

PHILADELPHIA ELECTRIC COMPANY

2301 MARKET STREET

P.O. BOX 8699

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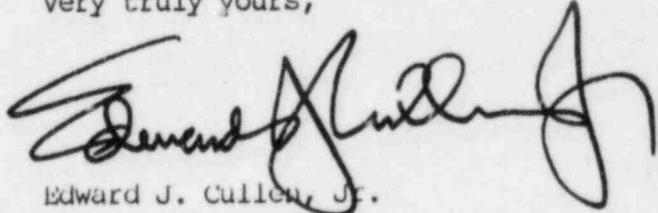
June 1, 1984

Ms. Maureen Mulligan
Limerick Ecology Action
762 Queen Street
Pottstown, PA 19464Re: Limerick Generating Station, Units 1 and 2
Docket Nos. 50-352 & 50-353

Dear Ms. Mulligan:

In accordance with the Board's Order of June 1, 1982, I am forwarding to you copies of correspondence and documents regarding emergency planning among Applicant, NRC Staff, the Commonwealth of Pennsylvania and other responsible governmental agencies. These documents supplement the material which was forwarded by our letter dated May 25, 1984, and provide additional correspondence covering the period April 12, 1984 through May 30, 1984.

Very truly yours,



Edward J. Cullen, Jr.

EJC, jr./pkc
encs.cc: See Attached Service List
0000q/0006q

| | |
|---|-----------------|
| cc: Judge Lawrence Brenner | (w/o enclosure) |
| Judge Peter A. Morris | (w/o enclosure) |
| Judge Richard F. Cole | (w/o enclosure) |
| Troy B. Conner, Jr., Esq. | (w/enclosure) |
| Ann P. Hodgdon, Esq. | (w/enclosure) |
| Mr. Frank R. Romano | (w/o enclosure) |
| Mr. Robert L. Anthony | (w/o enclosure) |
| Zori G. Ferkin, Esq. | (w/enclosure) |
| Mr. Thomas Gerusky | (w/o enclosure) |
| Director, Pennsylvania Emergency Management Agency | (w/o enclosure) |
| Charles W. Elliott, Esq. | (w/o enclosure) |
| Angus Love, Esq. | (w/o enclosure) |
| David Wersan, Esq. | (w/o enclosure) |
| Robert J. Sugarman, Esq. | (w/o enclosure) |
| Martha W. Bush, Esq. | (w/o enclosure) |
| Spence W. Perry, Esq. | (w/o enclosure) |
| Jay M. Gutierrez, Esq. | (w/o enclosure) |
| Atomic Safety & Licensing Appeal Board | (w/o enclosure) |
| Atomic Safety & Licensing Board Panel | (w/o enclosure) |
| Docket & Service Section | (w/enclosure) |
| James Wiggins | (w/o enclosure) |
| Timothy R. S. Campbell | (w/o enclosure) |

COUNTY OF MONTGOMERY

RELATED CORRESPONDENCE

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APR 17 1984

R. A. KANKUS



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OFFICE OF EMERGENCY PREPAREDNESS AND MEDICAL SERVICES

100 WILSON BLVD.
EAGLEVILLE, PA. 19403

OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

OEP 215-631-5100
EMS 215-631-5103

April 12, 1984

Ms. Roberta Kankas
Philadelphia Electric Co.
2301 Market Street
Philadelphia, Pa., 19001

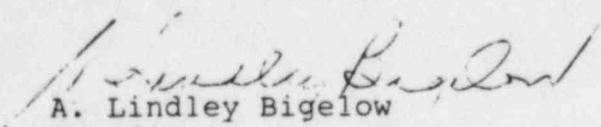
Dear Robbie:

The attached memo from Tom Gibson, Montgomery County Department of Communications, is self-explanatory.

Please advise as to the procedure that will be established to reimburse the county for the overtime associated with the initial and ongoing training needed to maintain an acceptable standard of readiness for dispatchers in support of the Limerick RERP.

We will keep you apprised of other needs as they are generated.

Very truly yours,


A. Lindley Bigelow
Coordinator

ALB:vah
attachment

cc: Tom Gibson
Joseph Hamilton



COUNTY OF MONTGOMERY

COMMISSIONERS
PAUL BAKER BARTLE
ALLAN C. MYERS
RITA C. BANNING

DIRECTOR OF COMMUNICATIONS
JOSEPH D. HAMILTON

DEPARTMENT OF COMMUNICATIONS

100 WILSON BOULEVARD
EAGLEVILLE, PENNSYLVANIA
19403

TO: A. Lindley Bigelow
FROM: Tom Gibson *Tom*
DATE: April 9, 1984
RE: Limerick Power Plant Related Overtime

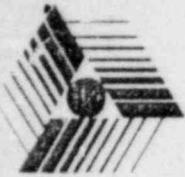
There are normally eight dispatchers scheduled on the day shift in the Communications Center. In the event of an exercise involving a simulated emergency at the Limerick Plant, I would anticipate a requirement for at least four additional dispatchers on overtime to accommodate the added work load.

With regard to dispatcher training, we are required to pay overtime for this purpose as well.

Please advise P.E. Co. that we will expect the County to be reimbursed for these overtime expenditures.

cc: Joseph D. Hamilton

TEG/cf



ENERGY CONSULTANTS

RIVERSIDE OFFICE CENTER 3/2101 N. FRONT ST. / HARRISBURG / PA 17110 / PH.(717)236-0031
CORPORATE OFFICE: 121 SEVENTH STREET / PITTSBURGH / PA 15222-3487 / PH.(412)434-5200

May 18, 1984

Mr. George P. Starkey
Director of Business Affairs
North Penn School District
400 Penn Street
Lansdale, PA 19446

Dear Mr. Starkey:

I would like to inquire as to the status of the "Host School Agreement" between the Perkiomen Valley School District and the North Penn School District. The Perkiomen Valley School District Radiological Emergency Response Plan (RERP) for incidents at the Limerick Generating Station awaits a signed agreement to be added as an attachment.

As you are aware, Perkiomen Valley School District was among seven school districts and nineteen private schools or colleges that required agreements to host evacuated students in the event of an incident at the Limerick Generating Station. To date five school districts and all nineteen private schools and colleges have executed an agreement to host their evacuees. In addition, the sixth school district referenced above expects to sign an agreement within a few weeks.

