22. Plastic Trash Bags
23. Small Plastic Bags
24. Magic Markers
25. Step-off Pads
26. Traffic Cones
27. Ludlum 2401-P hand-held survey meters (6) With Plastic Bags
28. Student Exposure Record Forms
29. Clean Student Monitoring Record Forms
30. Assorted Signs and Tags
31. SRC Team Leaders and Monitors Phone List
32. Radiation Exposure Record Cards
33. Extra 9-Volt Battery
34. Portal Monitors

These materials are in kits located at each SRC performing monitoring and decontamination activities.

EMERGENCY WORKER DOSIMETRY ISSUANCE LOG

NAME	SSN (last 4 digits)	ASSIGNMENT	TLD S/N	DRD S/N	TIME ISSUED	TIME RETURNED

(NOT USED)

APPROVED BY OFES:_____ DOH:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DOH-14

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DOH-14

EMERGENCY WORKER PERSONNEL MONITORING CENTER

1.0 PURPOSE

The purpose of this procedure is to outline the method of notifying and activating personnel, setting up the Emergency Worker Personnel Monitoring Center (EWPMC), and monitoring and decontaminating emergency workers, vehicles and equipment from radioactive contamination.

2.0 RESPONSIBILITY

2.1 PMC Team Leaders, under the direction of the Department of Health at the EOC, provide direction and coordination for radiological monitoring and decontamination personnel at the facility. They will also interface with the following personnel to coordinate response actions: Public Health Nurses assigned to the PMC, County Sewer District personnel and Police security personnel assigned to the Personnel Monitoring Center.

2.2 Monitoring personnel are responsible for the radiological monitoring of personnel, vehicles, equipment and the complete recordkeeping of the monitoring activities performed.

2.3 Decontamination personnel are responsible for performing radiological decontamination of personnel, vehicle, and equipment and the complete recordkeeping of the decontamination activities performed.

2.4 Fire Police and/or Auxiliary Police personnel are responsible for traffic control and security at the Reception Center.

2.5 Public Health Nurses (PHNs) are responsible for providing basic first aid and psychological support to emergency workers. They will also serve as the communication contact between the PMC Team Leader and the DOH personnel at the EOC.

2.6 EOC Health Department representatives will provide guidance and direction on personnel decontamination to PMC personnel.

3.0 PRECAUTIONS

3.1 Lifesaving medical attention takes precedence over monitoring and decontamination activities.

3.2 PMC personnel shall wear and utilize appropriate dosimetry and personnel protective equipment to keep radiological exposure as low as reasonably achievable (ALARA).

3.3 PMC personnel shall be a minimum of 18 years old.

3.4 Missing, malfunctioning or shortages of PMC equipment or supplies shall be reported to the Rockland County EOC for replacement.

3.5 Any difficulties encountered in decontaminating personnel shall be reported to the Rockland County EOC for suitable action. Refer to ADMIN-7, Telephone Listing.

3.6 Female PMC personnel should not be pregnant.

4.0 PREREQUISITES

4.1 An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

4.2 PMCs have been activated and radiological monitoring of personnel and vehicles has been deemed necessary; i.e., a radiological release is imminent, in progress or has occurred.

5.0 ACTIONS

The EWPMC, located at the Rockland County Sewer District in Sparkill, has been designated for processing, monitoring and decontamination of emergency workers and their vehicles and equipment.

5.1 Notification and Activation

5.1.1 Upon notification of an Alert or higher emergency classification and upon order to activate the EWPMC, the Director of Fire and Emergency Services will notify County Sewer District personnel to report to their assigned EWPMC stations. Eight monitoring personnel in addition to one (1) EWPMC Team Leader should be assigned. In addition, 6 supplementary personnel will be assigned to perform the following functions as necessary:

- Personnel decontamination (4-2 male, 2 female)
- Vehicle monitoring (2)
- Vehicle decontamination (2)

5.1.2 County Sewer District personnel will be directed to activate the Emergency Worker PMC.

5.2 PMC Set Up

5.2.1 Gain entry to the facility.

5.2.2 Refer to the EWPMC layout contained in the Standard Operating Procedures located in the EWPMC kit and as shown in Attachment 1.

5.2.3 Inventory all equipment and supplies per Attachment 6. Replace any missing, broken, or out of calibration equipment. Contact the EOC for additional equipment or supplies.

5.2.4 Identify the following areas and place the appropriate signs:

- Vehicle entrance to EWPMC
- Vehicle exit from the EWPMC
- Entrance to EWPMC area or building
- Exit from EWPMC
- Clean Vehicle Parking area
- Contaminated Vehicle Parking area
- Contaminated Waste Receptacles

- Potassium Iodide (KI) Distribution Point

5.2.5 Assign monitors to each of the following areas:

- At or near entrance to the EWPMC for initial monitoring of personnel
- In the decontamination area for determining the effectiveness of decontamination

5.2.6 Set up "monitoring station(s)" including portal monitors at the EWPMC for use in the contamination check of arriving evacuees.

5.2.7. Set up appropriate step off pads in the EWPMC to separate clean areas from contaminated areas.

5.2.8 Set up appropriate labeled receptacles for contaminated waste.

5.2.9 Place disposable paper sheeting or plastic on the floor at the entrance to the EWPMC and in the decontamination area to minimize the spread of contamination.

5.2.10 Decontamination personnel should dress in appropriate protective clothing. Monitoring personnel, at a minimum, should wear disposable gloves until instructed otherwise by the EWPMC Team Leader.

5.2.11 All EWPMC personnel shall wear and utilize appropriate dosimetry and protective clothing. Issued dosimetry shall be entered into the Attachment 7 log.

5.2.12 Determine background readings in each area where monitoring is to be performed. Periodically monitor work area to ensure area is not contaminated.

5.2.13 Ensure Police personnel have manned the vehicle entrance and exit to the facility and a traffic point separating the Clean Parking area from the Contaminated Parking area.

5.2.14 Set up a KI distribution point at the entry to the EWPMC, prior to the initial/portal monitoring location.

5.3 EWPMC General Guidelines

5.3.1 Unmonitored emergency workers shall be restricted to "controlled areas" which are clearly marked.

5.3.2 Known contamination areas shall be clearly marked using warning rope/tape, signs, etc.

5.3.3 Contaminated personnel shall be located inside well-defined contaminated holding areas as indicated in step 5.3.2.

5.3.4 Access to contaminated areas will be restricted to properly attired decontamination personnel with the exception of emergency workers being decontaminated.

5.3.6 All solid radioactive waste (towels, rags, coveralls, etc.) shall be placed in plastic bags, tagged and stored in an area separated by warning rope/tape to await disposal by the Nuclear Facility Operator (NFO).

5.3.7 Each bag containing radioactive waste shall be conspicuously labeled with tags that specify Date/Time of survey.

5.4 Emergency Worker Contamination Check

- **Utilizing Portal Monitor**

5.4.1 Prepare the portal monitor as per portal monitor set-up instructions. Wrap the portal monitor sides with plastic wrap.

5.4.2 Ensure green READY light is on and no alarm conditions exist.

5.4.3 Direct emergency worker to step into and stand in the Portal Monitor from the side marked ENTER.

5.4.4 Check that the green READY light toggles to the white COUNTING light.

5.4.5 Count should take approximately 10 seconds. NOTE: If the INCOMPLETE light comes on, have the emergency worker step back and allow the portal monitor to reset. Proceed with step 5.4.3 when the green READY light is lit.

5.4.6 If at the end of the COUNTING period the green READY light is lit, the emergency worker is considered clean and may step forward and proceed to the registration area after receiving a "CLEAN" card. As a precaution, the emergency worker should be advised to shower and change his/her clothes within twenty-four hours.

5.4.7 If the monitor alarms during the COUNTING period, note the area of the alarm indication and direct the emergency worker to step back and proceed to the decontamination area.

5.4.8 Check that the Portal Monitor resets automatically - audio/visual alarms stop and green READY light is lit.

5.4.9 If a contaminated emergency worker has come in contact with the portal monitor surface, remove the thin plastic wrap from the area where the alarm was generated and discard as contaminated waste in a radwaste bag.

5.4.10 Rewrap the area with thin plastic wrap and direct the next emergency worker to step into the Portal Monitor.

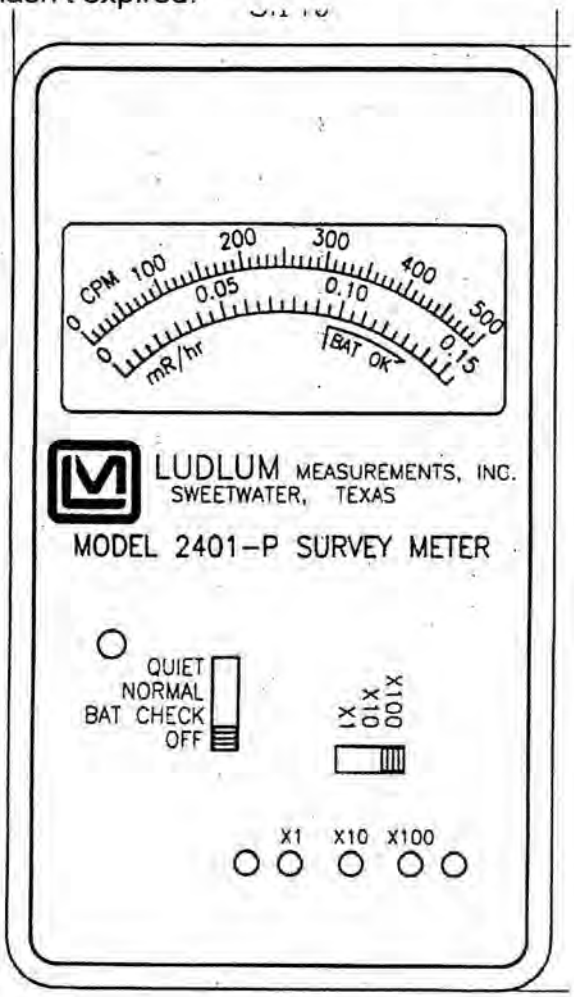
5.4.11 Scan the portal monitoring location for loose contamination with a Ludlum 2401-P hand held survey meter, especially after a contaminated individual has been processed.

5.4.12 The total scan time per individual equals approximately 20 seconds, 10 seconds for the counting period with the remaining time allotted for entry to and exit from the portal monitor. If any questions or problems arise, the portal monitor operator should contact the monitoring/decon. team supervisor.

NOTE
If contamination is detected, direct individual to decontamination area.

- **<u>Utilizing the handheld Ludlum Model 2401-P Monitor when portal monitors are not available or impractical to use</u>**

5.4.13 Check the calibration sticker on the Model 2401-P to verify it hasn't expired.



5.4.14 <u>Push</u> the Model 2401-P mode selector switch to the "BAT

CHECK" position to verify that the battery is adequate. The meter needle should be in the region marked "BAT OK" on the meter face.

5.4.15 Place the Ludlum 2401-P survey meter in the calibration test block fixture. Position the range selector switch to "X 10." The meter face should read 1-3 mR/hr indicating correct operability.

5.4.16 Position the range selector switch to "x1." A small meter needle deflection will likely occur, due to normal background radiation. The amount of deflection will depend upon the particular model (due to meter scale differences) and the amount of normal background radiation.

