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UNITED STATES OF AMERICA

NUCLEAR REGULATORY COMMISSION82 DCT 29 M1:16

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

APPLICANTS' REPLY BRIEF RE CERTIFIED QUESTIONS ON DEFINITION AND IMPLEMENTATION OF 10 CFR 50.47(b)(12), MEDICAL SERVICES.

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Dated: October 28, 1982.

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

APPLICANTS' REPLY BRIEF RE CERTIFIED QUESTIONS
ON DEFINITION AND IMPLEMENTATION OF
10 CFR 50.47(b)(12), MEDICAL SERVICES.

I INTRODUCTION.

On September 24, 1982 the Nuclear Regulatory Commission ("Commission") issued "Order (CLI-82-27)" ("Order") in the above-captioned docket. Pursuant to said Order, Southern California Edison Company, San Diego Gas & Electric Company, City of Anaheim, California, and City of Riverside, California ("Applicants") submitted "Applicants' Brief Re Certified Questions on Definition and Implementation of 10 CFR 50.47(b)(12), Medical Services" (Applicants' Brief"). Applicants have been served with copies of "Intervenors' Brief Regarding Required Medical Services for the General Public in Response to Commission Order CLI-82-27" ("Intervenors' Brief") submitted by Intervenors GUARD, et. al., and "NRC Staff's Brief Regarding Medical Services Issues Certified By Commission Order" ("NRC Staff Brief"). Pursuant to the subject Order, Applicants hereby submit their reply to Intervenors' Brief and NRC Staff Brief.

INTERVENORS DEFINITION OF "CONTAMINATED INJURED INDIVIDUALS"
DOES NOT INCLUDE MEMBERS OF THE GENERAL PUBLIC WHO HAVE BEEN CONTAMINATED BY RADIATION.

Applicants understand Intervenors' position to be that "contaminated injured individuals" includes: (1) persons who are contaminated and have suffered a traumatic injury, and (2) persons who have suffered a severe radiation exposure, in excess of 150 rem to the Whole body.

Intervenors do not include persons who are simply contaminated and who can wash off the contamination with soap and water or persons who have been exposed to smaller radiation doses. (Intervenors' Brief, pp. 2-3.) 1/

Intervenors definition of the affected class does not present a segment of the general public in addition to that defined by Applicants that would require emergency medical services. Although any person having experienced a

Individuals in the general public, Offsite, who have experienced contamination will be diagnosed and decontaminated as required by 10 CFR 50.47(b)(10). Guidelines for such protective action are set forth in NUREG-0654, II, J. Protective Reponse. Applicants' plans contemplate decontamination of individuals not experiencing traumatic injury at reception centers or such public facilitie: as school gymnasiums and recreation centers. (cf. Applicants' Ex. 53, Orange County Emergency Response Plan, San Onofre Nuclear Generating Station, December, 1980, Section XII, E. Decontamination.) Additionally, appropriate use of thyroid prophylaxis has been arranged. (Cf. Initial Decision, May 14, 1982, at pp. 103-105, 127 Southern California Edison Company, et al. (San Onofre Nuclear Generating Station, Units 2 & 3) LBP-82-39, 15 NRC 1163, 1230-1231, 1242 (1982).)

whole body dose greater than 150 rem will be in need of medical services, such services are not of an emergency nature. The treatment of severe radiation evolves over a longer time period and thus medical services can be arranged on an ad hoc basis. (cf. Applicants' Brief, pp. 13-16.)

III

THE CRITERIA FOR OTHER PLANNING STANDARDS OF NUREG-0654 ARE INDEPENDENT OF THE CERTIFIED QUESTIONS, AND HAVE BEEN MET.

Exhibit A and Exhibit B which cite portions of "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants" NUREG-0654 FEMA-REP-1 Rev. 1 ("NUREG-0654"), and correspondence from FEMA dated October 15, 1981, consisting of two letters from Marshall E. Sanders of FEMA to Atomic Safety and Licensing Board Chairman James L. Kelley and a memorandum entitled "ASLB Memorandum and Order (8/6/82) San Onofre Nuclear Generating Station, Offsite Planning Medical Services" from Richard W. Krimm of FEMA to Brian Grimes of NRC Staff.