As this school year comes to an end, I would appreciate it if North Penn School District could review and execute the host school agreement with the Perkiomen Valley School District so that the agreement can be attached to the Perkiomen Valley School District and Montgomery County RERP's before the July 25 practice exercise.

I appreciate your assistance on this and other matters related to emergency planning.

Sincerely,

John H. Cunnington
Associate Senior Planner

JHC:jr
cc. A. Lindley Bigelow, Montgomery County OEP



RELATED CORRESPONDENCE

PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY
P.O. BOX 3321
HARRISBURG, PENNSYLVANIA 17105

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May 21, 1984 '84 JUN -4 P2:13

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Mr. Vince Boyer
Senior Vice President
Philadelphia Electric Company
2301 Market Street
Philadelphia, Pennsylvania 19101

RECEIVED
MAY 23 1984

E. A. KANKUS

Dear Mr. Boyer:

As agreed during our Thursday, May 17, 1984 meeting, enclosed is a copy of the RAC/FEMA Region III comments pertaining to their informal review of the offsite radiological emergency response plans for the Limerick Generating Station.

In line with our discussion last Thursday, we are also currently reviewing the Equipment Resources list for the risk counties and municipalities, and will send you our recommendations later this week.

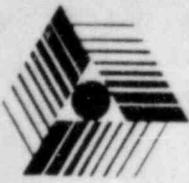
Sincerely,

Adolph L. Belser
Director
Office of Plans and Preparedness

ALB/RJH:ss (Tel: 717/783-8150)

Enclosure

cc: Roberta Kankus, Phila. Electric Company
 Robert Bradshaw, Energy Consultants, Inc.



RELATED CORRESPONDENCE

ENERGY CONSULTANTS

RIVERSIDE OFFICE CENTER 3 / 2101 N. FRONT ST. / HARRISBURG / PA 17110 / PH. (717) 236-0031
CORPORATE OFFICE: 121 SEVENTH STREET / PITTSBURGH / PA 15222-3487 / PH. (412) 434-3200
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May 22, 1984
84 JUN -4 P2:13

OFFICE OF SECRETARY
GOVERNING & SERVICE
BRANCH

Mr. Richard Kratz, Chairman
Perkiomen Township Commissioners
290 Centennial Street
Rahns, PA 19426

Dear Mr. Kratz:

This letter is to confirm the training sessions scheduled for Perkiomen Township on June 7 and June 14. The first session, June 7, 1984, at 7:00 p.m. will take approximately two and a half to three hours and is entitled "Introduction to Radiation/Planning." The second session on June 14, 1984, at 7:00 p.m. will be approximately two to two and a half hours and is entitled "Emergency Operations Center Operations." It includes specific information on the activation and operation of an Emergency Operations Center.

Ideally, the elected officials for your township, the Emergency Management Coordinator and all emergency management coordinating staff officials should be present for both sessions.

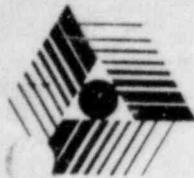
Thank you for your cooperation. If you have any questions or problems concerning these two sessions, please contact Becky Heizer at 215/495-7589.

Sincerely,

Robert T. Bradshaw
Limerick Project Coordinator

RTB: jr

cc. Mr. Joseph McMahon
Ms. Rebecca Heizer



ENERGY CONSULTANTS

RIVERSIDE OFFICE CENTER 3 / 2101 N. FRONT ST. / HARRISBURG / PA 17119 / PH. (717)236-0031
CORPORATE OFFICE: 121 SEVENTH STREET / PITTSBURGH / PA 15222-3487 / PH. (412)434-5200

RELATED CORRESPONDENCE
DUPLICATE
JUN 22 1984
*8 May 22, 1984:13

OFFICE OF SECRETARY
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BRANCH

Chris Odom
Administrative Assistant
Phoenixville Hospital
140 Nutt Road
Phoenixville, PA 19460

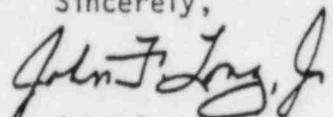
Dear Chris:

Enclosed for your review is a third draft of Attachment XVI to your disaster operations plan (procedures for medical emergencies involving radiation). This draft incorporates the changes you provided by telephone several weeks ago.

In addition, I would like to take this opportunity to complement Phoenixville Hospital for the interest and attention they showed during our recent series of in-service programs. I was favorably impressed by their response and by the caliber of the questions they asked. I hope that you felt the program was of value.

I am looking forward to the program for department heads on June 5. I will call you prior to that date to finalize arrangements.

Sincerely,


John F. Long, Jr.

JFL:jr
Enclosure

XVI

PROCEDURES FOR MEDICAL EMERGENCIES
INVOLVING RADIATION

Phoenixville Hospital
140 Nutt Road
Phoenixville, PA 19460

May 1984

PHOENIXVILLE HOSPITAL

XVI. PROCEDURES FOR MEDICAL EMERGENCIES

INVOLVING RADIATION

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XVI. Procedures For Medical Emergencies

Involving Radiation

I. PREFACE

Individuals exposed to ionizing radiation do not present a radiation hazard to hospital personnel and can be routinely admitted and treated in accordance with standard practices.

However, persons suspected of having radionuclide skin contamination, contaminated wounds or internal contamination require special consideration when admitted to the hospital and, as such, will receive medical attention in accordance with this plan.

The purpose of this plan is to provide for the radiation protection of hospital staff, patients and visitors during admission and treatment of the radioactively contaminated patient, while more importantly providing the patient with the same quality medical care afforded any patient admitted to Phoenixville Hospital.

II. REFERENCES

- A. Accreditation Manual for Hospitals, Joint Commission on Accreditation of Hospitals, 1982 Edition.
- B. Management of Persons Accidentally Contaminated with Radionuclides, National Council on Radiation Protection, Report Number 65, April 15, 1980.

III. DEFINITIONS

- A. Decontamination - Procedures taken to remove and contain radiological contamination on persons or contamination present on supplies, instruments, equipment or vehicles. These procedures will usually involve showering by persons and washing or disposing of clothing and other contaminated items.