5.4.17 Use the Ludlum 2401-P hand held survey meter with the detector side toward the body when performing whole body scans for external contamination. Cover the meter with plastic wrap or bag to prevent contamination.

5.4.18 If the plastic covering around the meter becomes contaminated, carefully replace the plastic. Discard contaminated plastic in a contaminated waste receptacle.

5.4.19 Direct the emergency worker to stand at the monitoring location extending his arms and legs for monitoring when asked to.

5.4.20 Start measuring at the lowest range, "x1," and then move the range switch upwards if the needle deflects past full-scale.

5.4.21 The crosshairs above the meter on the black front panel indicate the location of the center of the detector. Read the value on the meter scale indicated by the needle and multiply by the value of the range multiplier to get the final reading in either exposure rate or count rate.

5.4.22 Listen carefully to improve detection of contamination and to prevent meter contamination since you will be able to watch the meter rather than the readings.

5.4.23 Hold the Ludlum 2401-P meter about 1/2 inch away from the area being monitored and scan slowly (about 1 inch per second) over the entire body. The meter detector should always face the individual's body surface.

5.4.24 Pay particular attention to hands, feet (including bottom of shoes), head, and shoulders.

5.4.25 Take approximately 5 minutes to monitor each individual.

5.4.26 Upon noticeable increase in audio count rate, investigate the body area to identify the location and extent of contamination. **If a reading of greater than 300 CPM above background is detected, the individual should be considered contaminated.**

5.4.27 **If the individual is not contaminated**, issue a "clean" tag (Attachment 3) and direct the individual into the Reception Center. Instruct the individual to sign out on the Clean Emergency Worker Monitoring Record (Attachment 5).

5.4.28 **If the individual is contaminated**, direct the individual to the decontamination area.

5.5 Decontamination of Personnel

Decontamination personnel assigned by the EWPMC Team Leader as follows perform decontamination of personnel:

5.5.1 Complete the Attachment 2 Record. Direct the individual go to the shower area and instruct the individual to remove all clothing and take a shower. Place the clothing in a bag. Label the bag with a description of contents, owner's name, telephone number and date/time and place the bag in a controlled area.

5.5.2 Issue a receipt for all confiscated clothing and personal articles.

5.5.3 After the individual has showered, direct them to the portal monitor (if available) or to a personnel monitor using a handheld meter located in the decontamination area.

5.5.4 **If the individual is successfully decontaminated**, issue clean coveralls and a "clean" tag (Attachment 3) and direct the individual into the PMC. Instruct the individual to sign out on the Clean Emergency Worker Monitoring Record (Attachment 6).

5.5.5 **If the individual is still contaminated after the four attempts at decontamination**, contact the PMC Team Leader. Issue clean coveralls to the contaminated individual and have him remain in the decontamination area.

5.5.6 The EWPMC Team Leader should contact the Health Department at the EOC directly or through the Public Health Nurse assigned to the EWPMC. The DOH will evaluate and determine whether referral of the contaminated individual to a medical facility is required.

5.5.7 If it is necessary to send an individual to a medical facility, send a copy of the Emergency Worker Monitoring Record (Attachment 2) with the individual.

5.6 Vehicle Contamination Check

Vehicle monitors assigned by the PMC Team Leader perform vehicle contamination checks:

5.6.1 Initial Monitoring:

- Direct emergency workers to drive their vehicles to a designated vehicle monitoring area.
- All emergency workers, except the drivers of the vehicles, should be directed to exit their vehicles and enter the EWPMC for personnel monitoring.

- Monitor the vehicle with the driver seated in the vehicle.

- Take a swipe of the vehicle hood, roof, trunk and wheel well/tire area and scan the swipe with the Ludlum 2401-P meter. Hold the meter about 1/2 inch away from the swipe. Prevent contamination of the meter by covering the meter with plastic wrap or bag.

- With the driver still seated in the vehicle, quickly scan the steering wheel and immediate dashboard area around the driver through the vehicle's open window or door. Hold the Ludlum 2401-P meter about 1/2 inch away from the area being monitored and scan slowly.

- **If the swipe or interior scans reading is greater than 300 CPM above background, the vehicle should be considered contaminated.**

- **If no contamination above acceptable levels is found on the vehicle**, direct the driver to park the vehicle in a "clean" parking area. Instruct the driver to enter the PMC for personnel monitoring and to be reunited with his passengers in the Reception Center.

- **If contamination above acceptable levels is found on the vehicle**, complete a Contaminated Vehicle Form (Attachment 4) and place it in a plastic bag on top of the vehicle's dashboard. Upon instruction from the EWPMC Team Leader, direct the driver to either:

  a. Park the vehicle in a "contaminated" parking area and instruct the driver to then enter the PMC for personnel monitoring.

  OR

  b. Drive the vehicle to a decontamination area for further monitoring and decontamination if

manpower resources are available and time permits. Further instructions to the driver will be issued to him at this location.

5.6.2 Detailed Monitoring:

- Hold the Ludlum 2401-P hand held survey meter about ½ inch away from the vehicle surface and systematically scan along the vehicle at about 1 inch per second.
- Pay particular attention to the front grill, front and rear bumpers, wheel well/tires, and mirrors. The air filter may also be monitored for contamination, if warranted.
- Scan the vehicle interior using the monitoring method outlined above.

5.7 Decontamination of Vehicles – Emergency Worker PMC

Decontamination of vehicles is performed by decontamination personnel assigned by the PMC Emergency Worker PMC Team Leader as follows:

5.7.1 Review Vehicle Contamination Report (Attachment 4) to determine location and extent of contamination. Perform further monitoring, if appropriate, as outlined in step 5.6.2. Instruct the driver to exit the vehicle, but remain in the vehicle decontamination area.

5.7.2 Decontaminate vehicle exteriors by washing the entire exterior of the vehicle. If the interior of the vehicle is contaminated, move the vehicle to the contaminated vehicle parking area.

5.7.3 After completing a decontamination cycle on a vehicle, remonitor the vehicle. Record the results on the Vehicle Contamination Form (Attachment 4). **NOTE:** *If after two complete decontamination cycles you cannot decontaminate the vehicle, place it in the contaminated vehicle parking area.*

5.7.4 **If the vehicle is decontaminated**, complete the Vehicle Contamination Form and retain it for your records.

- Direct the driver to park the vehicle in a "clean" parking area. Instruct him to enter the PMC for more detailed monitoring and to be reunited with his passengers in the Reception Center.

5.7.5 **If the vehicle is still contaminated**, place the Vehicle Contamination Form back in the plastic bag on top of the vehicle's dashboard and direct the driver to park the vehicle in a "contaminated" area. Instruct the driver to then enter the PMC for personnel monitoring.

5.7.6 Vehicles in the "contaminated" parking area must remain in this area until further decontamination, as evaluated and directed by the DOH, is performed.

5.8 Equipment Monitoring and Decontamination

Note: Equipment monitoring and decontamination activities are not applicable to general public and school reception centers.

5.8.1 Equipment should be monitored by holding the Ludlum 2401-P hand held survey meter about 1/2 inch away from the equipment surface and systematically scanning along the surface at about 1 inch per second. Contamination levels identified in sections 5.4 and 5.6 are applicable.

5.8.2 Equipment decontamination should be performed using any appropriate method detailed in section 5.7.

5.8.3 Any equipment that cannot be decontaminated must be properly labeled and remain in a controlled area to await further decontamination.

5.9 Treatment of Minor Contaminated Injuries

CAUTION

First Aid or other medical treatment initially required shall take precedence over monitoring and decontamination efforts. If injury is severe, requiring hospital treatment, dial 911 and notify the EOC.

5.9.1 Monitor injury area locating general area of contamination in or around injury.

5.9.2 Remove all clothing around injury.

5.9.3 Re-monitor wound area.

5.9.4 When it is determined that an individual has radioactive contamination in a fresh wound, efforts to clean the wound should begin in a manner similar to cleaning an ordinary dirt-laden wound or removing a foreign body.

5.9.5 Re-monitor injury area after wash. **If wound is clean and measures less than 300 CPM above background**, apply light dressing. Process the individual through the PMC as normal.

5.9.6 **If wound is still contaminated**, apply light dressing and contact the EOC for further medical and decontamination assistance.

5.10 Reports/Records

5.10.1 The Public Health Nurse or PMC Team Leader should maintain communications with the Exposure Control Coordinator at the EOC regarding the following:

- A telephone number where they can be contacted
- Emergency status/classification

- Protective action recommendations
- Radioactive release data
- Level of staffing at facility
- Equipment availability
- Additional equipment or assistance needs
- Number of emergency workers expected at facility
- Expected arrival time of emergency workers at facility
- Actual arrival rate of emergency workers at facility
- Number of contaminated emergency workers, areas from which they evacuated, and routes traveled to reach the facility.

5.10.2 All PMC documentation must be collected and returned to the EOC when the emergency is terminated and it has been determined that the operation of the PMC is no longer required.

5.11 Potassium Iodide Distribution

Note: Potassium Iodide distribution is not applicable to school reception centers.

5.11.1 PMC personnel shall set up a distribution point at the entry of the PMC. The distribution point shall be located between the PMC entrance and the initial/portal monitoring area.

5.11.2 Potassium Iodide shall be distributed to emergency workers entering the EWPMC upon request.

5.11.3 KI fact sheets shall be distributed to each emergency worker receiving KI at the EWPMC. Refer to DOH-12.

5.12 EWPMC Closeout

5.12.1 All EWPMC equipment and supplies should be collected, monitored, and decontaminated, if necessary.

5.12.2 All contaminated material should be bagged, labeled, and stored in a controlled area to await disposal by the NFO.

5.12.3 Contaminated areas should be decontaminated or roped off and posted to await further decontamination.

5.12.4 All EWPMC personnel should be monitored and decontaminated, if necessary, before being released from duty. Dosimetry devices and exposure record cards should be completed and collected.

5.12.5 Inventory equipment and supplies and identify items to be replenished.

5.12.6 Check survey equipment operability and replace as required.

6.0 REFERENCES

6.1 REPG Correspondence regarding liquid wastewater, dated 11/27/81, 11/16/83 and 7/3/85 (on file at SEMO Offices and Rockland EOC).

6.2 FEMA Policy Statement on Disposal of Waste Water and Contaminated Products from Decontamination Activities, December 1988.

