

09/03/82

UNITED STATES OF AMERICA  
NUCLEAR REGULATORY COMMISSION

BEFORE THE ATOMIC SAFETY AND LICENSING BOARD

In the Matter of )  
SOUTHERN CALIFORNIA EDISON COMPANY, ) Docket Nos. 50-361 OL  
ET AL. ) 50-362 OL  
(San Onofre Nuclear Generating )  
Station, Units 2 and 3) )

NRC STAFF'S RESPONSE TO LICENSING BOARD'S MEMORANDUM  
AND ORDER (CONCERNING WHETHER FURTHER PROCEEDINGS  
ON THE ADEQUACY OF OFFSITE PLANNING  
FOR MEDICAL SERVICES SHOULD BE CONDUCTED)

By Memorandum and Order (Concerning Whether Further Proceedings on the Adequacy of Offsite Planning for Medical Services Should Be Conducted), dated August 6, 1982, the Licensing Board posed a number of questions to the parties and FEMA (through the NRC Staff) regarding the need for and nature of further Licensing Board proceedings concerning medical services for the offsite public.

The Staff's response to each of the Licensing Board's questions follows. FEMA's responses are appended as Attachment No. 1.

1. If further proceedings were directed, what additional evidence, if any, would you produce on the need for medical services arrangements offsite, beyond that recognized by the Appeal Board in ALAB-680? Describe briefly the thrust of that evidence and the qualifications of proposed expert witnesses.

Assuming the correctness of the Appeal Board's interpretation of the scope of 10 C.F.R. § 50.47(b)(12), ALAB-680 at 15-18, the Staff does not believe it necessary to produce any additional evidence. The Appeal Board's analysis of the need for such arrangements, Id., is consistent

with the Staff's position which is already a matter of record. The Licensing Board's determination that the evidence of record was "rather scanty" on the question of need for medical services was predicated on its contrary conclusion respecting the scope of 10 C.F.R. § 50.47(b)(12). See, Memorandum and Order at 4-5 and Initial Decision, LBP-82-39, at 40, 130-131. Accordingly, accepting the Appeal Board's narrower interpretation of the planning standard, the evidence already of record would be sufficient.

If, on the other hand, the Licensing Board is inclined to presently undertake a further evidentiary presentation based on its broader interpretation of the requirements of 10 C.F.R. § 50.47(b)(12), the Staff would present witnesses to testify with respect to their review of the Applicants' arrangements for medical services, directed to the question of the adequacy of such arrangements. Until such arrangements are submitted, the Staff is unable to specify the qualifications of the persons who would be required first to review and then to testify regarding them, or to more specifically describe the substance of their testimony.

2. Two witnesses, Drs. Linnemann and Ehling, testified that hospitalization was indicated for a person who has received a 150 to 200 rem whole body radiation dose. Tr. 7728, 9992. If that is so, and if it is prudent to assume that perhaps several hundred people offsite could receive such doses in a serious accident, then is it necessary, or at least prudent, to make advance arrangements for medical services for such people.

If, by the term "advance arrangements", the Licensing Board intends presently established, formal agreements with transportation and medical facilities and doctors for the "emergency" treatment of several hundred persons offsite who may have received doses of 150-200 rem, the Staff

does not believe that such specific arrangements are necessary. On the other hand, if the Licensing Board intends "advance arrangements" to encompass the present identification of available and appropriately trained, staffed and equipped medical resources in sufficient numbers to accommodate the foregoing individuals within the near term, the Staff believes that a list of such regional resources would be useful but is not required by 10 C.F.R. § 50.47(b)(12).

3. If such arrangements were to be made, what would they consist of -- beds, decontamination and testing facilities, specially trained personnel, special medicines, what else? Would it be possible to make the necessary arrangements on an ad hoc basis? If so, how long would that take?

See response to question 2, above. With respect to specific arrangements which may actually be required in an emergency, such arrangements could, in the Staff's view, be made on an ad hoc basis given the level of existing overall emergency planning. The Staff would expect that such specific arrangements could be completed within the timeframe associated with the need for treatment of excessive radiation. See, Initial Decision, ¶¶C.4-5 at 132.