- B. Dose Rate - The amount of radiation which an individual can potentially receive per unit of time. Personnel monitoring devices analyze dose rate in terms of rems (roentgen equivalent in man) per hour.
- C. Dosimeter - An instrument worn by an individual to measure the total dose of radiation received over a specified period of time.
- D. External Radiation Accident - An accident involving personal injury and/or radiation exposure or contamination within installations such as fixed nuclear facilities (i.e., power stations, processing plants, etc.), accidents involving vehicles transporting radioactive materials, accidents in small radiation facilities (i.e., university radioisotope laboratories, industrial radiography, etc.).
- E. Intrahospital Radiation Accident - An accident involving personal injury and/or radiation exposure or contamination within the hospital complex (i.e., nuclear medicine laboratories, diagnostic diagnostic imaging, etc.).
- F. Rad - The basic unit of radiation dose expressed in terms of absorbed energy per unit mass of tissue. The rad is universally applicable to all types of radiation dosimetry--irradiation due to external fields of gamma rays, neutrons, or charged particles as well as that due to internally deposited radioisotopes.
- G. Radiation - Gamma rays, x-rays, alpha and beta particles, high speed electrons, protons, neutrons and other nuclear particles as well as electromagnetic radiation consisting of associated and interacting electric and magnetic waves.
- H. Radiation Accident Patient - There are two (2) specific categories of radiation accident patients:
 - 1. Contaminated Patients

- a. Internally Contaminated - A patient who is radioactive due to internal exposure to radionuclides by ingestion, inhalation or entry through a wound.
- b. Externally Contaminated - A patient who has evidence of the presence of radioactive material on the skin, in a wound, in the eyes, ears, nose or mouth.

For the purpose of this plan, radioactive contamination refers to any radioactive material ~~found~~ on surfaces which are normally free from such material. The surfaces may be skin or wounds (externally contaminated patient), lungs or digestive tract (internally contaminated patient), floors, equipment, clothing, ambulance, linen, etc.

2. Exposed (Irradiated) Patient - a patient who has been exposed to penetrating/ionizing radiation in excess of 100 REM from a source external to the body, such as gamma rays, x-rays, or neutrons.

It should be noted that a patient may be both radioactively contaminated and irradiated, but that the two terms are not synonymous.

- I. Radiation Dose - The quantity of radiation energy imparted to the body or any portion of the body without regard for the type of radiation.
- J. Radioprotective Drugs - Compounds containing iodine in sufficient quantities to saturate the thyroid, thereby blocking partially or wholly the absorption of radioiodines by the thyroid, thus increasing the elimination of radioiodines by the human body.
- K. Rem - The unit of radiation dose equivalent used for radiation safety and administrative purposes (roentgen equivalent in man).

Maximum allowable radiation dose for various radiations is given in units of rem or millirems (mrem).

- L. Respiratory Protection - Those actions taken at the time of an accident intended to minimize the inhalation of airborne contamination.
- M. Roentgen (R) - The unit of exposure indicating the amount of energy transferred from x- or gamma-radiation field to a unit mass of air. Radiation measuring instruments usually are calibrated in roentgens.

IV. PATIENT HANDLING CONSIDERATIONS

A. Contaminated Patients

An individual whose clothing, skin or wounds are contaminated with radioactive material will present a radiation hazard to attending personnel in the absence of adequate procedures to prevent the spread of the contaminant, or control of the radiation exposure in the event of radioactive shrapnel wounds.

Life-threatening trauma is more serious than contamination and must be treated first.

Priority for treatment or decontamination generally will be determined by the severity of the non-radiation injury, the levels of skin or clothing contamination, and the possibility of radionuclides entering the body proper through contaminated wounds.

Ideally, as in the case of the Limerick Generating Station with its extensive monitoring/decontamination capability, the radiation accident patient will have been decontaminated prior to admission to the Emergency Department. However, the potential for radiation accident occurrences not associated with fixed nuclear facilities and/or contamination associated with life-threatening trauma

requires the immediate capability to reconfigure the normal Emergency Department admitting and treatment areas, while ensuring the availability of specialized decontamination personnel and equipment.

B. Exposed (Irradiated) Patients

A patient who has received exposure to an external source of radiation (irradiated) will not present a hazard to attending personnel. Radiation that has injured a patient will no more harm the attendant than heat that has injured a burn patient will harm the attendant.

V. EMERGENCY MANAGEMENT

A. General

1. Initiate notification of key personnel, as necessary.
2. Coordinate internal emergency preparedness action.
3. Coordinate assemblage of the Radiation Management Team.
4. Ensure that the Radiation Emergency Area (REA) or, in the case of an intrahospital accident, the accident site is sealed off to unauthorized personnel.
5. Monitor REA preparations or, in the case of an intrahospital accident, ensure appropriate deactivation of building HVAC services to isolate the radiation accident site.
6. Monitor patient treatment/decontamination and hospital admissions, as necessary.
7. Ensure that affected areas and equipment (REA) or, in the case of an intrahospital accident, the radiation accident site are

surveyed and appropriately decontaminated prior to being returned to normal service.

B. Radiation Management Team

1. Organization

The following personnel will constitute the Radiation Management Team:

- a. Senior attending physician on duty in the Emergency Department (designated team coordinator)
- b. Emergency Department charge/supervising nurse
- c. Radiation Protection Officer or Staff Radiologist
- d. Nuclear Medicine Technologist
- e. Emergency Department "Circulating" Nurse.
- f. Ancillary/Support Personnel
 - (1) Nurses' aides or orderlies
 - (2) Individual from plant engineering or maintenance
 - (3) Housekeeping

2. Assigned Responsibilities

The Radiation Management Team will be responsible for the following:

- a. Open and prepare the Radiation Emergency Area (REA).

- b. Prepare medical and nursing personnel for entry into the REA (reference Tab C - Personnel Protective Actions).
- c. Supervise patient emergency medical treatment, radiation monitoring and decontamination (reference Tab E - Emergency Treatment of Radiation Accident Patients and Tab F - Patient Decontamination and Sample Taking).
- d. Establish and operate Radiation Control Point.
- e. Monitor and decontaminate (where necessary) the REA and all associated equipment prior to being returned to normal service.

Reference Tab B - Radiation Management Team Assigned Responsibilities, for specific personnel assignments.