With respect to Exhibit A (the excerpts from NUREG-0654), Intervenors' argue that planning standards other than "L. Medical and Public Health Support" NUREG-0654 call for advance medical services arrangements for the general public. Intervenors interpretation of NUREG-0654 is incorrect. There is no question that many of the planning

standards in NUREG-0654 contain references to public health or medical services involvement. However, each of those references is in the context of the subject planning standard. As an example, Planning Standard "F.

Emergency Communications" (NUREG-0654, pp. 47-48) requires:

"2. Each organization shall ensure that a coordinated communication link for fixed and mobile medical support facilities exists." This obviously refers to communications between all medical support facilities required by the different standards as required by 10 CFR 50.47(b)(6). The standard has no bearing on the definition of "contaminated injured individuals" under Planning Standard

"L. Medical and Public Health Support" (NUREG-0654, page 69) which is intended to provide criteria to meet 10 CFR 50.47(b)(12).

Applicants submit the same analysis holds true for each of the references to specific planning standards in NUREG-0654 having some mention of medical support. The question pending at this time is the definition of "contaminated injured individuals," not whether medical services are appropriately integrated into the overall emergency response plan.

IV

THE STATED FEMA POSITION MAY NOT CONFLICT WITH APPLICANTS' POSITION.

The FEMA position appears internally inconsistent, but may not conflict with Applicants' position. As pointed

out by NRC Staff, FEMA considers severe "Class 9" events to be best met by ad hoc responses. The starting point for such a response would be the previously identified medical resources beyond the plume EPZ. NUREG-0654 is, in FEMA's view, directed toward preparations for accidents less than "General Emergencies." (NRC Staff Brief, pp. 13-14.)

Except for onsite personnel and emergency workers, members of the general public who have suffered traumatic injury and are contaminated, and persons requiring longer term medical treatment as a result of a low probability-severe consequence (Class 9) accident, FEMA has not focussed on which members of the general public may be within the "contaminated injured individuals" class for accidents below the general emergency level and for which emergency medical services may be required.

As stated by FEMA in its letter of October 15, 1982 from Mr. Sanders to Judge Kelley:

Question: "In FEMA's consideration of this question [previous question addressed] what consideration is given to very low probability high-consequence accidents, commonly referred to as class 9 accidents?"

Class 9 accidents are commonly understood to indicate nuclear power plant accident involving a core melt down. As indicated earlier, the planning and preparedness guidance provided in NUREG-0654 for the provision of medical services to contaminated (injured) persons applies to all four classes of emergency action levels as described an Appendix 1. The fourth class level, "General Emergency," involves "the actual imminent

substantial core degradation or melting with the potential for loss of containment." (Page 1-3)

In response to your specific question, general guidance is provided for the providing of medical services for "General Emergencies." No specific consideration, however, are provided for a class 9 accident. If such an accident occurred and if the accident resulted in a large number of persons being contaminated by excessive levels of radiation, State and local governments would have to rely upon identified medical support organizations in an area beyond the EPZs for the plant where the accident occurred and even other States with facilities that have the required capabilities and resources.

FEMA, in its Memorandum of September 3, 1982 from Richard W. Krimm of FEMA to Brian Grimes, of the NRC Staff which is attached to Intervenors Brief, Exhibit B, states:

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.

This response is not consistent with FEMA's earlier statement that low probability-severe consequences accident would be dealt with on an ad hoc basis with facilities located outside the plume EPZ. This is true since by definition, 150-200 rem whole body doses to members of the general public would not be received in the event of an accident below the general emergency level. (NUREG-0654, Appendix 1.)

The inconsistency apparently arises from a failure to focus on the need for immediate emergency medical services for less than "Class 9" accidents. Applicants' position remains, that except for persons traumatically injured and contaminated, during less than "Class 9" accidents, emergency provisions for the general public are not medically required. That position does not appear to conflict with FEMA's statements on the record of this proceeding.

V

NUREG-0396 REMAINS A VALID PLANNING BASIS.

