UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

BEFORE THE COMMISSION

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

# NRC STAFF'S REPLY BRIEF REGARDING MEDICAL SERVICES ISSUES CERTIFIED BY COMMISSION ORDER

Lawrence J. Chandler
Deputy Assistant Chief Hearing Counsel

Dated: October 29, 1982

DESIGNATED ORIGINAL

Certified By Moore

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## I. INTRODUCTION

Pursuant to the Commission's Order in this proceeding, CLI-82-27, (September 24, 1982), briefs were filed by the Staff, Applicants and Intervenors addressing the two issues certified by the Commission pertaining to the requirements of 10 C.F.R. § 50.47(b)(12).[1/] In accordance with the foregoing Order, the Staff submits its reply brief, addressing certain of the matters raised in the brief of the Intervenors.

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1/ NRC Staff's Brief Regarding Medical Services Issues Certified By Commission Order, October 14, 1982; Applicant's Brief Re Certified Questions on Definition and Implementation of 10 C.F.R. 50.47(b)(12), Medical Services, October 13, 1982; Intervenors' Brief Regarding Required Medical Services For The General Public In Response To Commission Order CLI-82-27, October 13, 1982.

## II. DISCUSSION

In the Brief filed by Intervenors, they first argue, with respect to the first certified question, that the term "contaminated injured individuals" as used in 10 C.F.R. § 50.47(b)(12) includes "an individual who was contaminated and also injured, either traumatically or because he had received a life threatening dose of radiation" (Intervenors' Brief at 3). This is not in itself inconsistent with the Staff's position which recognizes that severe radiation exposure may be included in the term "contaminated injured" as used in this regulation. (Staff's Brief at 5). Nevertheless, while the foregoing is the case, a recognition of the implications associated with "contamination" and "exposure" is useful to an understanding of why, as argued by the Staff, this regulation does not require advance arrangements for medical services for the general public.

"Contamination" is commonly understood to mean the deposition of radioactive material on the surface of an object or person. See, Radiological Health Handbook, Glossary, U.S. Department of Health Education and Welfare, Public Health Service, (Revised, January 1970); NUREG-0770, Glossary of Terms, Nuclear Power and Radiation (1981). "Exposure" is commonly understood to be the absorption of radiation or ingestion of a radionuclide. Id. "Decontamination" is the reduction of contamination by removal or decay. See, NUREG-0770.

The uncontroverted testimony in this proceeding establishes that decontamination alone (unaccompanied by traumatic, physical injury), does not require hospital treatment. Rather, decontamination can be accomplished wherever shower facilities are available (Hauck,

Tr. 7121-7122; Linnemann, Tr. 7085-7087, 10,822, Ehling, Tr. 9982). Indeed, decontamination could be accomplished by washing with soap or other cleansing agents and water. Of course, precautions must be taken in handling any contaminated person to avoid the spread of contamination, for example, from clothing. (Linnemann, Tr. 7719-7721, 7082-7084, 7727-7729, 7745-7748. These factors were fully recognized by the Appeal Board, in ALAB-680 (slip op. at 17-18, see also n. 11 at 16).

The treatment of radiation exposure, while requiring medical care, does not require it immediately. As Dr. Linnemann, Applicants' witness explained, the clinical course of radiation injury unfolds over time. (Linnemann, Tr. 7721, 7723). Thus, "... in all cases, the traumatic injury takes precedence." (Linnemann, Tr. 7721).[2/] Accordingly, it seems clear that emergency medical services for contamination or exposure alone are not warranted. Intervenors' contrary interpretation of 10 C.F.R. § 50.47(b)(12), is therefore, unfounded to the extent it would require arrangements for emergency medical services for persons who are contaminated but not traumatically injured.

Intervenors' second line of argument that the provisions of 10 C.F.R. § 50.47(b)(12) require arrangements for medical services for the general public, is based on a "statutory construction" type analysis. First, they assert that FEMA has determined that such

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2/ The testimony of Dr. Linnemann is helpful in putting a perspective on the type of medical care called for in the context of the certified questions. (See, Tr. 7718-7729). While time is not of the essence in the treatment of exposure, that is not to say that certain symptoms may not manifest themselves within a shorter time (Id. at 7718).

arrangements are required (Intervenors' Brief at 4-5); second, that NUREG-0654 supports such interpretation (Intervenors' Brief at 5-6); and third, that the "legislative history" of the regulation also supports such interpretation (Intervenors' Brief at 6-7). The Staff, in its Brief, has addressed the first of the foregoing matters regarding FEMA's views.3/

The second aspect of Intervenors' position turns on their reading of NUREG-0654. Intervenors argue that the "large amount of regulatory language [in NUREG-0654] would not have been used if the regulations meant only to protect those who were traumatically injured and also contaminated in the event of emergency," because, as the evidence establishes, the number of persons in this population would be small. (Intervenors Brief at 5-6). The Staff submits that none of the portions of NUREG-0654 cited in Exhibit A to Intervenors' Brief, save one, even suggests, let alone compels a conclusion that arrangements for medical services for members of the general public are called for. In general, the referenced portions of NUREG-0654 relate either to support services ancillary to medical services for onsite or offsite emergency workers (e.g., A.2.a., A.3., B.9., C.4, F.2, J.10.e., L.1., L.4., N.2.c., O.1.a., O.1.b., O.4.h.) or to planning requirements other than to the provision