VI. PROCEDURES FOR MANAGING MEDICAL EMERGENCIES INVOLVING RADIATION CONTAMINATION

A. Alert/Notifications

1. Initial Notification

Notification calls received through the hospital telephone/paging operator should be directed to the Emergency Department charge/supervising nurse on duty. The Emergency Department charge/supervising nurse will request the following information in the order listed below:

Date/Time of Call: _____

Person Calling:

Name: _____

Affiliation: _____

Telephone No.: _____

Accident Information:

* Location: _____
Date/Time: _____
No. of Injured Patients: _____
No. of Contaminated/
Injured Patients: _____
Type/Degree of Contamination
or Overexposure: _____

Description of Type and Severity
of Injuries: _____

Description of Emergency Medical
Care Initiated: _____

Expected Time of Arrival at Hospital: _____

Remarks: _____

2. Prior Actions

Upon notification of the pending arrival of a radiation accident patient and receipt of patient information, the Emergency Department charge/supervising nurse should advise pre-hospital emergency response personnel to accomplish the following procedures:

- a. Initiate immediate emergency medical treatment required for patient resuscitation and/or stabilization.
- b. Alert all emergency response personnel involved in patient rescue/handling of possible radioactive contamination.

- c. Cover open wounds with clean dressings using roller gauze to anchor dressings, do not use adhesive.
- d. Obtain pertinent information including approximate measurements from radiation assistance personnel in attendance, if any.
- e. Cover stretcher including pillow with open blanket or sheet; wrap patient in blanket or sheet to limit spread of contamination.
- f. Report to the designated radiation emergency admitting area of the hospital.
- g. Remain in the vicinity of the ambulance upon arrival at the hospital until survey of clothing and ambulance can be performed. NOTE: Hospital personnel will remove patient from ambulance and continue appropriate emergency medical treatment.

3. Radiation Management Team Alert

The Radiation Management Team (reference Tab I - Radiation Emergency Telephone Directory) shall be notified to respond to the Emergency Department by the telephone/paging operator.

B. Radiation Emergency Area Preparations

1. All equipment and supplies necessary to establish the Radiation Emergency Area (REA) are contained within the Diagnostic Imaging Department (reference Tab G - Radiation Emergency Area Stored Supplies and Equipment Inventory).
2. Ancillary/Support Personnel will be responsible to prepare the REA as follows:

- a. Evacuate the designated REA and cover stationary equipment.
- b. Erect rope barriers separating the Radiation Emergency Area from the Uncontrolled Area (reference Tab A - Plan View of Radiation Emergency Admissions, Decontamination and Treatment Areas).
- c. Post barriers with: "CAUTION - RESTRICTED AREA - RADIOACTIVE MATERIALS - AUTHORIZED ENTRY ONLY" signs at both ends of hallway, at door locations and on doors that exit into the REA access hallway.
- d. Cover the floor area from REA entry door to and including the designated Emergency Room with yellow Herculite, securely taped to the floor.
- e. Label the Control Point by marking the floor covering: CONTROL POINT - ENTER AND EXIT HERE ONLY, placing step-off-pads convenient to this location.
- f. Set up the patient decontamination/treatment table, placing the waste-water container (with mobile base) under drain of treatment table.
- g. Assemble hand shower attachment to hose and connect to water outlet.
- h. Place Decontamination/Sample Taking Kits (reference Tab H - Decontamination and Sample Taking Kits Inventory) in REA patient treatment room.
- i. Place radiation monitoring equipment, protective clothing and dosimeters at the Control Point.

- j. Place high efficiency filters over ventilation ducts, or shut down ventilation system until the extent of transferable contamination is determined and controlled.
- k. Provide extra waste containers with plastic liners.
- l. If the possibility of two patients exists, move a second gurney table into the REA from the hospital proper.

C. Personnel Protective Actions

1. Reference Tab C - Personnel Protective Actions.
2. Limits of personnel external radiation exposure.
 - a. All practical efforts will be made to keep personnel exposure As Low As Reasonably Achievable (ALARA).
 - b. The allowance of personnel exposure in excess of 100 rem for life-saving action will be at the discretion of the Radiation Protection Officer.

D. Patient Handling Procedures

1. Reference Tab E - Emergency Treatment of Radiation Accident Patients.
2. Reference Tab F - Patient Decontamination and Sample Taking.
3. Reference Tab D - Admission of Unannounced Radiation Accident Patients.

E. Use of Other Hospital Facilities

1. If specialized equipment is needed in the diagnosis and treatment of the patient, the decision of whether to take the

patient to the equipment or bring the equipment to the patient will be made by the physician-in-charge. (Such a decision must, of necessity, be based on the condition of the patient, both medically and radioactively.)

2. A similar decision will have to be made if surgery is required.
3. If a patient is to be moved, appropriate action (such as wrapping the contaminated area in plastic) must be taken to prevent contaminating other areas in the hospital. The patient should be moved to another stretcher at the entrance of the contaminated area.

F. Transfer of Patient

1. If the attending physician determines that the patient must be transferred for specialized treatment which cannot be performed within the hospital, the patient will be transferred to the Radiation Medicine Center of the Hospital of the University of Pennsylvania.
2. Transportation arrangements for patient transfer will be coordinated with the receiving facility.

G. Return of Affected Areas to Normal Use

1. Upon removal of the patient from the ambulance, the ambulance vehicle, associated equipment and emergency medical personnel will be surveyed by the Radiation Protection Officer and decontaminated where necessary.
2. As soon as it is determined that no additional patients will be admitted to the REA, paper placed in the entry way to the REA will be carefully removed, with all areas between the ambulance and REA patient treatment room to be surveyed, decontaminated as required and released as soon as possible by the Radiation Protection Officer.

3. Once the patient has been completely decontaminated (so that he can be handled as a normal patient or released from the hospital) the rooms and all equipment used will be surveyed, decontaminated as required and released as soon as possible by the Radiation Protection Officer. No affected equipment or areas should be returned to normal service without a release given by the Radiation Protection Officer.

H. Public Information

1. At no time may any hospital employee or staff member discuss the emergency situation with representatives of the news media.
2. All inquiries will be referred to the Executive Director.

TAB A

PLAN VIEW OF RADIATION EMERGENCY ADMISSIONS,

DECONTAMINATION AND TREATMENT AREAS

(TO BE DEVELOPED)

This figure should contain a drawing of the hospital radiation emergency patient admitting, decontamination and treatment areas.