6.3 Procedures DOH-8, Potassium Iodide Issue and Use, and DOH-12, Potassium Iodide (KI) Distribution.

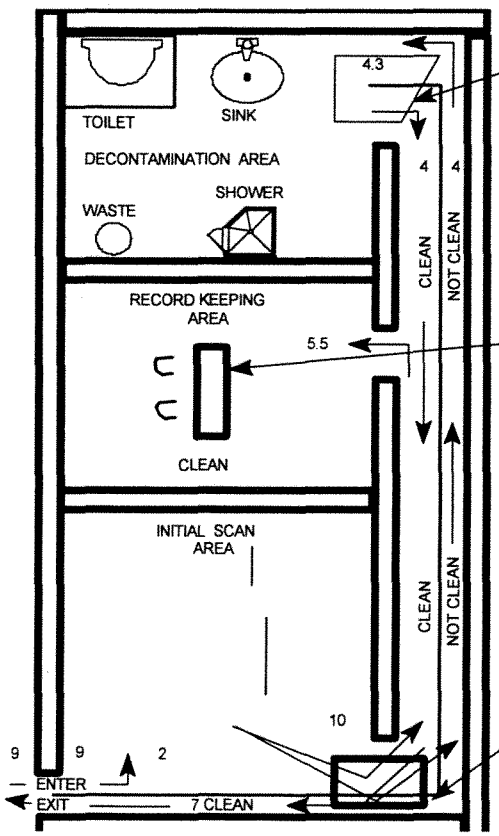
7.0 ATTACHMENTS

1. Generalized PMC Layout
2. Emergency Worker Exposure Record
3. Clean Individual/Object/Vehicle Tag
4. Vehicle Contamination Report
5. Clean Emergency Worker Monitoring Record
6. Emergency Worker Personnel Monitoring Center Equipment List
7. Emergency Worker Dosimetry Issuance Log

SCHEMATIC FOR IDEAL EMERGENCY WORKER PERSONNEL MONITORING CENTER

If the facility planned for use is not ideal because of lack of space or inconvenient structural arrangements, special steps may be necessary to avoid spreading contamination to clean areas. After an individual has been determined to be clean, that person must be able to report to the dose record station and exit the building without encountering contamination. Wherever possible, people who may be contaminated should travel different routes from those who are known to be clean. If this cannot be done, any shared doors, corridors or other areas must be clearly divided into a clean side and a possibly contaminated side with instructions to those following the route to keep right or left as appropriate.

In any areas where contaminated and clean traffic must cross, it is a good idea to put a disposable covering such as paper on the floor, which should be carefully replaced, after it becomes contaminated. If there is only one toilet, a clean pathway to it should be maintained if possible to insure its availability to the entire staff. Once contamination has been discovered, the toilet area must be periodically monitored and decontaminated as necessary. If this is not practical, those using this facility must be monitored before returning to clean areas. Finally, periodic area monitoring of the PMC should be done and any necessary area decontamination performed to insure that people leaving the PMC are clean.



ROLL PAPER FOR SHARED DOORWAY

NOTE: IN THE DIAGRAM TO THE LEFT, NUMBERS ARE SUGGESTED LOCATION OF THE SIGNS IDENTIFIED BY THE SAME NUMBER AS IN THE EMERGENCY WORKER REFERENCE MANUAL (BOUND SEPARATELY).

TABLE AND CHAIRS

ROLL PAPER MAY ALSO BE NEEDED AT THE MAIN ENTRANCE AND ALONG THE MAIN CORRIDOR AND BE CAREFULLY REPLACED AS NEEDED TO PREVENT CLEAN PEOPLE FROM BECOMING CONTAMINATED. THIS MIGHT REQUIRE MORE WASTE STORAGE SPACE.

ROLL PAPER FOR CROSS-OVER AREA

EMERGENCY WORKER MONITORING RECORD

1. Date: _____ Time: _____

Name: _____
(Last) (First) (Middle)

Age: _____ Sex: Male Female Pregnant: Yes No

Home Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number: Home ( ) _____

Social Security Number: _____

2. Briefly describe person's whereabouts and activities:

3. Background: _____ CPM or mR/hr (Circle one)

	INITIAL READING		READING AFTER DECONTAMINATION			
	Clothed	Unclothed	First Method	Second Method	Third Method	Fourth Method
Monitor's Initials						
Whole Body						

_____ No Contamination Found

Check Decon Method(s) used:

Contamination:

_____ Shower

Decontamination Personnel's Initials _____

Check Appropriate Final Action:

_____ Individual Decontaminated

_____ Individual Still Contaminated

_____ Cannot decon due to injury/illness

_____ Cannot decon below 300 CPM (above bkgd)

_____ Referred to NYS Radiation Specialist

Disposition_____

CLEAN INDIVIDUAL/OBJECT/VEHICLE TAG

☐ INDIVIDUAL ☐ OBJECT ☐ VEHICLE

CLEAN

_____NAME/DESCRIPT.

_____DOB_____SOC.SEC./LICENSE

HAS BEEN MONITORED AND NO DECONTAMINATION IS NECESSARY.

_____ _____ _____
DATE HOURS INITIAL-PMC

VEHICLE OR EQUIPMENT CONTAMINATION REPORT

1. Date: _____ Time: _____

   Name: _____
   (Last) (First) (Middle)

   Home Address: _____

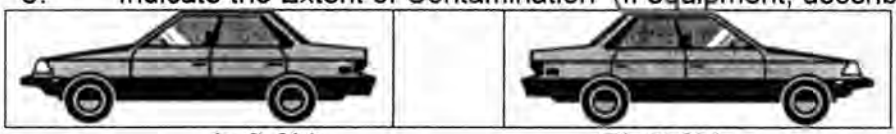
   City: _____ State: _____ Zip Code: _____

   Telephone Number: Home ( ) _____

   Social Security Number: _____

2. If Vehicle – License Plate: _____

3. Indicate the Extent of Contamination (If equipment, describe on reverse side of sheet)



Left Side Right Side

4. Initial Monitor's Initials _____

5. Action Taken (Check One)

   _____ No Contamination Found

   For Widespread Contamination:
   _____ Wash Entire Vehicle

6. Check Appropriate Final Action:

   _____ Vehicle or Equipment Decontaminate below 300 CPM (above bkgd)

   _____ Cannot decon below 300 CPM (above bkgd)

   _____ Referred to NYS Radiation Specialist

   Disposition: _____
   _____

7. Decontamination Personnel Initials: _____

FORM 1
"CLEAN" EMERGENCY WORKER MONITORING RECORD

No.	NAME			Social Security	Emergency Worker	Job Assignment
	Last	First	M.I.	Number	Title	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

EMERGENCY WORKER PERSONNEL MONITORING CENTER EQUIPMENT LIST

The Personnel Monitoring Centers should have available the following equipment:

1. Appropriate Procedures
2. Rolls of Boundary Tape
3. Rolls of Masking Tape
4. Barrier Rope
5. Radiological Warning Signs
6. Mild Hand Soap
7. Abrasive Soap
8. Detergent
9. Soft Bristle Scrub Brushes
10. Waterless Hand Cleaner
11. Hand Cream
12. Self-reading dosimeters or electronic dosimeters (15)
13. TLDs (15)
14. Dosimeter Chargers
15. Anti-Contamination Clothing
16. Scissors
16. Cotton Swabs
18. Paper Coveralls
19. Cloth Towels
20. Paper Towels
21. Waste Barrels/Contamination Canister
22. Plastic Trash Bags
23. Small Plastic Bags
24. Magic Markers
25. Step-off Pads
26. Traffic Cones
27. Ludlum 2401-P hand-held survey meters (10) With Plastic Bags
28. Evacuee/Emergency Worker Exposure Record Forms
29. Clean Evacuee/Emergency Worker Monitoring Record Forms
30. Assorted Signs and Tags
31. PMC Team Leaders and Monitors Phone List
32. Radiation Exposure Record Cards
33. Extra 9-Volt Battery
34. Portal Monitors
35. Potassium Iodide Tablets and Fact Sheets
36. Cups and Water Jugs

These materials are in PMC kits located in the PMC or at the Rockland County EOC.

EMERGENCY WORKER DOSIMETRY ISSUANCE LOG

NAME	SSN (last 4 digits)	ASSIGNMENT	TLD S/N	DRD S/N	TIME ISSUED	TIME RETURNED

(NOT USED)

DPT-1

APPROVED BY	COUNTY OF ROCKLAND	PROCEDURE NO.
OFES:_____	OFFICE OF FIRE AND EMERGENCY SERVICES	DPT-1
DPT:_____		

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DPT-1

DEPARTMENT OF PUBLIC TRANSPORTATION EMERGENCY RESPONSE ACTIONS

1.0 PURPOSE

The purpose of this procedure is to describe the actions to be performed by the Rockland County Department of Public Transportation during a radiological emergency at the Indian Point Energy Center.

Rockland County has adopted the National Incident Management System/Incident Command System for EOC operations. The Department of Public Transportation staff is part of the operations section, infrastructure branch.

2.0 RESPONSIBILITY

The Commissioner of Public Transportation (DPT Coordinator) is responsible for implementing this procedure.

3.0 PRECAUTIONS

In the event an immediate evacuation of schools in affected areas is necessary, the Emergency Coordinator will direct the DPT Coordinator to prioritize all Rockland County bus resources to effectively implement the evacuation of schools closest to Indian Point first. Some transportation resources will be required to make a second trip to evacuate schools farther away from the plant.

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

5.0 ACTIONS

Summary

The DPT Coordinator will coordinate the utilization of available public and private transportation resources, if needed, for the evacuation of persons who do not possess the means for furnishing their own transportation. This function will primarily consist of

marshalling, assigning and dispatching vehicles and drivers to areas that the Emergency Coordinator may order to be evacuated. The DPT Coordinator will also coordinate the use of special vehicles for the transportation of mobility impaired persons.

Instructions

When notified, the DPT Coordinator and Transit Administrator, or their designees, should perform the steps indicated below. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Receive Initial Notification

Notification of an Unusual Event

5.1.1 No response required unless otherwise directed.

Alert, Site Area Emergency and General Emergency

5.1.2 The DPT Coordinator and Transit Administrator will receive notification from the Emergency Operations Center for an Alert, Site Area Emergency or General Emergency or when the Communications Center (44 Control) is instructed otherwise by the County Director of Fire and Emergency Services (CDFES).

5.1.3 Upon notification, the DPT Coordinator will record time of initial notification.

5.1.4 DPT Coordinator and Transit Administrator will report to the EOC.

5.1.5 Notify the Transit Marketing Coordinator if the Transit Administrator is not available. (See Admin 7, Section 6.7)

5.1.6 Notify the Transit Operations Supervisor and DPT Dispatchers. (See Admin 7, Section 6.7)

5.1.7 Instruct the Chief Dispatcher to report to the EOC and the other dispatcher to report to the Pomona Office, if needed.

5.2 Set Up EOC

5.2.1 Upon arrival at the EOC, have identification card readily available and check in through security.

5.2.2 Log in on sign-in sheet located at security desk in hall.

5.2.3 Obtain TLD from security after signing in.

5.2.4 Sign name and agency on EOC staffing roster located in EOC.

5.2.5 Check DPT kit (Inventory list provided in kit).

5.2.6 Set up DPT area (Floor plan provided in kit).

5.2.7 Verify operability of phone.

5.2.8 Record time of initial notification here_____.

5.2.9 Report to EOC Operations Manager.

5.2.10 Obtain briefing from Operations Manager.

5.3 EOC Operations

5.3.1 Notify DPT emergency response personnel to standby and/or mobilize, as directed.

5.3.2 Interface with the Transportation Liaisons and dispatch as required.

5.3.3 Implement DPT-2, "Emergency Transportation" which describes how to notify transportation providers, assign routes, establish a transportation staging area and coordinate evacuation transportation.

5.3.4 Interface with School, OPD, EMS, and Special Facilities Coordinators to coordinate evacuation of special populations.

5.3.5 At the end of the emergency, collect all pertinent documentation generated during the event and turn over to the CDFES.

5.3.6 Prepare a report of activities of the Department of Public Transportation for delivery to the Emergency Coordinator.