4. In assessing the need for medical services, should one assume that the emergency plans for evacuation and sheltering will be effective (as suggested at p. 20 of ALAB-680) or ineffective (as suggested in the FEMA letter quoted at p. 36 of the Initial Decision).

"The overall objective of emergency response plans is to provide dose savings (and in some cases immediate life saving) for a spectrum of accidents that could produce offsite doses in excess of Protective Action Guides (PAGs)." NUREG-0654 at 6. Thus, the Staff does not assume that emergency planning has been ineffective but rather that even given the application of effective emergency protective response measures,

exposure of the public to significant levels of radiation may not be wholly precluded in worst-case accidents.

In addition, the Licensing Board posed a number of legal and procedural questions to which the Staff responds as follows:

1. Could further proceedings be conducted on the basis of affidavits and other written submissions without a hearing?

Absent objection to dispensing with the opportunity for cross-examination, the Staff is aware of no legal impediment to the use of affidavits in lieu of a hearing. However, to assure development of an accurate and adequate record should further evidence be determined to be necessary, responsive filings should be permitted. In light of this, and the time involved in such procedure, the Staff would recommend that any further evidence which the Licensing Board deems necessary, should be offered at a hearing.

2. Should the Licensing Board certify to the Appeal Board the question whether it should conduct any further proceedings and await an answer before doing so?

In view of the divergence of the Licensing Board's views and the observations of the Appeal Board as reflected in ALAB-680 (as well as its apparent intention to deal with the issue on a sua sponte basis, slip op. at 14 n.10), the Staff would urge certification of a question to the Appeal Board seeking its prompt resolution of the matter. Such action would be consistent with 10 C.F.R. §§ 2.718(i) and 2.730(f) in that disposition of the issue by the Appeal Board prior to any further proceeding before the Licensing Board may avoid the needless conduct of a further hearing with its attendant costs in terms of time and expense. Thus, resolution of this matter would have an immediate and significant

practical effect. See, Dairyland Power Cooperation (LaCrosse Boiling Water Reactor), ALAB-617, 12 NRC 430, 432 (1980); also, Statement of Policy on Conduct of Licensing Proceedings, CLI-81-8, 13 NRC 452, 456-457 (1981).

If the Board determines that it is appropriate in this case to certify this issue to the Appeal Board, the Staff recommends that the following question be certified:

To what extent does 10 C.F.R. § 50.47(b)(12) require advance, specific arrangements and commitments for medical services for the general public as opposed to the general knowledge that facilities and resources exist and could be used on an ad hoc basis?

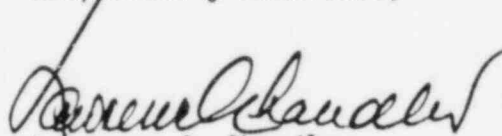
3. Question for FEMA only: Did the Board in its Initial Decision (at 35-37) correctly state the FEMA position?

FEMA's response is attached.

4. Please give us any further comments or suggestions you may have on how we should proceed in these circumstances.

Given the Staff's response to question 2 above, the Staff believes that the most expeditious manner in which to proceed would be to promptly certify the matter to the Appeal Board prior to conducting any further hearing.

Respectfully submitted,



Lawrence J. Chandler  
Deputy Assistant Chief Hearing Counsel

Dated in Bethesda, Maryland  
this 3rd day of September 1982



# Federal Emergency Management Agency

Washington, D.C. 20472

SEP 3 1982

**MEMORANDUM FOR:** Brian Grimes, Director  
 Division of Emergency Preparedness  
 U.S. Nuclear Regulatory Commission

**FROM:** *Richard W. Perry*  
 Richard W. Perry  
 Assistant Associate Director  
 Office of Natural and Technological  
 Hazards

**SUBJECT:** ASLB Memorandum and Order (8/6/82) San Onofre Nuclear Generating  
 Station, Offsite Planning Medical Services

I am responding to the letter to Spence W. Perry, Esquire, the Federal Emergency Management Agency Associate General Counsel (8/11/82), from Mr. Josep Scinto, Deputy Director, Hearing Division, Nuclear Regulatory Commission (NRC), which requested information concerning whether further proceedings on the adequacy of offsite planning for medical services should be conducted. This subject appears in a Memorandum and Order issued by the NRC/ASLB dated August 6, 1982, for the San Onofre Generating Station, Units 2 and 3 (Docket Nos. 50-361-OL and 50-362-OL). The ASLB is proposing to consider in the light of further submissions whether further proceedings may produce a better evidentiary record on the need, if any, for medical services arrangements for the offsite public.