TAB B

RADIATION MANAGEMENT TEAM

ASSIGNED RESPONSIBILITIES

TAB B.1

EMERGENCY DEPARTMENT SENIOR ATTENDING PHYSICIAN

1. Prior to Patient Arrival
 - a. Assume command of the radiation accident management response and serve as Radiation Management Team Coordinator.
 - b. Monitor REA set-up for admission of radioactively contaminated patient(s).
 - c. Question the referring health physics personnel (specific to accidents at fixed nuclear facilities or any accident site where health physics personnel may be present) concerning the patient's contamination status and recommended procedures that should be taken by the hospital staff upon patient admission.
2. Patient Arrival
 - a. Administer emergency treatment immediately as deemed appropriate (reference Tab E - Emergency Treatment of Radiation Accident Patients).
 - b. Confer with the nuclear medicine technologist concerning the patient's contamination status and procedures that should be followed.
 - c. Decontaminate where necessary, collecting initial bioassay samples labeled with name, date, time and type of specimen (reference Tab F - Patient Decontamination and Sample Taking).
3. Patient Discharge
 - a. Discharge the patient from the REA to the appropriate section of the hospital as necessary for further treatment following decontamination and emergency treatment.
 - b. Supervise the transfer of the patient, if determined necessary.

TAB B.2

EMERGENCY DEPARTMENT CHARGE/SUPERVISING NURSE

1. Notification

- a. Upon notification of a potentially radiation contaminated patient being referred to the hospital for treatment, the Emergency Department Charge/Supervising Nurse shall record the appropriate information and provide pre-hospital emergency response personnel with appropriate procedures for managing and transporting the radiation accident patient(s).
- b. The Emergency Department Charge/Supervising Nurse shall request the telephone/paging operator to notify the personnel constituting the Radiation Management Team as indicated in Tab I - Radiation Emergency Telephone Directory, advising the telephone/paging operator of those Radiation Management Team members presently available within the Emergency Department.

2. Prior to Patient Arrival

- a. Initiate procedures to establish Radiation Emergency Area (REA).
- b. Assure that the Radiation Management Team is properly oriented to patient reception and handling procedures and equipped with protective clothing, self-reading pocket dosimeters and/or TLD/film badges.

3. Patient Arrival

- a. Report to the location of the ambulance entrance to the REA and perform the following:
 - (1) Direct the ambulance to remain at or near the REA entrance until cleared by the Radiation Protection Officer.
 - (2) Restrict emergency medical personnel from leaving the area until they have been cleared by the Radiation Protection Officer.
- b. Coordinate REA nursing service support:
 - (1) Assist the attending physician in emergency treatment and stabilization, decontamination, and collection of samples.
 - (2) Following emergency treatment and decontamination, prepare the patient for discharge from the REA by performing the following:

- (a) Provide a pathway of freshly laid Herculite or Kraft paper from the Control Point to the location of the patient.
- (b) Wheel a stretcher across this pathway to a location immediately adjacent to the patient.

4. Patient Discharge

Assist in the return of the REA to normal use after patient discharge.

TAB B.3

RADIATION PROTECTION OFFICER

1. Prior to Patient Arrival
 - a. Assist in the REA set-up for admission of radioactively contaminated patient(s).
 - b. Ensure that hospital personnel are wearing protective clothing and TLD/film badges and/or self-reading pocket dosimeters when in the REA.
 - c. Appoint a nurse or nuclear medicine technologist to serve as control point attendant to:
 - (1) Provide Radiation Management Team with protective clothing, assigning self-reading pocket dosimeters and TLD/film badges;
 - (2) Restrict REA access to personnel authorized by the attending physician or nurse-in-charge;
 - (3) Assure that the personnel entering the REA are wearing protective clothing and TLD/film badges and/or self-reading pocket dosimeter;
 - (4) Maintain a record showing name and time of each person entering and exiting the REA and associated pocket dosimeter readings (reference Tab J - Personnel Dosimetry Log); and
 - (5) Assure that no person or article is allowed to leave the REA (after the radioactively contaminated patient is admitted) until it has been monitored by radiation protection personnel and found to be "clean" (i.e., free of detectable radioactive contamination).
2. Patient Arrival
 - a. Survey the patient in the ambulance to determine the presence and level of contamination.
 - b. Survey the ambulance vehicle, associated equipment and emergency medical personnel, supervising the decontamination of same where appropriate.
3. Patient Discharge
 - a. Survey the patient being discharged from the REA.
 - b. Survey all personnel exiting the REA, collecting all personnel dosimeters and/or TLD/film badges for reading/processing.

- c. Supervise radioactive waste handling/disposal.
- d. Supervise the return of the REA and other affected hospital facilities and equipment to normal use.
- e. Supervise patient follow-up care as necessary for radiation associated illness.

TAB B.4

NUCLEAR MEDICINE TECHNOLOGIST

1. Patient Arrival

- a. Perform a patient survey to determine extent of contamination and advise attending physician as to appropriate decontamination procedures.
- b. Supervise the decontamination of the patient and collection of samples of the contaminant in accordance with Tab F - Patient Decontamination and Sample Taking.

TAB B.5

EMERGENCY DEPARTMENT "CIRCULATING" NURSE

1. Prior to Patient Arrival

Assist in the REA set-up for admission of radioactively contaminated patient(s).

2. Patient Arrival

Under the supervision of the Emergency Department Charge/Supervising Nurse, assist the attending physician in emergency treatment/stabilization and decontamination.

- a. Label all specimens;
- b. Record data on the patient's contamination and vital signs; and
- c. Obtain all needed supplies from outside the REA from persons stationed at the Control Point.

3. Patient Discharge

Assist in the return of the REA and other affected hospital facilities and equipment to normal use.

TAB B.6

ANCILLARY/SUPPORT PERSONNEL

1. Prior to Patient Arrival

- a. Evacuate the designated REA and cover stationary equipment.
- b. Erect rope barriers separating the Radiation Emergency Area from the Uncontrolled Area (reference Tab A - Plan View of Radiation Emergency Admissions, Decontamination and Treatment Areas).
- c. Post barriers with "CAUTION - RESTRICTED AREA - RADIOACTIVE MATERIALS - AUTHORIZED ENTRY ONLY" signs at both ends of hallway, at door locations and on doors that exit into the REA access hallway.
- d. Cover the floor area from REA entry door to and including the designated Emergency Room with yellow Herculite, securely taped to the floor.
- e. Label the Control Point by marking the floor covering: "CONTROL POINT - ENTER AND EXIT HERE ONLY," placing step-off-pads convenient to this location.
- f. Set up the patient decontamination/treatment table, placing the waste-water container (with mobile base) under the drain of the treatment table.
- g. Assemble the hand shower and connect it to a water outlet.
- h. Place Decontamination/Sample Taking Kits (reference Tab H) in the REA patient treatment room.
- i. Place radiation monitoring equipment, protective clothing and dosimeters at the Control Point.
- j. Place high efficiency filters over ventilation ducts, or shut down the ventilation system until the extent of transferable contamination is determined and controlled.
- k. Provide extra waste containers with plastic liners.
- l. If the possibility of two patients exists, move a second gurney table into the REA from the hospital proper.

