September 9, 1982

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

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

Dear Members of the Board:

On September 3, 1982, the Staff served its response to the Licensing Board's Memorandum and Order of August 6, 1982, appending to it the then best available copy of FEMA's response. Subsequently, the Staff has received the original of FEMA's response and is able to provide the Licensing Board and parties with a more legible copy, which is attached.

Sincerely,

Lawrence J. Chandler

Lawrence J. Chandler
Deputy Assistant Chief Hearing Counsel

Enclosure: As stated above

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DATE	9/9/82						

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. Krimm
Assistant Associate Director
Office of Natural and Technological Hazards

SUBJECT: ASLB Memorandum and Order (8/6/82) San Orofre 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. Joselp Scinto, Deputy Director, Hearing Division, Nuclear Reguatory 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-680? 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."

* * *

> 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, what 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 knowledgable 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 ALAB-680) 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?

Yes, the position is correctly stated. Arrangements for medical services should be made for the general public in the 10-mile emergency planning zone.