6.0 REFERENCES

6.1 DPT-2, "Emergency Transportation"

6.2 DPT-3, "Transportation Providers and Bus Drivers Emergency Response Actions"

6.3 DPT-4, "Transportation Liaisons Emergency Response Actions"

6.4 DPT-5, "Transportation Staging Area"

7.0 ATTACHMENTS

NONE

APPROVED BY	COUNTY OF ROCKLAND	PROCEDURE NO.
OFES:_____ DPT:_____	OFFICE OF FIRE AND EMERGENCY SERVICES	DPT-5

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DPT-5

TRANSPORTATION STAGING AREA

1.0 PURPOSE

1.1 **Objective**

The purpose of this procedure is to provide guidance for the activation and operation of a Transportation Staging Area (TSA), which will provide supplemental transportation resources (buses, vans, etc.,) to evacuate Emergency Planning Zone (EPZ) schools during a radiological emergency.

1.2 **Discussion**

1.2.1 OFES will act as the activation control authority for the Transportation Staging Area. The Emergency Coordinator will authorize activation of the staging area at the incident classification ALERT or higher, if evacuation of EPZ schools is directed.

1.2.2 The evacuation of students from EPZ schools is given priority over evacuation of the general public because children are more susceptible to the effects of low doses of ionizing radiation. Therefore, it is likely that a precautionary evacuation of EPZ schools will be directed before any release of radioactive material occurs.

1.2.3 The initial assignment of transportation resources is prioritized to provide for evacuation of schools closest to the Indian Point Energy Center (IPEC) first, before evacuation of schools further away from the plant.

1.2.4 The evacuation of all schools in the EPZ will likely be directed at the same time. All schools to be evacuated will be notified to prepare for evacuation and to shelter students until transportation arrives.

1.2.5 The planned allocation of transportation resources requires that some buses and vans make a second trip to evacuate all school students and staff from the EPZ. These resources will be assigned from among those buses and vans that evacuate schools to the Rockland Community College (RCC) school reception center. A Transportation Staging Area will be established at RCC to manage these second assignments.

1.2.6 Buses and vans dispatched from the RCC TSA will be sent to evacuate schools that are more than eight (8) miles away from IPEC. Those evacuees will be taken to school reception centers other than Rockland Community College.

2.0 RESPONSIBILITIES

2.1 The Commissioner of the Department of Public Transportation (DPT Coordinator) is responsible for implementing this procedure.

2.2 The DPT Coordinator is responsible for coordinating TSA communications with transportation company dispatchers and other response officials as may be needed.

3.0 PRECAUTIONS

3.1 Applicable public transportation safety and vehicle traffic regulations shall remain in effect unless modified by the Sheriff's Department.

3.2 Additional information on Transportation Providers is available from the EOC Resource Coordinator.

4.0 PREREQUISITES

4.1 An Alert or higher emergency classification has been declared at the Indian Point Energy Center, AND

4.2 The precautionary evacuation of students and staff from schools inside the Emergency Planning Zone has been directed by the Emergency Coordinator.

4.3 **Facilities/Equipment**

4.3.1 The Rockland Community College is designated as the Transportation Staging Area (TSA) for supporting the evacuation of EPZ schools in Rockland County.

4.3.2 The TSA facility will include a briefing area for instructing drivers on their assignments or other emergency response actions.

4.3.3 The TSA will have the capability to communicate with the DPT Coordinator at the Rockland County EOC via radio or other means to be specified by the DPT Coordinator.

4.3.4 Dosimetry and Potassium Iodide (KI) and maps will be available for emergency vehicle drivers.

> NOTE: Dosimetry and KI are issued to drivers at their original dispatch point. Supplies available at the TSA are meant to be supplemental only – in case of loss, damage, etc.

4.3.5 Parking areas for emergency vehicles arriving and being dispatched will be designated at the TSA facility or surrounding area. Traffic control devices (e.g., signs, barricades, etc.) are specified in Attachment 1, "Transportation Staging Area Activation Checklist."

4.3.6 Fuel for buses and vans at the TSA will be made available through the DPT Coordinator.

5.0 ACTIONS

Instructions

Perform the following steps indicated below. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Receive Initial Notification

Alert, Site Area Emergency and General Emergency

5.1.1 The Transportation Staging Area (TSA) Supervisor will receive notification from the Emergency Operations Center for an Alert, Site Area Emergency or General Emergency or when the Communications Center is instructed otherwise by the County Director of Fire and Emergency Services (CDFES).

5.1.2 Upon notification, the TSA Supervisor will record time of initial notification and report to the EOC.

5.2 Upon Arrival at EOC

5.2.1 Upon arrival at the EOC, have identification card readily available and check in through security.

5.2.2 Log in on sign-in sheet located at security desk in hall.

5.2.3 Obtain TLD from security after signing in. Return the TLD to security when you leave the EOC.

5.2.4 Report to the EOC Resource Coordinator.

5.2.5 Obtain a Transportation Staging Area Kit from the Resource Coordinator and inventory its content, time permitting.

5.2.6 Obtain any missing equipment/supplies from the EOC Resource Coordinator.

5.2.7 Report to the Transportation Desk in the Operations Room for a briefing prior to dispatch to the Transportation Staging Area.

5.2.8 Report to your assigned Bus Company with your Bus Company Kit.

5.3 Transportation Staging Area Operations

5.3.1 Upon arrival at the TSA (Rockland Community College), check in with the school reception center manager.

5.3.2 Ensure that traffic control devices have been or will be installed to direct arriving buses and vans to the Transportation Staging Area after dropping off students.

5.3.3 Proceed to the TSA area and notify the DPT Coordinator at the EOC that you have arrived.

5.3.4 **IF you are activating the TSA**, Refer To Attachment 1, "Transportation Staging Area Activation Checklist."

5.3.5 **IF you are the TSA Supervisor,** Refer To Attachment 2, "Transportation Staging Area Supervisor Checklist"

5.3.6 **IF you are the Vehicle Control Personnel**, Refer To Attachment 3, "TSA Vehicle Control Personnel Checklist."

5.3.7 **IF you are the Radiological Briefer**, Refer To Attachment 4, "Transportation Staging Area Radiological Briefer Checklist."

6.0 REFERENCES

6.1 DPT-2, "Emergency Transportation"

6.2 DPT-3, "Transportation Providers and Bus Drivers Emergency Response Actions"

7.0 ATTACHMENTS

7.1 Attachment 1 – "Transportation Staging Area Activation Checklist"

7.2 Attachment 2 – "Transportation Staging Area Supervisor Checklist"

7.3 Attachment 3 – "TSA Vehicle Control Personnel Checklist"

7.4 Attachment 4 – "TSA Radiological Briefer Checklist"

7.5 Attachment 5 -"School Evacuation – Supplemental Transportation Assignments"

7.6 Attachment 6 – "Vehicle Information and Dispatch Form"

NOT USED

Transportation Staging Area Activation Checklist

		Initials/Date/Time
1.	Upon arrival at the TSA, ENSURE lighting and environmental control (if applicable) and all communications equipment are working properly.	_____
2.	ENSURE communications are established with the DPT Coordinator at the EOC.	_____
3.	ENSURE necessary TSA staff members have been notified and are en route to the TSA.	_____
4.	ENSURE maps, status boards and displays are easily accessible and arranged to provide optimum visibility for TSA staff.	_____
5.	ENSURE arriving TSA personnel sign in.	_____
6.	ENSURE plans and procedures are available and there are ample office supplies.	_____
7.	ESTABLISH a dosimetry and potassium iodide (KI) briefing area and prepare to perform briefings and dosimetry issue.	_____
8.	ESTABLISH vehicle parking and dispatch area and prepare for safe and orderly staging of buses and other transportation resources. SEE attached diagram of TSA layout.	_____
9.	WHEN direction and control and communications have been established at the TSA, contact the DPT Coordinator and DECLARE the TSA activated.	_____

Transportation Staging Area
Activation Checklist

TSA LAYOUT

(Insert When Available)

Transportation Staging Area
Supervisor Checklist

Initials/Date/Time

1. Refer To the, "TSA Activation Checklist," Attachment 1, and ENSURE the TSA is rendered operational. _____

2. ESTABLISH a log of significant actions and decisions. _____

3. INSTRUCT the Radiological Briefer to set up a briefing area, and PREPARE to perform radiological briefings and issue dosimetry to any drivers who have not already been issued dosimetry and briefed on its use. _____

4 ENSURE that appropriate dosimetry and KI tablets are available for every driver that will be dispatched to EPZ schools. _____

> NOTE: Dosimetry and KI are issued to drivers at their original dispatch point. Supplies available at the TSA are meant to be supplemental only – in case of loss, damage, etc.

5. INSTRUCT the Vehicle Control Personnel to secure the vehicle parking and dispatch area and prepare for arrival of vehicles. _____

6. ESTABLISH communications with the DPT Coordinator and review potential/confirm supplemental transportation needs. _____

7. ENSURE Vehicle Control Personnel INSTRUCT arriving drivers to perform the following:

   - Safely PARK their vehicle. _____
   - LOG-IN and COMPLETE "Vehicle Information and Dispatch Form", Attachment 6, and VERIFY information. _____
   - Report for a radiological briefing if they have not already do so at their originating location. _____

Transportation Staging Area
Supervisor Checklist (CONTINUED)

Initials/Date/Time

8. ASSIGN buses and vans to school evacuation routes as soon as the appropriate number of vehicles are at the TSA. REFER to Attachment 5 -"School Evacuation – Supplemental Transportation Assignments." _____

9. ENSURE drivers of vehicles dispatched have been issued dosimetry and KI and received a dosimetry briefing (If needed) and have been issued and understand their route map packages. _____

10. DISPATCH vehicles to school. CONTACT the DPT Coordinator at the EOC and PROVIDE vehicle dispatch update. _____

11. WHEN instructed to de-activate the TSA, PERFORM the following:

    - RELEASE remaining vehicles and drivers after CONFIRMING that additional vehicles are not needed for school evacuation. _____
    - COLLECT logs, messages and record forms from staff. _____
    - COLLECT and account for all dosimetry still at the TSA. _____
    - INFORM DPT Coordinator when TSA is de-activated. _____

Vehicle Control Personnel Checklist

Initials/Date/Time

1. Upon activation of the Transportation Staging Area (TSA), PREPARE for adequate traffic control of TSA entry and egress points and assume control of transportation vehicle parking areas.

2. REQUEST the Transportation Staging Area Supervisor to CONTACT the DPT Coordinator to acquire supplementary state and local police forces for traffic control, as necessary.

3. As supplementary transportation vehicles arrive from their initial assignments, PERFORM the following:

   - LOG transportation company or organization name, vehicle type and identification number, driver name, and arrival time on the "Vehicle Information Checklist and Dispatch Form," Attachment 6.

   - PROVIDE appropriate direction to ensure safe movement and parking of vehicles.

   - DIRECT drivers to the radiological briefing area for their briefing and dosimetry issue, if necessary.

   - MAINTAIN communications with the TSA Supervisor and Radiological Briefer(s) regarding number and status of incoming drivers.

4. IF directed to support the Radiological Briefer, PERFORM the following:

   - REPORT to the radiological briefing area and establish communications with the TSA Supervisor.