2. Patient Discharge

Under the supervision of the Radiation Protection Officer, assist in returning the REA and other affected hospital facilities and equipment to normal use.

TAB C

PERSONNEL PROTECTIVE ACTIONS

TAB C

PERSONNEL PROTECTIVE ACTIONS

1. Application of Protective Clothing

- a. To prevent personnel from becoming contaminated with radioactive material, protective clothing essentially consisting of the same items normally used by surgeons in the operating room (i.e., a scrub suit, surgical gown, latex gloves, and a surgical mask and cap) augmented by shoe covers and a vinyl apron, will be issued at the Control Point. All work past the Control Point requires protective clothing, independent of the degree of contamination present on the patient or his clothing.
- b. Each person entering the REA should wear two (2) surgical gowns, two (2) sets of surgical gloves and two (2) vinyl aprons. After gross decontamination is completed, the outer surgical gown and apron are removed. Wound care and secondary decontamination will then be attended to.

2. Removal of Contaminated Protective Clothing

Upon completion of their activities in the Radiation Emergency Area, personnel will proceed to the Control Point. They will remove their protective clothing and TLD/film badges and/or self-reading pocket dosimeters in the following order:

- a. outer gloves
- b. TLD/film badge and/or self-reading pocket dosimeter
- c. tape (if any)
- d. plastic apron
- e. surgical gown
- f. surgical shirt
- g. headwear
- h. surgical trousers
- i. shoe covers
- j. surgical gloves

3. Clearance Procedures

- a. After having removed protective apparel, each person who occupied the REA will be monitored by the Radiation Safety Officer.

- b. If no contamination is found, personnel will be cleared to enter the uncontrolled area from the step-off-pad.

4. Use of Dosimetry Devices

- a. Dosimeters will be supplied at the Control Point to all personnel entering the Radiation Emergency Area.
- b. Dosimeter types:
 - (1) Self-reading pocket dosimeters and film badge (where appropriate) - to form a permanent record of exposure.
 - (2) Ring dosimeters (optional) - to form a permanent record.
 - (3) TLD's may be used to supplement existing dosimetry.
- c. Dosimeters are to be worn in the following manner:
 - (1) Standard - At the belt line or chest level, clipped under the protective clothing.
 - (2) Ring - On the ring finger of hand, under glove, with detecting element at palm surface.
- d. Upon leaving the Radiation Emergency Area, the wearer shall surrender his dosimetry to the Control Point Attendant, who will retain the badge and ring dosimeters for later processing and comparison with self-reading pocket dosimeter recorded exposures.
- e. The Control Point Attendant must ensure that the records clearly show the serial number of each dosimeter and period of time worn by each individual who occupied the Radiation Emergency Area.

5. Limiting Personnel External Radiation Exposure:

- a. Certain precautions to minimize exposure to attendants are necessary when dealing with a patient who has external contamination, specifically:
 - (1) Always wear surgical scrub suits, masks, caps and gloves.
 - (2) Use a radiation shield in unknown or high levels of patient contamination (greater than 5 R/hour gamma radiation) when treating patient.
 - (3) As few attendants as necessary should be in the same room with the patient.
 - (4) Only in the performance of emergency treatment and initial decontamination should attendants be next to patients. At all other times attendants should remain at least 5-8 feet from the patient.

- (5) Rope off and control the area in which the patient is being treated. All persons, equipment and supplies that enter this area MUST stay there until radiation protection personnel arrive to assist in the monitoring and decontamination of people and equipment.
- b. Suggested permissible levels of attendant exposure in the course of treating a patient are:
 - (1) Total body exposure to 5 R -- routine treatment and decontamination.
 - (2) Total body exposure to 25 R -- emergency treatment and decontamination.
 - (3) Total body exposure to 75 R -- life-saving treatment and decontamination.
 - c. To estimate beta exposure, pass the "Cutie Pie" over the patient. If the median reading is 5 R/hour, an estimate of attendant exposure would be 5 R. Treatment should take one hour or less, if performed without a shield. With a shield, the dose will be reduced by approximately 80%.
 - d. Experience shows that it is extremely unlikely that an accident would be so severe that an attendant would receive an exposure of even 5 R. In high radiation fields personnel may be rotated in order to minimize the exposure to any single individual. It is also suggested that anticipated exposures over 5 R should be on a voluntary basis and preferably by individuals not potentially procreative.

TAB D

ADMISSION OF UNANNOUNCED
RADIATION ACCIDENT PATIENTS

TAB D

ADMISSION OF UNANNOUNCED RADIATION ACCIDENT PATIENTS

Guidance is provided for the unannounced arrival of accident patients under two circumstances.

1. Emergency Department personnel become aware of the patient's status as a "radiation accident patient" before the patient has been removed from the ambulance.
2. The patient has been brought into the Emergency Department before his status as a "radiation accident patient" has been determined.

1. Patient

- a. Ascertain whether the patient is CONTAMINATED (using GM monitor), initiating the "Procedure for Medical Emergencies Involving Radiation" should contamination be detected.
- b. Sustain patient in ambulance, instructing emergency medical personnel who have been in contact with the patient to stay in the vicinity of the ambulance vehicle (but not inside the vehicle), clearing an area of about eight (8) feet around the ambulance if radiation levels are excessively high.
- c. Attend to patient's medical condition as required. All equipment and supplies used to attend to the patient MUST stay in the vicinity of the ambulance. DO NOT return anything to the Emergency Department.
- d. Admit the patient to the REA once established.

2. Radiation Accident Status Discovered After Admission to Emergency Department

- a. Immediately secure the entire area through which the patient has passed or is located. Keep all personnel and equipment in the area. DO NOT allow anyone or anything to leave.
- b. Initiate the "Procedures for Medical Emergencies Involving Radiation."
- c. Establish a control point through which necessary personnel and equipment may pass into restricted area.

- d. As soon as possible, survey (decontaminate when necessary) and release all unnecessary personnel and/or patients from the restricted area.
- e. Attend to the patient's medical condition as required using surgical gloves, mask and gown when treating the patient.