Following are questions the Board asked FEMA as well as our responses (it should be noted that both the questions and the answers address the radiological conditions of contamination or exposure and not a concurrent condition such as broken bones, bleeding or unconsciousness. While I am aware of a variation in viewpoint on the breadth of the discussion, this does not constitute an inconsistency.):

1. If further proceedings were directed, what additional evidence, if any, would you produce on the need for medical services arrangements offsite, beyond that recognized by the Appeal Board in ALAB-6807? Describe briefly the thrust of that evidence and the qualifications of proposed expert witnesses.

There is no additional evidence that FEMA would produce on the need for medical services arrangements offsite, but we will restate our position that appeared on page 36 of the initial decision dated May 14, 1982, which is as follows:

"FEMA believes that special arrangements for medical services need to be made for persons within the 10-mile EPZ who may suffer from radiation exposure, radiological contamination, or both. Moreover, this position is supported by specific planning standards and criteria in NUREG-0654/FEMA-REP-1, Rev. 1 for use by State and local governments in assuring that adequate arrangements are made for the provision of medical services for accidents encompassing the full range of the four classes of emergency action levels as delineated in Appendix 1."

E. Larry Grandlet  
FR. Vernon Adler

-2-

The planning and preparedness guidance provided in NUREG-0654/FEMA-REP-1 for medical services is based, in part, on the possibility that despite the application of protective response measures, persons within the 10-mile EPZ may be exposed to dangerous levels of radiation. Those persons so exposed would, therefore, require appropriate medical services. (Letter to the Board Chairman from Marshall Sanders, Acting Chief, Technological Hazards Division, dated October 15, 1981.)"

The use of expert witnesses for the presentation of new evidence is not expected. Expert witnesses for clarification or reaffirmation may be used by FEMA if needed.

2. Two witnesses, Drs. Linnemann and Ehling, testified that hospitalization was indicated for a person who has received a 150 to 200 rem whole body radiation dose Tr. 7728, 9992. If that is so, and if it is prudent to assume that perhaps several hundred people offsite could receive such doses in a serious accident, then is it necessary, or at least prudent, to make advance arrangements for medical services for such people? \_

Yes, it is prudent to make advance arrangements for medical services for offsite persons who might be classified as contaminated or radiologically exposed (150 to 200 rem whole body radiation dose).

The justification for this answer is, in part, the difficulty of predicting additional and concurrent medical needs. Advanced arrangements are justified because of the need to initiate a medical history for those exposed individuals whose future health could be affected and to reduce organizational demands on hospital emergency staff. The medical services being called for here are those predominantly of medical staff knowledge and capability to handle the additional factor of radiological contamination or exposure.

3. If such arrangements were to be made, what would they consist of—beds, decontamination and testing facilities, specially trained personnel, special medicines, or else? Would it be possible to make the necessary arrangements on an ad hoc basis? If so, how long would that take?

Decontamination facilities and monitoring equipment would be necessary, along with trained and knowledgeable staff. Planning, training and pre-established procedures are clearly a need. The arrangements for beds, special medicines, if any, and perhaps the need for isolation could be handled on an ad hoc basis. The time involved is indeterminate because of the variation in facilities, variation in the magnitude of the demand, and the location of the medical supply source with respect to the hospital(s).

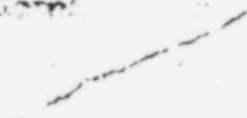
4. In assessing the need for medical services, should one assume that the emergency plans for evacuation and sheltering will be effective (as suggested at p. 20 of AI 683) or ineffective (as suggested in the FEMA letter quoted at p. 36 of the initial decision)?