   - PROVIDE dispatch orders to drivers, as directed.

   - ENSURE dispatched drivers have appropriate dosimetry and maps for travel to schools and from there to the appropriate school reception center.

Vehicle Control Personnel Checklist (CONTINUED)

		Initials/Date/Time
5.	As vehicles leave the TSA parking area, MAINTAIN Attachment 6, "Vehicle Information and Dispatch Form," to ensure accuracy of the log.	
5.	MAINTAIN communications with parking area Vehicle Control Personnel to determine status of drivers and their associated vehicles.	
6.	When the TSA is deactivated, COLLECT all notes, logs and records and turn them over to the Transportation Staging Area Supervisor.	

Transportation Staging Area
Radiological Briefer Checklist

Initials/Date/Time

1. Upon activation of the Transportation Staging Area (TSA), PREPARE the radiological briefing area for use.

> NOTE: Radiological briefings may be conducted outdoors, weather permitting, in a building or other shelter, or in a parked bus or van if necessary.

2. ACQUIRE and INVENTORY emergency worker dosimetry packets and KI to be issued to supplementary transportation drivers.

> NOTE: Dosimetry and KI are issued to drivers at their original dispatch point. Supplies available at the TSA are meant to be supplemental only – in case of loss, damage, etc.

3. ISSUE dosimetry and KI to any drivers who may require it and PROVIDE radiological briefings on a timely basis to drivers, using the briefing and administrative material provided with the stock of dosimetry and KI for the TSA.

4. MAINTAIN communications with the TSA Supervisor and Vehicle Control Personnel regarding availability of briefed drivers.

5. When the TSA is deactivated, COLLECT all notes, logs, records and supplies of dosimetry and KI and turn them over to the Transportation Staging Area Supervisor.

NOT USED

School Evacuation – Supplemental Transportation Assignments

The table below indicates the numbers and destinations of school buses and vans that will need to be assigned from the Rockland Community College Transportation Staging Area (TSA).

Transp. Key	School Key	School or Facility	# Buses	# Vans	"C" Students	"A" Students	Staff
TS1	B044	Clarkstown North Senior High School	37	3	0	1565	175
TS1	B045	Laurel Plains Elementary School	8	2	437	0	75
TS1	B046	Link Elementary School	8	2	472	0	50
TS1	B047	Little Tor Elementary School	5	4	319	0	47
TS1	B048	New City Elementary School	8	2	464	0	61
TS1	B050	St. Augustine's Elementary School	4	1	246	0	20
TS1	B054	Hillcrest Elementary School	6	5	356	0	52
TS1	B060	Lime Kiln Elementary School	7	0	370	0	55
TS1	B062	Pomona Middle School	21	0	0	764	139
TS1	B065	Summit Park Elementary School	8	2	454	0	63
TS1	B076	Ramapo Senior High School	33	1	0	1293	186
TS1	B077	Strawtown Elementary School	6	4	375	0	50
TS1	B082	Grandview Elementary School	8	0	419	0	56
TS1	B083	Hempstead Elementary School	8	3	487	0	53
TS1	B084	Valley Cottage Elementary School	8	1	430	0	68
TS1	B087	Felix V. Festa Middle School (Campus)	53	4	0	2106	259
		TOTALS:	**228**	**34**	**4,829**	**5,278**	**1,409**

"C" – Number of students considered to be children in physical size. Used to determine number of school buses and vans needed for evacuation.
"A" – Number of students considered to be adults in physical size. Used to determine number of school buses and vans needed for evacuation.

(NOT USED)

Vehicle Information and Dispatch Form

TSA Vehicle Assignment Number: _____

Arrival Time: _____ AM _____ PM _____

DRIVER: After you have safely parked your vehicle, please complete the unfilled portions of this section and return the form to TSA vehicle.					
Vehicle License Plate Number:					
Vehicle Operator (Driver):					
Transportation Company:					
Type of Vehicle:	BUS: _____	VAN: _____	COACH _____		
Vehicle Fuel Level: (Circle)	E	¼	½	¾	F

****

INFORMATION/PACKET CHECKLIST:

_____	Map to Evacuating School	_____	Dosimetry Briefing
_____	Map to School Reception Center	_____	Dosimetry Instructions
		_____	Dosimetry Kit
		_____	Potassium Iodide (KI)

****

DISPATCH ORDERS

ASSIGNED EVACUATING SCHOOL: _____

ROUTE NUMBER (To School) _____

POINT OF CONTACT (If Needed) _____

DEPARTURE TIME FROM TSA _____

(NOT USED)

DSS-1

APPROVED BY OFES:_____ DSS:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DSS-1

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DSS-1

DEPARTMENT OF SOCIAL SERVICES EMERGENCY RESPONSE ACTIONS

1.0 PURPOSE

The purpose of this procedure is to delineate the Emergency Response actions to be implemented by the personnel of the Department of Social Services (DSS) in the event of a radiological emergency at the Indian Point Energy Center.

Rockland County has adopted the National Incident Management System/Incident Command System for EOC operations. The Department of Social Services staff is part of the operations section, government services branch.

2.0 RESPONSIBILITY

The Commissioner of the Department of Social Services is responsible for implementing this procedure.

3.0 PRECAUTIONS

None

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

5.0 ACTIONS

Summary

The Department of Social Services maintains responsibility for providing emergency assistance of both a financial and service nature (Section 372.4, 370.2, 397.5, of the New York State Department of Social Service Rules and Regulations) to those individuals and children who, as a result of a natural catastrophe or disaster, become eligible for the Department's existing programs. In the event of a radiological emergency, the Department of Social Services is

also prepared to mobilize its resources to a maximum level of utilization in order to accommodate, to the extent possible, the potentially larger population that might need financial aid and/or social services. This will include the organization, supervision and staffing of Reception Centers augmented by Personnel Monitoring Center Staff at these centers. Evacuees may receive directions and transportation to American Red Cross Congregate Care Centers, wait to be reunited with their families or receive other immediate aid. Personnel Monitoring Center Staff, under the direction of the Personnel Monitoring Center Team Leader and technical guidance of the DOH at the EOC, will staff and conduct monitoring and decontamination operations at Personnel Monitoring Centers within the Reception Center.

Instructions

When notified, the Commissioner of the Department of Social Services should perform the steps indicated below. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Receive Initial Notification

Notification of an Unusual Event

5.1.1 No response required unless otherwise directed.

Alert, Site Area Emergency or General Emergency

5.1.2 The Commissioner of Social Services will receive notification from the Emergency Operation Center for an Alert, Site Area Emergency or General Emergency or by the Communications Center (44 Control) when instructed otherwise by the County Director of Fire and Emergency Services (CDFES).

5.1.3 Upon notification, the Commissioner of Social Services will record time of initial notification and report to the EOC.

5.2 Set Up EOC

5.2.1 Upon arrival at EOC, have identification card readily available and check in through security.

5.2.2 Log in on sign-in sheet located at security desk in hall.

5.2.3 Obtain TLD from security after signing in.

5.2.4 Sign name and agency on status board located in EOC.

5.2.5 Check Department of Social Services Inventory.

5.2.6 Set up Department of Social Services area (Floor plan provided in kit).

5.2.7 Verify operability of phone.

5.2.8 Record time of initial notification here_____.

5.2.9 Report to EOC Operations Manager.

5.2.10 Obtain briefing from Operations Manager.

5.2.11 Notify Department of Social Services emergency response personnel to standby and/or mobilize, if necessary.

5.3 EOC Operations

5.3.1 Notify DSS emergency response personnel to standby and/or mobilize, as directed. (See Admin-7).

5.3.2 Notify and establish communications with the New York State Department of Social Services representative at Albany.

5.3.3 Verify with the Operations Manager that the Red Cross has been notified.

5.3.4 Verify with the DOH Exposure Control Coordinator that the Public Health Nursing Staff has been notified and placed on standby.

5.3.5 Verify with the Fire Coordinator that the Fire Department Personnel Monitors have been notified and placed on standby.

5.3.6 Verify with the Operations Manager that the Office of the Aging has been notified.

5.3.7 Determine and assess the emergency situation with respect to required Social Services actions.

5.3.8 Interface with Red Cross personnel to assess needs.

5.3.9 Set up 24 hour shift rotation schedule.

5.3.10 If directed by the Emergency Coordinator, advise DSS Group Homes to shelter their residents with windows closed and ventilation equipment turned off (weather permitting). Heating, ventilating or air conditioning equipment may be set to the "recirculation" mode (if available), i.e., no outside air.

5.3.11 If directed by the Emergency Coordinator, dispatch Reception Center personnel to prepare to set up their facilities in accordance with DSS-2, "Reception Center Operations." (See Admin 7 for list of Reception Centers.)

5.3.12 If Reception Centers are being activated, interface with the following agency coordinators in the EOC:

a. Schools Representative - request designated schools be notified that Reception Centers are being activated.

b. Highways - request road signs be set up directing people to Reception Centers.

c. RACES - request communications representative be sent to Reception Centers.

d. American Red Cross - request liaison officer be sent to each Reception Center.

e. DOH, Exposure Control Coordinator - request Public Health Nurses to be sent to each Reception Center.

f. Deputy Fire Coordinator - request Fire Department personnel monitors to be sent to each Reception Center.

g. EMS Coordinator - advise of opening of Reception Centers, locations, and future possible need for ambulances.

h. Sheriff - request security be arranged for each Reception Center.

i. Public Information - advise when Reception Centers are operational, locations, number of evacuees present.

5.3.13 If evacuation is ordered:

a. Make Reception Centers operational if not already done. Notify Operations Manager and PIO of status.

b. If necessary, provide guidance and assistance in evacuating Special Facilities.

c. Coordinate DSS team members to resolve any problems with Reception Center operations which might arise.

d. If the Center Manager reports an injury or illness at the Center, solicit assistance from the EMS Coordinator. If a contaminated injury is reported, implement EMS-2.

e. Coordinate with the agencies listed in Step 5.3.12 above to ensure a rapid resolution of problems that may arise.

f. Update Reception Center staffs regarding status of the emergency on a regular basis and upon changes in emergency classification.

g. Receive updates from each Reception Center on problems, total number of evacuees and the need for continued operation.

h. As Reception Center personnel become available, dispatch them to congregate care centers to assist the Red Cross.

5.3.14 To close out, collect all message forms and procedures used and give them to CDES.

5.3.15 Prepare a summary report for the Emergency Coordinator detailing actions, problems encountered and suggestions for the future.

6.0 REFERENCES

6.1 DSS-2, "Reception Center Operations"

6.2 EMS-2, "Handling and Transport of Contaminated and/or Injured Individuals to Medical Facilities"

6.3 Sections 372.4, 370.2 and 397.3 of the New York State Department of Social Services Rules and Regulations

6.4 Admin-7, Telephone Listing

7.0 ATTACHMENTS

NONE

DSS-2

APPROVED BY OFES:_____ DSS:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. DSS-2

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

DSS-2

RECEPTION CENTER OPERATIONS

1.0 PURPOSE

The purpose of this procedure is to delineate the actions to be implemented by the Department of Social Services to activate, operate and deactivate Reception Centers for the processing of members of the general public during an evacuation of Rockland County 10 mile EPZ.