TAB E

EMERGENCY TREATMENT OF
RADIATION ACCIDENT PATIENTS

TAB E

EMERGENCY TREATMENT OF RADIATION ACCIDENT PATIENTS

1. General

Emergency treatment of radiation accident patients may have to be given before contact with or arrival of specialists having expertise in evaluation and management of these accidents. In this case, the management of the patient should take place in the following order:

- a. Resuscitation and Stabilization
- b. Initial (gross) Decontamination
- c. Evaluation of Radiation Status
- d. Initial Treatment of Radiation Injury

2. Resuscitation and Stabilization

Since radiation injury is not immediately life-threatening, primary attention should always be directed to traumatic life-threatening injuries; maintenance of airway, arrest of bleeding, maintenance of circulation and treatment of shock.

3. Initial (gross) Decontamination

Concurrently with the procedure above, or as soon as possible, the patient should be decontaminated. In the initial decontamination:

- a. Remove all of the patient's clothing.
- b. Monitor the patient with a radiation survey instrument and note levels of contamination on the Patient Radiation and Medical Status Record Sheet (reference Tab J - Patient Data Sheets).
- c. Remove obvious dirt and debris; bathe, if necessary, while protecting wounds from cross-contamination.
- d. Flush contaminated wounds with copious amounts of sterile water and/or saline.
- e. Flush contaminated orifices with water or saline.
- f. See Tab F for further details on decontamination and sample taking.

4. Evaluation of Radiation Exposure Status

- a. Record Patient History:

When did the accident occur? Source of accident? Type of radioisotopes involved? How long was the patient in the accident environment? Where was he in relation to the radiation source? Was there airborne contamination? Was the patient wearing breathing apparatus? Was there surface contamination? Any skin broken? Was the source in contact with the patient's body? Was the patient wearing dosimetry?

b. Dose Evaluations:

Such evaluations will require the assistance of persons knowledgeable in radiation. This assistance can be provided by someone on location or by telephone. In any case, gather as much of the following information as possible:

- (1) Dose rate (gamma, x-ray, neutrons, etc.) as measured by instruments in the accident environment.
- (2) Surface and air contamination in the accident environment.
- (3) Radiation exposure reading on patient's and others' dosimeters (TLD, film badge, self-reading pocket dosimeter).
- (4) Level of residual contamination (beta, gamma) on the patient using survey meter. (Mark areas on Patient Radiation and Medical Status Record Sheet found in Tab J.)
- (5) Neutron exposure - collect metal objects, hair, nails or blood.
- (6) Calculation of dose to the patient and to attendants.

c. Clinical Picture:

A good estimation of the severity of the patient's external total body exposure can be obtained by observing the following clinical symptoms and signs:

- (1) Nausea and vomiting -- 100 R*
 - (a) Beginning within 2 hours -- greater than 300 R
 - (b) Beginning after 4 hours -- less than 200 R
 - (c) None within 24 hours -- less than 75 R
- (2) Erythema -- 700 R (total body); 100 R (surface contact)
- (3) Diarrhea -- greater than 400 R
- (4) CNS symptoms -- 2000 R to the head

* Roentgens, air exposure

(5) Serial lymphocyte count within 48 hours:

- (a) $1200/\text{mm}^3$ -- good prognosis
- (b) $300-1200/\text{mm}^3$ -- guarded prognosis
- (c) less than $300/\text{mm}^3$ -- poor prognosis

5. Initial Treatment of Radiation Injury

a. External Decontamination:

It is particularly important at this stage to remove high level contamination caused by penetrating missiles or splinters in wounds.

b. Overexposure:

Since overexposure to radiation results in a slowly unfolding course over a longer period of time, there is little in the way of specific treatment in the initial stage of the disease. Treatment is symptomatic and consists of making the patient comfortable and allaying his fears. The patient may require antiemetics, fluids, sedatives and analgesics. Order CBC with differential stat, at 4, 8 and 12 hours. Obtain blood sample (10 cc sterile heparinized blood) for chromosome analysis. Keep sample chilled in ice water.

c. Internal Contamination:

There is also little to offer in the way of specific treatment in the initial stages. Generally, specific treatment to eliminate any absorbed radioactivity requires rather detailed and complex analyses, including bioassay of excreta and blood, and whole body counting. Begin KI treatment immediately for thyroid blocking. Begin 24-hour urine collections and 72-hour fecal collections. Arrange for whole body count as soon as patient's condition warrants. Arrange for thyroid uptake study for I-131.

If it has been determined that an appreciable amount of radioactivity has been ingested (which is seldom the case), a stomach lavage, emetics (ZnSO_4) or cathartics (10% MgSO_4) may be indicated.

TAB F

PATIENT DECONTAMINATION AND SAMPLE TAKING

TAB F

PATIENT DECONTAMINATION AND SAMPLE TAKING

1. General

- a. The objectives of decontamination are:
 - (1) To prevent injury caused by the presence of radioactive substances on the body.
 - (2) To prevent the spread of contamination over and into the patient.
 - (3) To protect attending personnel from becoming contaminated themselves or (in extreme cases) from being exposed to a source of radiation.
- b. Although decontamination should be started as soon as possible, primary attention should be given to the alleviation of life-threatening conditions created by traumatic injury.
- c. Decontamination is essentially the physical removal of radioactive dirt from the skin, wounds, or body orifices. Most decontaminants contain detergents or other chemical agents to facilitate this removal. Therefore, most decontaminants are suitable for decontamination of the intact skin only (i.e., are not appropriate for wound cleansing or irrigation of body orifices).
- d. These procedures cover the use of the Decontamination and Sample Taking Kits. The kits provide all the necessary items for the decontamination of a radioactively contaminated patient and the collection of specimens of this contamination. The kits are on hand in the Diagnostic Imaging Department.
- e. Tab H provides a parts list for each of the two kits. There is also a parts list in each kit. Following use, the lists should be consulted for replenishment.
- f. The collection of specimens is a prerequisite for a thorough evaluation of the medical and radiation status of the patient. It should be performed in conjunction with patient decontamination.
- g. Decontamination is performed in the following manner:
 - (1) From the highest level of contamination to the lowest.
 - (2) Starting with the simplest procedure (e.g., soap and water) to more complicated procedures.

