



STATE OF WISCONSIN

DIVISION OF EMERGENCY GOVERNMENT

Lee Sherman Dreyfus
Governor

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August 3, 1982

Mr. William Menczer, NRC
799 Roosevelt Road
Geln Ellyn, IL 60137

Dear Mr. Menczer:

Thank you for attending our meeting on Potassium Iodide (KI) on July 15th. Many of those in attendance contributed significantly to helping in the development of state and local policies on the acquisition and use of Potassium Iodide in the event of a significant release of radioiodine at one of the nuclear plants.

As a followup on the meeting, I am sending you a number of documents which review and discuss the positions of federal agencies and other interest groups on the use of KI, as follows:

1. Testimony by Brian K. Grimes, NRC before the House Committee on Interior and Insular Affairs.
2. A Cost-Benefit Analysis of Potassium Iodide Distribution Program - Sandia National Laboratories.
3. Federal Register publication of FDA final recommendations on the administering of KI.
4. Statement on the use of Potassium Iodide by the Atomic Industrial Forum.
5. Statement by John C. Villforth, FDA, before the Subcommittee on Oversight and Investigation of the House Committee on Interior and Insular Affairs.
6. Final Recommendations on the Use of Potassium Iodide by FDA.
7. National Plan for the Distribution of Potassium Iodide - as recommended by Task Force #12 to the Conference of Radiation Control Program Directors, Inc.

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8. Statement on KI for the Conference of Radiation Control Program Directors Meeting - Robert T. Jaske.
9. A Decision to Predistribute KI - Tennessee - J. A. "Bill" Graham, Director, Division of Radiological Health, Tennessee Department of Public Health.

Other enclosures include:

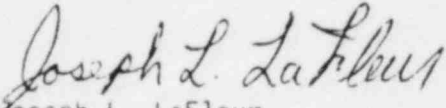
1. Federal Register publication of notice of receipt of petitions for rulemaking regarding changing the frequency of nuclear plant exercising. The National Emergency Management Association, the association of the 50 state directors of emergency government has been lobbying the NRC to reduce exercise frequency.
2. Current methodology for determining protective action recommendations.

The final enclosure is a paper which outlines and identifies the elements of a state policy on KI. We would like your response to any of the articles or your comments on any additional elements which should be included in a state KI policy.

In order to write our final policy statement, we would appreciate receiving your response (so we know that we are going in the right direction) no later than August 23, 1982. Please direct your comments to Garrett Nielsen.

We look forward to hearing from you.

Sincerely,


Joseph L. LaFleur
Administrator

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KI POLICY ELEMENTS

The following elements would be incorporated in a set of policy guidelines for state and local government action in the event of a radiological release from a nuclear plant which was determined to have a significant radioiodine content:

1. KI will not be predistributed to the general population in Wisconsin until all other safety alternatives have been used. Alternative protective actions to be used (e.g., sheltering and/or evacuation);
2. Some people may unavoidably be exposed to radioactivity. These people could include emergency workers and the immobile (and in some cases, institutionalized) population and others unexpectedly exposed due to a surprise release. These people may be protected in part, by other measures such as sheltering and the wearing of protective clothing. As a supplementary protective action, when radioactivity dose levels warrant, KI could be offered as a blocking agent against the intake of radioactive iodine into the thyroid gland.
3. A small percentage of people taking KI may suffer adverse side effects. Where possible, therefore, KI should be administered under medical supervision with proper control of dosage. Side effect information sheets should be made available at the dispersal site.
4. Recommendation on the administering of KI should be made by the Governor on the advice of the State Radiological Coordinator and other state health officials, through county health officials. The taking of KI is only to be recommended. The decision to take it is an individual and personal one, based on these recommendations. Health orders and liabilities are being studied at this time.
5. In order to provide immediate access to KI for emergency workers. A supply should be stockpiled in each risk county, probably at the county EOC. Sufficient KI should be stockpiled to provide a three-day supply for each emergency worker. The number of emergency workers should be locally determined by county health officials.
6. Local stockpiles of KI will be supplemented by 1) stockpiles kept at the nuclear plant, if agreeable to utility officials, and 2) local pharmacies. County plans should identify these supplemental supply sources and the approximate amounts which could be quickly provided.
7. To meet longer-term needs, additional supplies of KI may be secured by the state from FEMA regional stockpiles for a state stockpile or alternatively, from state or regional pharmaceutical supply houses, and transported to the county for distribution.