2.0 RESPONSIBILITY

The Commissioner of the Department of Social Services is responsible for implementing this procedure.

3.0 PRECAUTIONS

N/A

4.0 PREREQUISITES

A Site Area or higher emergency classification has been declared at the Indian Point Energy Center.

5.0 ACTIONS

Summary

The Commissioner of Social Services will direct the activation and staffing of Reception Centers in the event an evacuation is anticipated. Personnel will be notified and mobilized by DSS personnel in the EOC. The Reception Center staff is responsible for the orderly and expeditious processing of evacuees at the Reception Center to either Congregate Care Centers or to destinations of their own choosing.

Instructions

If activated, the Reception Center Managers shall report to their Reception Center and utilize this procedure to activate, operate and deactivate the Reception Center. As each of the steps listed below is initiated, initial the step and indicate the time in the margin.

5.1 Notification

Reception Center Managers will be notified to report to their Reception Centers by the DSS staff at the EOC.

5.2 Set Up of the Reception Center

5.2.1 Gain entry to the building.

5.2.2 Direct the staff on the proper set up of the Reception Center using the Reception Center Standard Operating Procedure (Attachment 3).

5.2.3 Inventory all equipment and supplies.

5.2.4 Direct staff to don name tags.

5.2.5 Interface with arriving police personnel to establish Reception Center security.

5.2.6 Interface with arriving RACES personnel to establish communications with the DSS representative at the EOC.

5.2.7 Communicate status of the center and any problems encountered to the EOC every 15-30 minutes.

5.2.8 Establish proper fire and safety regulations in the center.

5.2.9 Set up the registration area (Process Desk Area) and establish the filing system to be used in tracking evacuees.

5.2.10 Assign personnel to staff, Process Desk Area, Congregate Care Desk Area, and Information Center Desk Area.

5.2.11 Establish public message boards.

5.3 Reception Center Operations

5.3.1 Ensure evacuees enter only through the PMC.

a. If a release has occurred, all evacuees must have been monitored.

b. If no release has occurred, no monitoring is required.

5.3.2 Direct evacuees to fill out Reception Center Registration Form (Attachment 1).

5.3.3 Direct evacuees to proper waiting areas based on their needs.

5.3.4 Communicate with the DSS EOC representative frequently on the total number of people present, the number ready for transport to Congregate Care Centers and the flow rate of people through the PMC.

5.3.5 Interface with the school facility administrator.

5.3.6 Interface with the DSS EOC representative to coordinate with the American Red Cross Representative and Department of Public Transportation to coordinate transfer of evacuees to Congregate Care Centers.

5.3.7 Maintain inventories of supplies sufficient to continue to operate.

5.3.8 Enforce all safety and fire regulations.

5.3.9 Interface with the Department of Health Public Health Nurse at the Reception Center.

5.3.10 Interface with the Personnel Monitoring Center Team Leader to ensure that monitoring is initiated once a release has occurred.

5.3.11 If necessary for injury or illness, request the DSS representative at the EOC to have an ambulance dispatched. If the injured is contaminated, request the DSS representative at the EOC to implement EMS-2, "Handling and Transportation of Contaminated/Injured Individuals to Medical Facilities."

5.3.12 Provide updates on emergency status to Reception Center personnel and evacuees at frequent intervals.

5.3.13 Assist Information Center Desk Area personnel as necessary to ensure speedy resolution of evacuee problems.

5.3.14 Consider the following actions:

- Set up a play area for young children - using tumbling mats in the gym.
- Pass out spare copies of the Public Information booklet to evacuees who may want one.
- Ask for volunteers from among the evacuees.

5.4 Deactivation

When notified by the DSS representative in the EOC, perform the following:

5.4.1 Collect all registration sheets.

5.4.2 Collect all message forms.

5.4.3 Pack up all signs and equipment used during operations.

5.4.4 Make arrangements through the EOC to have the building cleaned up.

5.4.5 Receive a report from the Personnel monitoring Center that all equipment has been packed up and that the PMC has been monitored and deconned clean of contamination.

5.4.6 Dispatch workers, as necessary, to Congregate Care Centers to assist with Red Cross operations.

5.4.7 Prepare a report for the DSS EOC representative detailing the following:

- List of all borrowed equipment and instructions for its return.
- Report of all loss or damage to equipment or building
- Any outstanding bills for direct purchases
- List of volunteers who assisted and how long they worked/ what they did

5.4.8 Make a final tour of the building checking to ensure that it is in the same condition as it was acquired.

6.0 REFERENCES

6.1 EMS-2, "Handling and Transport of Contaminated and/or Injured Individuals to Medical Facilities."

6.2 DOH-2, "Personnel Monitoring Centers"

7.0 ATTACHMENTS

1. Reception Center Registration Form
2. Reception Center Registration Form (Spanish version)
3. Reception Center Setup

(NOT USED)

RECEPTION CENTERS REGISTRATION FORM

RECEPTION CENTER REGISTRATION FORM

OFFICE OF FIRE & EMERGENCY SERVICES **DEPARTMENT OF SOCIAL SERVICES**

Family Last Name: _____

Names	Age	Known Health Problems
Children		
Family Member not at Center		
(Location if Known)		

Home address and phone number _____

Reception Center Location _____

Date and Time Left _____ Center Phone Number _____

Congregate Care Center sent to _____

Date of Arrival _____ Time of Arrival _____

Evacuees Monitored ☐ Yes ☐ No Other Destination and Phone Number _____

Decontamination Required ☐ Yes ☐ No

If yes, status and disposition _____

Other Special Concerns _____

Head of Household/Driver Signature _____

5/93

(NOT USED)

RECEPTION CENTERS REGISTRATION FORM (SPANISH VERSION)

CENTRO de RECEPCIÓN FORMULARIO de REGISTRO

Oficina de Servicios de Emergencia & Fuego **Departmento de Servicios Socials**

Apellido: _____

Nombres	Edad	Problemas de Salud
Ninos		
Miembro de la familia que no esté en el centro		
(direccion si usted la sabe)		

_____

Direccion y teléfono _____

_____

Ubicación del Centro de Recepción _____

Fecha y hora de salida _____ Numero de teléfono del Centro _____

Enviado al Centro de Cuido Congregado _____

Fecha de llegada _____ Hora de llegada _____

Evacuantes vigilados ☐Si ☐No Otro destin y número teléfono _____

Decontaminacion requerida ☐Si ☐No

Si contesta si. condicion y disposicion _____

Otros intereses especiales _____

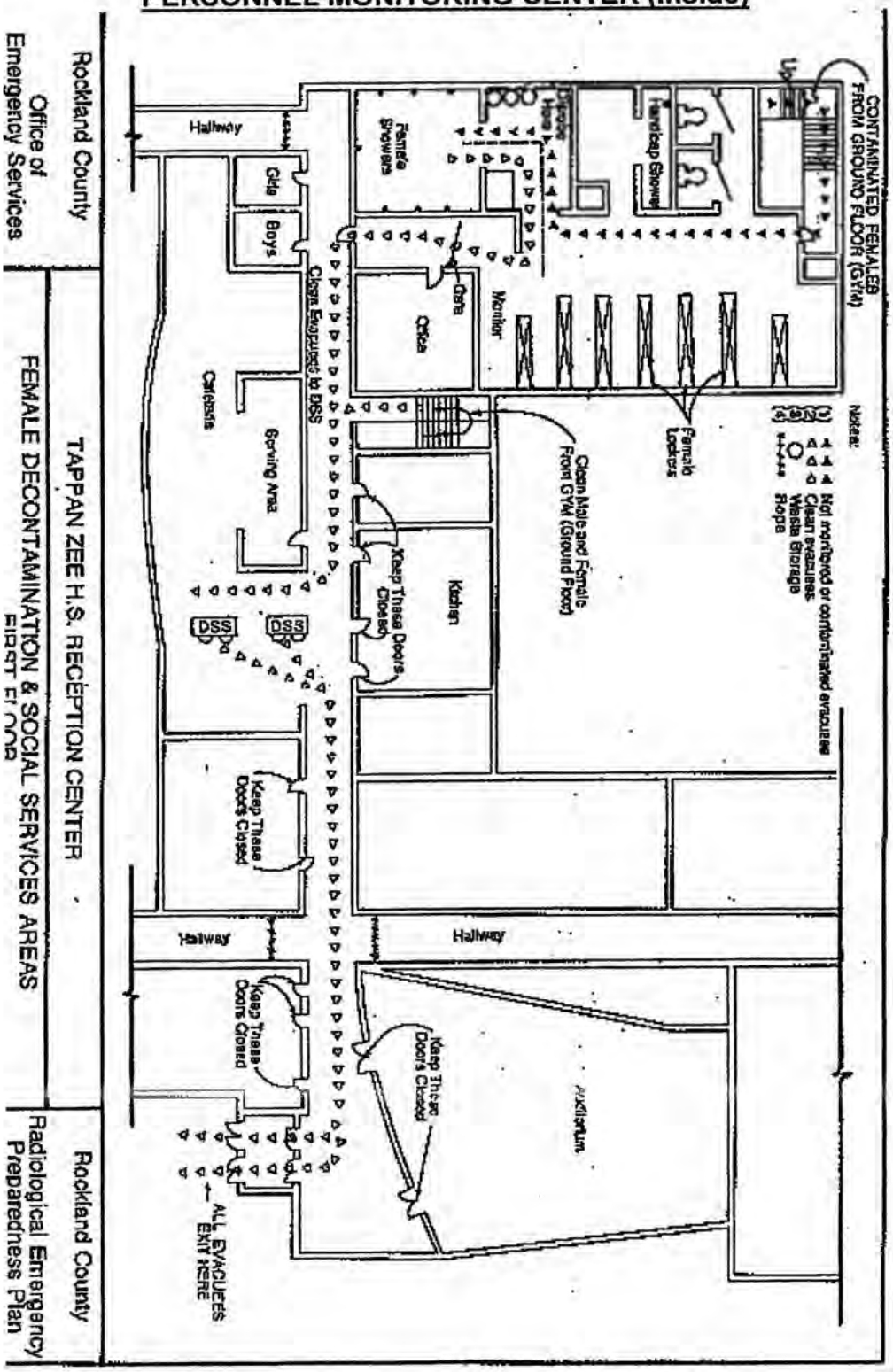
_____

_____

Firma del Jefe(a) de familia/chofer _____

(NOT USED)

SCHEMATIC - IMPROVISED PERSONNEL MONITORING CENTER (Inside)



(NOT USED)

EMS-1

APPROVED BY	COUNTY OF ROCKLAND	PROCEDURE NO.
OFES:_____ EMS:_____	OFFICE OF FIRE AND EMERGENCY SERVICES	EMS-1

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

EMS-1

EMERGENCY MEDICAL SERVICES COORDINATOR EMERGENCY RESPONSE ACTIONS

1.0 PURPOSE

This procedure outlines the actions and responsibilities of the Emergency Medical Services (EMS) Coordinator in the EOC during a radiological emergency at the Indian Point Energy Center.

Rockland County has adopted the National Incident Management System/Incident Command System for EOC operations. The Emergency Medical Services Coordinator is part of the operations section, public safety branch.

2.0 RESPONSIBILITY

The EMS Coordinator is responsible for implementing this procedure.