Applicants have contended that the planning basis set forth in "Planning Basis for the Development of State and Local Government Radiological Emergency Response Plans in Support of Light Water Nuclear Power Plants," NUREG-0396, EPA 520/1-78-016 ("NUREG-0396") is a currently valid planning basis. (Applicants Brief, pp 6-8.) Intervenors contend that NUREG-0396 is irrelevant for the reason it predates the

accident at Three Mile Island. Intervenors would prefer to rely on "Guide and Checklist for the Development and Evaluation of State and Local Government Radiological Emergency Response Plans in Support of Fixed Nuclear Facilities" NUREG 75/111 ("NUREG 75/111"). (Intervenors' Brief, pp. 6-7.)

The post-Three Mile Island validity of NUREG-0396 as a planning basis is reflected by the fact the Commission adopted that planning basis in its NRC Policy Statement "Planning Basis for Emergency Responses to Nuclear Power Reactor Licenses" dated October 18, 1979. (44 Fed. Reg. 61123) Said Policy Statement was adopted well after the accident at Three Mile Island.

NUREG 75/111 is specifically superseded by

NUREG-0654, Revision 1 of October, 1980. (NUREG-0654, page

5.) Further, the portion of NUREG 75/111 appended as

Exhibit C to Intervenors' Brief adds nothing to the present
inquiry and in fact indicates that class of persons for whom
medical services would be appropriate had not then been
determined. This is shown in Footnote 2 to the portion of

NUREG 75/111 attached to Intervenors Brief:

The circumstances under which medical attention would be required or useful for any offsite victims of a radiological accident should be determined by guidance provided by the state or local government public health officer, in consultation with federal health authorities, private physicians and hospitals.

The above language is not compatible with a position that the need for a specific level of medical services for the general public had been determined and required by NUREG-75/111.

NUREG 75/111 provided general planning objectives which were further defined and ultimately incorporated into NUREG-0654 such that NUREG 75/111 was superseded. (cf. Nuclear Regulatory Commission, Emergency Planning Final Regulations (45 Fed. Reg. 55402, 55405).)

VI

THE LEVEL OF MEDICAL SERVICES ARRANGEMENTS
FOR CONTAMINATED INJURED INDIVIDUALS
SHOULD BE DETERMINED IN ACCORD WITH MEDICAL NEED.

Applicants' position that "contaminated injured individuals" as used in 10 CFR 50.47(b)(12) means members of the general public who are traumatically injured and contaminated is based on the need for medical attention. All parties to the proceeding apparently agree that emergency medical services pursuant to 10 CFR 50.47(b)(12) are not required for contaminated individuals or individuals who have experienced doses to the whole body less than 150 rem. The medical evidence on the record of these proceedings indicates that severely exposed individuals will require medical treatment, but that treatment is necessary over an extended period. Applicants contend that such exposure to members of the general public could only result in the event of a low probability-severe consequence accident (Class 9) which NRC Staff and FEMA agree can be met with ad hoc medical services.

The only persons in <u>need</u> of emergency medical services as a result of less than Class 9 accidents are those who are traumatically injured and contaminated. Intervenors have presented no medical basis for further arrangements for medical services and the recommendations of FEMA, when carefully analyzed do not require arrangements in addition to those proposed by Applicants.

Respectfully submitted,

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DECLARATION OF SERVICE BY MAIL

I am over the age of eighteen years and not a party to the above-entitled cause. My business address is 600 Montgomery Street, 12th Floor, San Francisco, California 94111.

I served the foregoing APPLICANTS' REPLY BRIEF RE CERTIFIED QUESTIONS ON DEFINITION AND IMPLEMENTATION OF 10 CFR 50.47(b)(12), MEDICAL SERVICES dated October 28, 1982, by depositing a true copy thereof enclosed in the United States mail, first class (or by Express Mail, where asterisked) at San Francisco, California, on October 28, 1982, enclosed in a sealed envelope with postage thereon fully prepaid, addressed as follows:

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Executed on October 28, 1982, in the City and County of San Francisco, State of California.

I declare under penalty of perjury that the foregoing is true and correct.

KAREN ANDRESEN