

Central file

AUG 16 1982

MEMORANDUM FOR: Chairman Palladino

FROM: William J. Dircks
Executive Director for Operations

SUBJECT: CONTRACT TO DETERMINE AVAILABILITY OF MEDICAL SERVICES
(RS-NRR-82-128)

Your July 30, 1982 memorandum requested responses to several questions regarding the subject contract to develop information on the availability of medical services for treating people with acute radiation injuries. Supportive medical treatment can reduce the number of early fatalities following a severe reactor accident, and current staff accident assessments typically assume the availability of such treatment. The only compiled information on such capabilities of hospitals is in WASH-1400, which is neither current nor comprehensive.

First, Commissioner Ahearne asked why NRC should acquire the information vice FEMA, State and local governments, or licensees. FEMA, through staff contacts, has indicated they have no plans to acquire this information. Absent a FEMA initiative or directive, it is unlikely that State and local governments can or will provide the needed information in a timely manner. Although applicants and licensees could be asked to provide it, their primary responsibility concerns local medical service capability for treatment of on-site personnel only. The NRC staff needs information on the capability for treating members of the general public on a nationwide basis, independent of whether a reactor is located in a particular region, since all such facilities would be candidates for treating affected individuals in the event of a serious accident.

This need stems from the calculated consequences of the most severe of the core-melt scenarios. In the past, the staff has assumed that some fraction of the public receiving substantial doses receives supportive medical treatment such that the health impacts are significantly reduced from that which would occur without the treatment. In the most serious accident scenarios, the number of such individuals assumed to be treated can be very large, and questions may be raised in licensing proceedings and in other forums regarding the actual ability of medical facilities to handle this magnitude of patients following a single event. Supportive treatment is not needed immediately following irradiation but can be started 20 days later. The staff believes that, in the event of a very serious accident, there would be a mobilization of medical resources throughout the nation to aid the exposed population and, thus, considers this aspect in making calculations of the consequences of a very severe accident. However, the basis for assumed available medical resources is not well-founded and vulnerable to challenge. This proposed contract seeks to provide a better basis for the assumptions within risk

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OFFICE	assessments and within testimony before Boards, including the Indian Point proceeding.					
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With regard to whether IE or RES should sponsor the effort, NRR needs the information for its risk evaluations and associated hearing work. Because of the urgent time frame of anticipated hearing schedules, especially that for Indian Point, NRR initiated the subject procurement action. Independently, IE decided to obtain similar information with the intent of incorporating it into the data system of the operations center. The latter effort, at a cost of \$2,200, is an analysis of the existing data banks on hospital capabilities; the data banks do not explicitly reflect treatment capabilities for radiation injuries. The NRR effort seeks to develop more explicit data on hospital capabilities. NRR has modified its procurement package to reflect the information being obtained from the IE effort and plans to go ahead with the procurement package at a cost of approximately \$30,000.

In summary, there is an urgent short-term need in on-going licensing proceedings to have data on the capabilities of hospitals to treat radiation injuries. It is unlikely that FEMA or others could provide the information in a timely manner. In principle, IE could sponsor the subject effort but, since NRR has the dominant role in the proceedings, the exigencies of the situation (e.g., its risk assessments, testimony and associated hearings) moved NRR to obtain the information directly.

I hope this clarifies the matter. I would propose to lift the hold on this contract as rapidly as possible and would appreciate your approval to do so.

(Signed) William J. Dircks

William J. Dircks
Executive Director
for Operations

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MEMORANDUM FOR:	Chairman Palladino	JCarter	LGHulman
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FROM:	William J. Dircks		RMattson
	Executive Director for Operations		AEB R/F
			BGrimes
SUBJECT:	CONTRACT TO DETERMINE AVAILABILITY OF MEDICAL SERVICES (RS-NRR-82-128)		

The aforementioned contractual work was proposed by NRR to provide information helpful to its environmental impact assessment, risk evaluation and associated hearing work. Supportive medical treatment can relax the threshold for early fatalities in the event of a severe reactor accident, and current staff accident impact assessments typically assume the availability of such treatment. The only available information to support this assumption is from WASH-1400 and is not current.

Staff contacts with Marshall Sanders, Chief of the Programs Development Branch, Technical Hazards Division, FEMA, and David Bensen, Office of Research, FEMA, indicated that FEMA was not providing and had no plans to provide the information required. Although applicants and licensees could be asked to provide it, their primary responsibility is for supportive medical service capability locally only for treatment of onsite personnel. The staff is interested in the determination of this capability for treating members of the general public on a nationwide basis since long-distance transportation of affected individuals would appear to be no barrier to the potentially beneficial use of such facilities, no matter where they may be located in the United States.

Because of the urgent time frame of anticipated hearing schedules, especially that for Indian Point, NRR proceeded with a proposed procurement action to obtain the data. Concurrently, IE decided to obtain some similar information for emergency planning purposes. The NRR procurement package was put on hold for possible modification and NRR now plans to go ahead with a procurement of approximately \$30K in cost and a changed scope to utilize the information obtained from the IE effort.

William J. Dircks
Executive Director for Operations

cc: Commissioner Gilinsky
Commissioner Ahearne
Commissioner Roberts
Commissioner Asselstine

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*See previous concurrence

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MEMORANDUM FOR: Chairman Palladino

FROM: William J. Dircks
Executive Director for Operations

SUBJECT: CONTRACT TO DETERMINE AVAILABILITY OF MEDICAL SERVICES
(RS-NRR-82-128)

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The aforementioned contractual work was proposed by NRR to provide information helpful to its environmental impact assessment, risk evaluation and associated hearing work. Supportive medical treatment can relax the threshold for early fatalities in the event of a severe reactor accident, and the determination of the extent of regional and nationwide availability of such treatment is important for staff evaluations. The only available information is from WASH-1400 and is not considered current.

Staff contacts with Marshall Sanders, Chief of the Programs Development Branch, Technical Hazards Division, FEPA, and David Bensen, Office of Research, FEPA, indicated that FEPA was not providing and had no plans to provide the information required.

Licensees are concerned with supportive medical service capability locally only for treatment of onsite personnel. Since the determination of this capability for treating members of the general public is a national problem requiring possible long-distance transportation of affected individuals, the responsibility for the determination lies with the Federal Government; in this situation, of necessity, the NRC.

Because of the urgent time frame of anticipated hearing schedules, especially that for Indian Point, NRR proceeded with a proposed procurement action to obtain the data. Concurrently, IE decided to obtain some similar information for emergency planning purposes. The NRR procurement package was put on hold for possible modification vis a vis the DEP effort results. NRR plans to go ahead with a procurement of approximately \$30K in cost and a changed scope to assess and apply the information obtained from the IE effort.

William J. Dircks
 Executive Director for Operations

cc: Commissioner Gilinsky NRR/D EDO
 Commissioner Ahearne HDenton WDircks
 Commissioner Roberts 8/ /82 8/ /82
 Commissioner Asselstine

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