3.0 PRECAUTIONS

3.1 The EMS Coordinator is responsible for ensuring that only properly trained emergency medical personnel will be assigned to duties outlined in this procedure.

3.2 All response rigs must adhere to training rules and safety standards.

3.3 Close radio contact with the EOC must be maintained at all times while operating in an affected Area.

4.0 PREREQUISITES

An Alert or higher emergency classification has been declared at the Indian Point Energy Center.

5.0 ACTIONS

Summary

The EMS Coordinator (or deputy) will coordinate the use of available ambulances in preparing for and providing emergency medical transportation to a public health facility (or other designated location) for ill or injured persons and mobility impaired individuals during an emergency.

Instructions

When notified, the EMS Coordinator should perform the steps indicated below. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Receive Initial Notification

Notification of Unusual Event

5.1.1 No response required unless otherwise directed.

Alert, Site Area Emergency and General Emergency

5.1.2 The EMS Coordinator will receive notification from the Sheriff's Communications Center (44 Control) for an Alert, Site Area Emergency or General Emergency or when the Communications Center (44 Control) is instructed otherwise by the County Director of Fire and Emergency Services (CDFES).

5.1.3 Upon notification from the Sheriff's Communications Center (44 Control), the EMS Coordinator will record time of initial notification.

5.1.4 Report to the EOC.

5.2 Set-Up EOC

5.2.1 Upon arrival at the EOC, have identification card readily available and check in through security.

5.2.2 Log in on sign-in sheet located at security desk in hall.

5.2.3 Obtain TLD from security after signing in.

5.2.4 Sign name and agency on EOC staffing roster located in EOC.

5.2.5 Check EMS Inventory.

5.2.6 Set up EMS area (Floor plan provided).

5.2.7 Verify operability of phone and radio.

5.2.8 Record time of initial notification here_____.

5.2.9 Report to EOC Operations Manager.

5.2.10 Obtain briefing from Operations Manager.

5.3 EOC Operations

5.3.1 Notify EMS emergency response personnel to standby and/or mobilize, as directed.

5.3.2 Contact Deputy EMS Coordinator(s) to report to EOC and/or stand by.

5.3.3 Notify the County Dispatch Center that the EOC EMS desk has been activated.

5.3.4 Notify Good Samaritan and Nyack hospitals of the emergency situation.

5.3.5 At the appropriate time, instruct the Sheriff's Communication Center (44 Control) to put all EMS Dispatchers on alert status.

5.3.6 Mobilize the EMS agencies and instruct the EMS Dispatchers to have all crews report to their stations. All non-emergency calls will be cancelled.

5.3.7 Coordinate the distribution of dosimetry and instrumentation with each EMS agency.

5.3.8 Establish communications with ambulance services in surrounding non-affected counties and ask them to stand by in event of need for mutual aid.

> **NOTE**: The Rockland County/Bergen County liaison in the EOC may be utilized to establish contacts for this mutual aid.

5.3.9 Relay EOC briefings to the individual EMS agencies who are standing by.

5.3.10 Interface with the agency representatives in the EOC to handle requests for emergency medical teams for illness and/or accident victims.

5.3.11 Interface with the DSS Representative or the DOH Exposure Control Coordinator if ambulance service is required for a contaminated/ sick or injured individual at a PMC. (See EMS-2).

5.3.12 All available rigs should be staffed at their buildings. One rig from each corp will remain in contact with the EOC.

5.3.13 Once a release has taken place, ensure corps continually monitor their exposure.

5.3.14 Consider relocating ambulance squads out of the affected or potentially affected area.

5.3.15 In the event of a decision to evacuate specified Areas, interface with the Special Facilities Coordinator and the Department of Transportation representative in the EOC. Assist in arranging evacuation of those patients identified as requiring emergency medical transportation.

5.3.16 Assemble extra crews for a 24 hour roster and to provide assistance as required:

a. First Aid at Reception and Congregate Care Centers

b. Hospital Aid duty at local hospitals

5.3.17 If required, personnel, vehicle, and equipment monitoring and decontamination will take place at the Emergency Worker Personnel Monitoring Center at the County Sewer Plant in Sparkill or at the medical facility to which a contaminated/injured individual was transported to. (See EMS-2.)

5.3.18 At the conclusion of the emergency, collect all messages and other forms and deliver to CDFES. Prepare a summary report for submission to the Emergency Coordinator.

6.0 REFERENCES

6.1 EMS-2, "Handling and Transport of Contaminated and/or Injured Individuals to Medical Facilities

6.2 Admin 7 "Telephone Listing"

7.0 ATTACHMENTS

1. Ambulance Vehicles

(NOT USED)

AMBULANCE VEHICLES

Report #	R.C. Ambulances Status Report	Date:	Time:		
Corps	**# Rigs**	**Out of Service**	**Need Crew For Standby**	**Ready On Standby**	**Inservice On Call**
Sloatsburg	2				
R.V.A.C.	3				
W.P.Faist	2				
Hatzolah	5				
Pearl.River	2				
So. Orangetown	3				
Piermont	1				
Spring Hill	5				
Nanuet	3				
New City	4				
ongers/Valley Cottage	2				
Nyack	3				
Rockland Mobile Care	14				
Haverstraw	4				
Stony Point	3				
Rockland Paramedics Service	5 ALS Response				
Rockland Mobile Care	8				
Totals	66				
Number of rigs as of 9/02					

(NOT USED)

EMS-2

APPROVED BY OFES:_____ EMS:_____	COUNTY OF ROCKLAND OFFICE OF FIRE AND EMERGENCY SERVICES	PROCEDURE NO. EMS-2

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

EMS-2

HANDLING AND TRANSPORT OF CONTAMINATED AND/OR INJURED INDIVIDUALS TO MEDICAL FACILITIES

1.0 PURPOSE

This procedure describes the methods for the handling and transport of contaminated and/or injured emergency workers and evacuees to medical facilities.

2.0 RESPONSIBILITY

The EMS Coordinator is responsible for implementing this procedure.

3.0 PRECAUTIONS

Lifesaving medical attention takes precedence over decontamination.

4.0 PREREQUISITES

4.1 Surface contamination exists that cannot be removed by standard decontamination techniques, or

4.2 An emergency worker or evacuee is injured or injured/contaminated which requires hospital treatment.

5.0 ACTIONS

Instructions

The EMS Coordinator will utilize this procedure when an injured or injured/contaminated emergency worker or evacuee requires transport to a medical facility. As each of the steps listed below is initiated, initial the step and indicate the time in the margin.

CAUTION
IF AN INJURED INDIVIDUAL IS CONTAMINATED, TREAT LIFE-THREATENING INJURIES FIRST AND CONTAMINATION LATER.

5.1 Perform emergency transportation as follows:

5.1.1 If time and the nature of injury permits, the injured individual should be surveyed for contamination by monitoring personnel prior to transport.

5.1.2 If surface contamination is present (survey indicates 0.1 mR/hr above background) and the patient is injured, implement efforts to prevent the spread of contamination:

a. The patient should be wrapped in blankets to prevent the spread of contamination.

b. The ambulance personnel treating and transporting the patient should be issued dosimetry (dosimeters and TLDs) and should monitor their exposure. Contamination control techniques should be implemented as appropriate.

c. An Evacuee/Emergency Worker Exposure Record Form from DOH-2 should be completed by monitoring personnel and accompany the patient to the medical facility.

d. Any discarded items (e.g., clothes, wound dressings, etc.) should be bagged and tagged to prevent the further spread of contamination.

5.1.3 If the individual is at a Personnel Monitoring Center at the General Public Reception Center, the DSS Reception Center Coordinator will forward the request for ambulance service to the DSS Representative at the EOC.

5.1.4 The DSS Representative at the EOC will contact the EMS Coordinator and request the dispatch of an ambulance and the use of a medical facility.

5.1.5 If the individual is at the Emergency Worker PMC, the PMC Team Leader or the DOH Public Health Nurse at the facility will forward the request for ambulance service to the Exposure Control Coordinator at the EOC.

5.1.6 The Exposure Control Coordinator at the EOC will contact the EMS Coordinator and request the dispatch of an ambulance and the use of a medical facility.

5.1.7 If the individual is not at a Personnel Monitoring Center, the personnel with the individual will contact their agency representative at the EOC or the local Police Department to request ambulance service.

The agency representative or the local Police Department will contact the EMS Coordinator and request the dispatch of an ambulance and the use of a medical facility.

The EMS Coordinator may, if time permits and conditions warrant, request that the EOC Operations Manager coordinate the dispatch of monitoring personnel to the scene.

5.1.8 The EMS Coordinator will dispatch an ambulance corps listed in Attachment 1 to the Personnel Monitoring Center or other location.

5.1.9 For contaminated injuries, the EMS Coordinator will contact one of the hospitals listed in Attachment 2.

5.1.10 Monitor the patient with the hand-held Ludlum 2401-P meter. Refer to Attachment 5 for instructions to do so. Complete the Attachment 4 form indicating areas of contamination, contamination levels and injuries.

5.1.11 Any information available on the nature or severity of the contaminated injury should be transmitted to the hospital.

5.1.12 For other injuries, the EMS Coordinator will contact local hospitals listed in Attachment 3. Indicate the number of injured and nature of the injury, and whether the patient is contaminated. Use the Attachment 4, Contaminated/Injured Victim Form for reference.

5.1.13 The EMS Coordinator will inform the ambulance personnel of the hospital to be used and if possible, the ambulance personnel will establish direct contact with the hospitals utilizing Hospital Emergency Alert Radio (HEAR).

5.1.14 The ambulance personnel, while transporting the individual, will contact the hospital by HEAR and:

- Identify themselves by name.
- State the nature of the injury and contamination levels. Refer to Attachment 4, Contaminated/Injured Victim Form.
- Identify the personnel monitoring center or location from which the individual was picked-up from.
- State the estimated time of arrival.

5.1.15 After transporting the contaminated individual to the hospital, the ambulance personnel will remain at the medical facility for monitoring and decontamination, if necessary, or return to the Emergency Worker Personnel Monitoring Center so that monitoring and decontamination of personnel, equipment and vehicle can be performed.