No assumption should be made about the effectiveness of evacuation and sheltering. These are protective actions available for use just as medical services are to be available when needed. To protect the health of the public, one or all may be required and the decisionmakers need the availability of all three. NUREG-0654/FEMA REP 1, Rev 1, planning standards D, J, and L call for these protective actions to assure that State and local officials will be aware of these alternatives for protecting the public health.

5. Did the Board in its Initial Decision (at 35-37) correctly state the FEMA position

for the position is correctly stated  
and for the general public in the

and for the  
agency plans





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NUCLEAR REGULATORY COMMISSION

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SOUTHERN CALIFORNIA EDISON COMPANY, )  
ET AL. )

(San Onofre Nuclear Generating )  
Station, Units 2 and 3) )

Docket Nos. 50-361 OL  
50-362 OL

CERTIFICATE OF SERVICE

I hereby certify that copies of "NRC STAFF'S RESPONSE TO LICENSING BOARD'S MEMORANDUM AND ORDER (CONCERNING WHETHER FURTHER PROCEEDINGS ON THE ADEQUACY OF OFFSITE PLANNING FOR MEDICAL SERVICES SHOULD BE CONDUCTED) in the above-captioned proceeding have been served on the following by deposit in the United States mail, first class, or, as indicated by an asterisk through deposit in the Nuclear Regulatory Commission's internal mail system this 3rd day of September 1982:

James L. Kelley, Esq., Chairman  
Administrative Judge  
Atomic Safety and Licensing Board  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555\*

Dr. Cadet H. Hand, Jr.,  
Administrative Judge  
c/o Bodega Marine Laboratory  
University of California  
P. O. Box 247  
Bodega Bay, California 94923

Mrs. Elizabeth B. Johnson,  
Administrative Judge  
Oak Ridge National Laboratory  
P. O. Box X, Building 3500  
Oak Ridge, Tennessee 37830

Janice E. Kerr, Esq.  
J. Calvin Simpson, Esq.  
Lawrence Q. Garcia, Esq.  
California Public Utilities Commission  
5066 State Building  
San Francisco, California 94102

David R. Pigott, Esq.  
Samuel B. Casey, Esq.  
John A. Mendez, Esq.  
Edward B. Rogin, Esq.  
Of Orrick, Herrington & Sutcliffe  
A Professional Corporation  
600 Montgomery St.  
San Francisco, California 94111

Alan R. Watts, Esq.  
Daniel K. Spradlin  
Rourke & Woodruff  
10555 North Main Street  
Suite 1020  
Santa Ana, California 92701

Richard J. Wharton, Esq.  
University of San Diego School  
of Law, Alcala Park  
San Diego, California 92110

Mrs. Lyn Harris Hicks  
GUARD  
3908 Calle Ariana  
San Clemente, California 92672

Gary D. Cotton  
Louis Bernath  
San Diego Gas & Electric Company  
101 Ash St., P. O. Box 1831  
San Diego, California 92112

A. S. Carstens  
2071 Caminito Circulo Norte  
Mt. La Jolla, California 92037

Atomic Safety and Licensing Board  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555\*

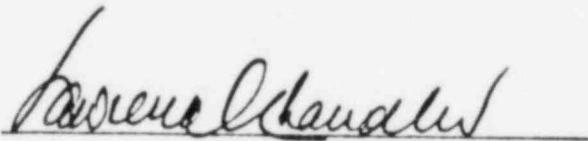
Atomic Safety and Licensing Appeal  
Panel  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555\*

Secretary  
U.S. Nuclear Regulatory Commission  
ATTN: Chief, Docketing & Service  
Branch  
Washington, D.C. 20555\*

Charles R. Kocher, Esq.  
James A. Beoletto, Esq.  
Southern California Edison Company  
2244 Walnut Grove Avenue  
Rosemead, California 91770

Phyllis M. Gallagher, Esq.  
1695 West Crescent Avenue  
Suite 222  
Anaheim, California 92701

Charles E. McClung, Jr., Esq.  
Fleming, Anderson, McClung & Finch  
24012 Calle de la Plata  
Suite 330  
Laguna Hills, California 92653



Lawrence J. Chandler  
Deputy Assistant Chief Hearing Counsel