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3/ With respect to the first facet of Intervenors' argument-the views expressed by FEMA - we would only add to what we have previously stated that the inference which Intervenors would have the Commission draw, that the FEMA letters, attached to their Brief as Exhibit B, should be viewed as "findings" within the meaning of 10 C.F.R. § 50.47(a)(2) to which a rebuttal presumption attaches, is incorrect. We submit that the letters comprising Exhibit B are merely FEMA responses to Licensing Board questions of a generic nature and are not "findings" which address the adequacy of the San Onofre emergency plans pursuant to 10 C.F.R. § 50.47(a)(2).

of medical services as related to the certified questions. (E.g., J.10.d., J.10.f.).[4/] The sole exception is the reference to Planning Standard L.3, cited in Exhibit A at 4. As noted in the Staff's Brief (at 16), this provision requires a listing of facilities capable of providing for the treatment of contaminated injured individuals which could be used if local facilities were unavailable or if additional facilities were required. (See, NRC Staff Comments on FEMA letter of October 15, 1981, Regarding Offsite Medical Facilities, attached to letter from Lawrence J. Chandler, Deputy Assistant Chief Hearing Counsel, to Licensing Board, dated November 16, 1981). Clearly, this provision would facilitate the ad hoc arrangements which may be necessary for members of the general public.

Intervenors' final argument on the first certified question is premised on their interpretation of the legislative history of 10 C.F.R. § 50.47(b)(12). Intervenors contend that NUREG-0396, a document relied on by both the Applicants and Staff, is largely irrelevant and rather that NUREG-75/111 is more appropriately relied on. Contrary to Intervenors' argument, however, we have already noted that NUREG-75/111 is explicitly superseded by NUREG-0654 (see, Staff's Brief at 9) and that NUREG-0396 continues to be a viable and relevant document on which reliance can be placed. (Id.). Indeed, this document is of particular significance since it details the basis for the concept of Emergency

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4/ Intervenors' suggestions regarding the use of radioprotective drugs such as potassium iodide are outside the scope of the issues before the Commission regarding 10 C.F.R. § 50.47(b)(12) which deal with the need for and scope of arrangements for emergency medical services.

Planning Zones and the risk to be accounted for in emergency plans. (See, NUREG-0654, I.D at 5-18; see also, Statement of Considerations accompanying the promulgation of the current emergency planning regulations, 45 Fed. Reg. 55402, 55406).

The crux of Intervenors' argument respecting the second certified question is that "advance planning, as opposed to mere identification of resources... [is required] to facilitate the prompt delivery of medical services which are needed to protect the public health and safety. Prompt delivery of services will be crucial in order to mitigate the effects of radiation exposure in the event of a nuclear power plant accident." (Intervenors' Brief at 8). As set forth above, the record in this proceeding establishes that immediate, emergency medical treatment is not required for contamination or exposure and that traumatic injury takes precedence (see page 3, supra). In light of this, the requirements for monitoring of evacuated members of the general public at relocation centers (NUREG-0654, Planning Standard J.12), together with the identified medical resources (Id., Planning Standard L.3), allow for the timely identification and treatment of contamination or exposure either at a relocation center or other facility as appropriate. Thus, the basic system of "triage" called for by Intervenors (Intervenors' Brief at 8-9, 11) is already in place by virtue of other provisions of the Commission's regulations and NUREG-0654.

With respect to "triage" Intervenors further suggest that the "triage concept ... [includes] screening, counseling, and referral components." (Intervenors' Brief at 11). While certain of these elements may be related in a procedural way to the provision of medical

services within the bounds of 10 C.F.R. § 50.47(b)(12), Intervenors appear to be contemplating a more far-reaching program of community education and long term care (see, Intervenors' Brief at 12), greatly exceeding the nature of emergency medical arrangements envisioned by the Commission's regulations.

## III. CONCLUSION

As discussed above and in the Staff's Brief, it is the Staff's judgment that, because of the core services called for by the Commission's regulations and NUREG-0654 for medical services for onsite and offsite emergency workers and the ability to expand upon such arrangements in the substantial time available in which effective treatment can be provided, no specific advance arrangements for emergency medical services expressly for the general public need be made. Consequently, 10 C.F.R. § 50.47(b)(12) does not require that arrangements be made for members of the general public who may be severely exposed and to the extent that medical services are necessary, arrangements for medical services can best be made on an ad hoc basis.

Respectfully submitted,

Lawrence J. Chandler
Deputy Assistant Chief Hearing Counsel

Dated in Bethesda, Maryland
this 29th day of October 1982

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CERTIFICATE OF SERVICE

I hereby certify that copies of "NRC STAFF'S REPLY BRIEF REGARDING MEDICAL SERVICES ISSUES CERTIFIED BY COMMISSION ORDER" 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, or as indicated by double asterisk by hand-delivery, this 29th day of October 1982:

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