6.0 REFERENCES

6.1 DOH-2, "Personnel Monitoring Centers"

6.2 Admin 7 "Telephone Listing"

7.0 ATTACHMENTS

1. List of EMS Agencies
2. List of MS-1 Designated Hospitals Capable of Treating Contaminated Injured Individuals in the Indian Point EPZ
3. List of Local Hospitals
4. Contaminated/Injured Victim Form
5. Ludlum 2401-P Operating Instructions

(NOT USED)

LIST OF EMS AGENCIES

Congers/Valley Cottage
Ambulance Corps
122 Kings Highway
Congers, NY 10920

Hatzolah Ambulance Corps
19 Grove Street
P.O. Box 184
Monsey, NY 10952

Haverstraw Ambulance Corps
160 N. Rte. 9W, P.O. Box 118
Haverstraw, NY 10927

Rockland Mobile Care/
Rockland Paramedics Services Inc.
149A South Main St.
Nanuet, NY 10954

Piermont Ambulance Corps
554 Piermont Avenue
Piermont, NY 10968

Nanuet Community Ambulance Corps
202 South Main Street, P.O. Box 152
Nanuet, NY 10954

New City Volunteer Ambulance Corps
200 Congers Road, P.O. Box 33
New City, NY 10956

Nyack Ambulance Corps
251 North Midland Avenue
Nyack, NY 10960

Pearl River Alumni Ambulance Corps
14 N. Pearl St., P.O. Box 1046
Pearl River, NY 10965

Ramapo Valley Ambulance Corps
235 Route 59
Suffern, NY 10901

Sloatsburg Community
Ambulance Corps
62 Washington Ave., P.O. Box 21
Sloatsburg, NY 10974

South Orangetown Ambulance Corps
70 Independence Avenue
Tappan, NY 10983

Spring Hill Community
Ambulance Corps
48 Brick Church Road
Spring Valley, NY 10977

Stony Point Ambulance Corps
6 Lee Avenue
Stony Point, NY 10980

W.P. Faist Ambulance Corps
2 Red Schoolhouse Road
Spring Valley, NY 10977

(NOT USED)

MS-1 DESIGNATED HOSPITALS CAPABLE OF TREATING CONTAMINATED INDIVIDUALS IN THE INDIAN POINT EPZ

PRIMARY HOSPITALS

Westchester Medical Center*
Valhalla, NY

Good Samaritan Hospital*
Route 59
Suffern, NY 10901

BACKUP HOSPITALS

Putnam Hospital Center*
Stoneleigh Avenue
Carmel, NY 10512

Cornwall Hospital*
Quaker Avenue
Cornwall, NY 12518

*Note: Letters of Agreement for each of these hospitals are on file with their respective county EOC.

(NOT USED)

LIST OF LOCAL HOSPITALS

Good Samaritan Hospital
Route 59
Suffern, NY 10901

Nyack Hospital
North Midland Avenue
Nyack, NY 10960

(N0T USED)

CONTAMINATED/INJURED VICTIM FORM

Date: _____ **Time:** _____

Name: _____

Age: _____ **Sex:** **Male** **Female** **Pregnant:** **Yes** **No**

Home Address: _____

City: _____ **State:** _____ **Zip Code** _____

Telephone Number: Home ( ) _____

FRONT

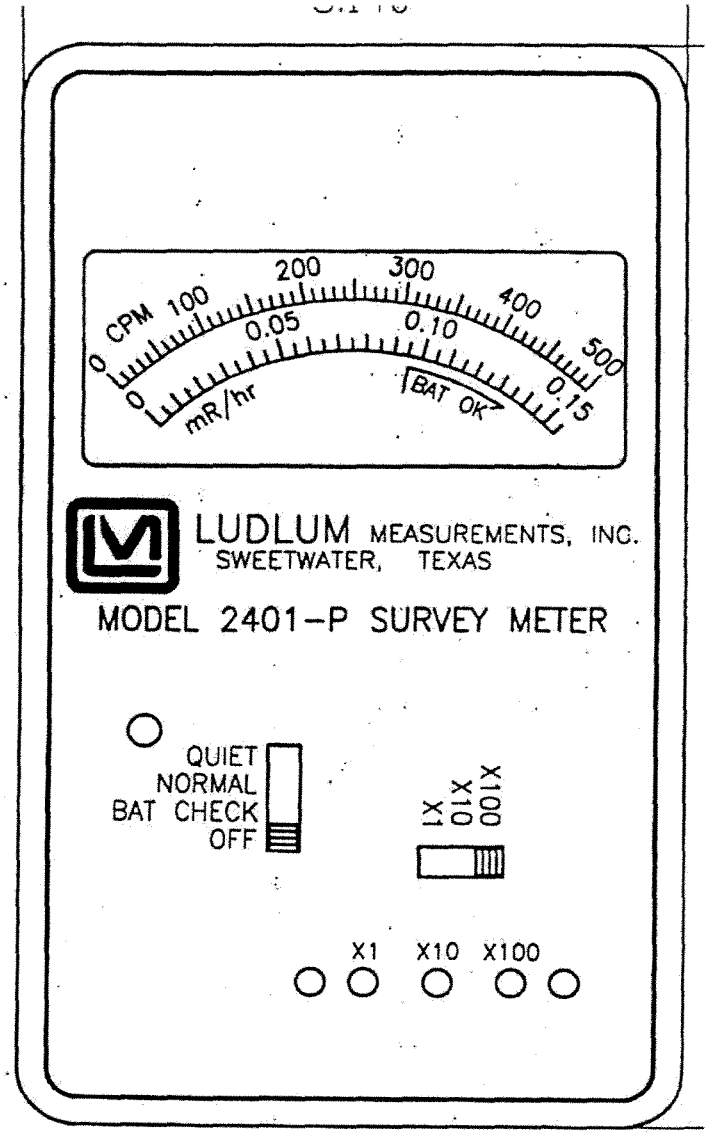
BACK

LOCATION	INJURY	CONTAMINATION	READING

(NOT USED)

Ludlum 2401-P Operating Instructions

1. Check the calibration sticker on the back of the Model 2401-P to verify it hasn't expired.



2. Push the Model 2401-P mode selector switch to the "BAT CHECK" position to verify that the battery is adequate. The meter needle should be in the region marked "BAT OK" on the meter face.

3. Place the Ludlum 2401-P survey meter in the yellow calibration test block fixture. Position the range selector switch to "X 10." The meter face should read 1-3 mR/hr indicating correct operability.

4. Position the range selector switch to "x1." A small meter needle deflection will likely occur, due to normal background radiation. The amount of deflection will depend upon the particular model (due to meter scale differences) and the amount of normal background radiation.

5. Use the Ludlum 2401-P hand held survey meter with the detector side toward the body when performing whole body scans for external contamination. Cover the meter with plastic wrap or bag to prevent contamination.

   If the plastic covering around the meter becomes contaminated, carefully replace the plastic. Discard contaminated plastic in a contaminated waste receptacle.

6. Start measuring at the lowest range, "x1," and then move the range switch upwards if the needle deflects past full-scale.

7. The crosshairs above the meter on the black front panel indicate the location of the center of the detector. Read the value on the meter scale indicated by the needle and multiply by the value of the range multiplier to get the final reading in either exposure rate or count rate.

8. Listen carefully to improve detection of contamination and to prevent meter contamination since you will be able to watch the meter rather than the readings.

9. Hold the Ludlum 2401-P meter about 1/2 inch away from the area being monitored and scan slowly (about 1 inch per second) over the entire body. The meter detector should always face the individual's body surface.

10. Pay particular attention to hands, feet (including bottom of shoes), head, and shoulders. Take approximately 5 minutes to monitor each individual.

11. Upon noticeable increase in audio count rate, investigate the body area to identify the location and extent of contamination. **If a reading of greater than 0.1 mR/hr above background is detected, the individual should be considered contaminated.**

FCOR-1

APPROVED BY	COUNTY OF ROCKLAND	PROCEDURE NO.
OFES:_____ FCOR:_____	OFFICE OF FIRE AND EMERGENCY SERVICES	FCOR-1

RADIOLOGICAL EMERGENCY RESPONSE AGENCY PROCEDURE

FCOR-1

FIRE COORDINATOR EMERGENCY RESPONSE ACTIONS

1.0 PURPOSE

The purpose of this procedure is two-fold:

- Provide Rockland County Fire Services with a plan in the event of an emergency at the Indian Point Energy Center (IPEC).
- Provide a large group (approximately 120) of trained firemen to assist in an emergency. Fire services personnel and fire equipment will be stationed at six staging areas: Hillcrest, New City, West Nyack, Orangeburg, Spring Valley and Tallman.
- Rockland County has adopted the National Incident Management System/Incident Command System for EOC operations. The Fire Coordinator is part of the operations section, public safety branch.

2.0 RESPONSIBILITY

- All Fire Departments within the County of Rockland will be responsible for all fires/emergencies during a declared emergency at Indian Point.
- Fire Departments that are now assigned duties at general public and school reception centers will perform monitoring and decontamination operations.
- Fire services personnel will provide fire and rescue services.
- Fire services personnel will assist local police with traffic control, route alerting and evacuation activities.

3.0 PRECAUTIONS

Fire Service personnel operating in radiation areas will be appropriately trained and equipped.

4.0 PREREQUISITES

An Alert or higher emergency class has been declared at IPEC.

5.0 ACTIONS

Summary

- The Rockland County Fire Coordinator shall notify all Deputy Fire Coordinators and all Rockland County Fire Chiefs when an emergency is declared at IPEC.

Instructions

When notified, the County Fire Coordinator should perform the steps indicated below. When a step has been initiated, initial the step and indicate the time in the margin.

5.1 Receive Initial Notification

Notification of Unusual Event

5.1.1 No response required unless otherwise directed.

Alert, Site Area Emergency and General Emergency

5.1.2 The County Fire Coordinator will receive notification from the Sheriff's Communications Center (44 Control) or when the Communications Center (44 Control) is instructed otherwise by the County Director of Fire and Emergency Services (CDFES).

5.1.2 Upon notification from the Sheriff's Communications Center (44 Control), the County Fire Coordinator, or alternate, will record time of initial notification an report to the EOC.

5.2 Mobilization

5.2.1 All Deputy Fire Coordinators (DFC's) shall report to EOC.

5.2.2 DFC's shall determine and assess the emergency situation.

5.2.3 If requested, DFC's shall alert all fire services personnel to report to their respective fire stations and standby for further instructions.

5.2.4 DFC's shall pick up radiological equipment and supplies and report to their assigned staging areas.

5.2.5 DFC's shall alert all fire services personnel and request that they report to their assigned staging areas.

5.2.6 Responding Fire Department will deploy three firefighters, one officer and one piece of fire equipment and a driver.

5.3 Set Up EOC

5.3.1 Upon arrival at EOC, have identification card readily available and check in through security.

5.3.2 Log in on sign-in sheet located at security desk in hall.

5.3.3 Obtain TLD from security after signing in.

5.3.4 Sign name and agency on EOC staffing roster located in EOC.

5.3.5 Inventory County Fire Coordinator Inventory.

5.3.6 Set up County Fire Coordinator area (Floor plan provided).

5.3.7 Verify operability of phone.

5.3.8 Record time of initial notification here_____.

5.3.9 Report to EOC Operations Manager.

5.3.10 Obtain briefing from Operations Manager.

5.4 EOC Operations

5.4.1 At your discretion, request Sheriff's Communication Center to mobilize all local fire departments and request they standby at their stations.

5.4.2 Maintain the status of available equipment and manpower for response; and provide status updates to all responding departments.

5.4.3 Determine and assess the emergency situation with respect to fire and rescue services.

5.4.4 Evaluate and act on requests for assistance received from other jurisdictions.

5.4.5 Coordinate with EMS Coordinator to assist in emergency first aid and transportation for ill and injured.

5.4.6 When requested, direct appropriate fire department and supplies to Personnel Monitoring Centers at Reception Centers.

5.4.7 Coordinate with DOH Dose Assessment Team Leader on need to relocate equipment due to plume path.

5.4.8 Coordinate the distribution of dosimetry with each fire department

5.4.9 Prepare to support protective actions as directed by the Emergency Coordinator.

5.4.10 Support activities as requested by EMS Coordinator and Law Enforcement agencies.

5.4.11 Coordinate the local fire departments in the support of notification of the general public, via mobile P.A. equipment, of the emergency and what actions to take, if requested.