- (3) With due regard to contamination of wounds, body orifices, etc.
- h. Usually, the effect of decontamination is greatest in the earliest stages (i.e., most of the radioactive material is removed during the first decontamination effort). Continued decontamination may well show diminishing effectiveness. At some point a decision has to be made to either accept some residual contamination, or proceed with the use of more potent decontaminants (100 counts per minute should be considered acceptable residual contamination).
- i. In some cases, decontamination may have been started before the patient arrives at the hospital. It can be expected that the residual contamination is minor and/or that serious contamination is localized (e.g., around and in a wound).
- j. Two general rules apply to the performance of decontamination:
 - (1) Check the effectiveness of the technique applied by monitoring periodically.
 - (2) Avoid the spread of radioactive materials from the area being decontaminated to areas of lesser contamination by covering the adjacent area.
- k. Except when prohibitive degrees of contamination are present on/in any of the locations listed below, decontamination is performed in the following order:
 - (1) high-level intact skin
 - (2) body orifices and adjacent skin
 - (3) wounds and adjacent skin
 - (4) low-level and adjacent areas

2. Initial (gross) Decontamination

- a. Remove all patient's clothing and monitor the patient with a radiation survey instrument by scanning the entire body (holding the probe about one to two inches from the skin), and record the levels of contamination on Patient Radiation and Medical Status Record Sheets.
- b. Remove obvious dirt and debris; bathe, if necessary, while protecting wounds from cross-contamination.
- c. Flush contaminated wounds with copious amounts of sterile water and/or saline.
- d. Flush contaminated orifices with water or saline.

- e. Clean up room and remove outer protective garments from patient attendants.
 - f. Proceed with secondary decontamination and sample taking.
3. Decontamination of Skin
- a. Protect adjacent area, if indicated, by covering with towels.
 - b. Cleanse skin area: Wash thoroughly with Turco soap (or equivalent) and tepid water, using either cotton balls, preop sponges or surgical brushes. Cover area with a good lather, rinse off after two or three minutes with copious amounts of running tepid water. Monitor and record results.
 - c. If contamination persists, repeat Step b once.
 - d. If contamination still persists, try gentle application of Clorox or hydrogen peroxide. NOTE: Avoid any of these entering wounds or body openings. Repeat a few times using new cotton balls. Remove decontaminants with water. Monitor and record results.
 - e. After complete decontamination, dry skin and apply Nivea cream (or equivalent) to abraded or injured areas.
 - f. If residual contamination is present, consult with radiation specialists to decide whether further efforts are indicated. If it is decided to accept residual contamination, dry the skin and apply Colloidin or Dermoplast. Mark the area involved and record.
 - g. Collect all materials used and place in separate labeled containers.
4. Decontamination of Body Orifices
- a. Take samples of activity in nostrils, ear canals, and other orifices as indicated.
 - b. Decontaminate the areas surrounding orifices.
 - c. Gently clean orifices using wetted swabs.
 - d. If the nose swab indicates significant radioactivity in nasal cavity, use nasal blows and nasal irrigation.
 - e. Collect all materials used and label containers.
5. Decontamination of Wounds
- a. Use aperture drape to isolate the contaminated wound.
 - b. Survey and take samples of wound exudates.

- c. Decontaminate skin adjacent to wound.
 - d. Depending on surface and depth of wound, irrigate wound with sterile saline; dab with gauze pads soaked in sterile saline to cleanse wound. Collect all materials used and place in separate labeled containers.
 - e. Remove obviously necrotic and devitalized tissue surgically. Keep all tissue specimens removed.
 - f. Repeatedly monitor wound. Record result on Patient Record Sheet.
 - g. If wound is clean, treat wound as necessary.
6. Procedures for Sample Taking
- a. The objectives of collecting specimens from a radioactively contaminated patient are as follows:
 - (1) To evaluate the amount and composition of the radioactive contaminants in the body.
 - (2) To obtain data with regard to the patient's exposure to external radiation.
 - (3) To supply information on the biological injury inflicted by the irradiation.
 - b. To meet these objectives, the following types of specimens are collected routinely:
 - (1) Materials containing the external contaminants (swabs, tissue sample, contaminated cleansing fluids, etc.).
 - (2) Specimens containing internal contaminant (feces, urine, sputum, etc.).
 - (3) In case of neutron irradiation, materials in which neutron induced radioactivity may be present (gold rings, buttons, hair and nail clippings).
 - (4) Hematological specimens (whole blood in heparinized, oxalated, and uncoated tubes, blood smears).
 - c. As the analysis of radioactive samples with regard to their composition is only possible in samples with a relatively high radioactivity, care should be taken to collect and store these samples separately from the usually bulky samples with rather low radioactivity (such as cleansing fluids, drapes, towels, etc.).
 - d. A sample which is not identifiable as to its source (location, time taken) is worthless. Therefore, take care to properly collect, store and mark all samples.

7. Initial Bioassay Samples

Each of the following bioassay samples should be obtained as soon as possible and labeled with name, date, time and type of specimen. Avoid cross-contamination of samples from external sources of contamination or from other samples.

a. Blood:

- (1) 10 cc for radiobioassay.
- (2) 5 cc (sterile Heparinized) for chromosomes. Keep samples chilled in a glass of ice.
- (3) 10 cc oxylated for hemogram and differential*.
- (4) 10 cc for:
 - (a) chemistries.
 - (b) electrolytes.

b. Hair, nails, metals from neutron-exposed patient.

c. Urine:

- (1) First urine.
- (2) 24-hours urine for several succeeding days.

d. Feces, total sample for several succeeding days.

e. Sputum.

f. Vomitus.

g. Tissue and tissue exudates (note location).

h. Irrigation fluids (note location).

i. Orifices and wounds.

8. Sample Taking Techniques and Indications

a. External Contamination

- (1) Take samples of nails, hair and collect metallic objects (rings, watches, glasses, belt buckles, etc.).

* Differential - repeat t.i.d. for 3 days or more frequently if clinical condition warrants.

- (2) Wound samples: Use either one of the following methods:
 - (a) For large wounds with visible blood or wound fluid - Obtain a few cc using an eye dropper or syringe. Transfer to bottle and label.
 - (b) For superficial wounds - Rub gently with cotton swab. Return to tube and label.
 - (c) For wounds with visible dirt or debris - Remove with cotton tip or use tweezers. Transfer sample to small glass vial and label.

b. Internal Contamination

- (1) Body orifices - Wet Q-tip with a few drops of water. Swab and store in waterproof envelope and label.
- (2) In all cases where internal contamination is expected - Collect urine and feces in containers supplied, and record time of voiding.

c. External Exposure

- (1) In all cases where total body exposure is suspected:
 - (a) Obtain 10 cc of oxalated blood for complete blood count and differential.
 - (b) Obtain 10 cc of sterile heparinized blood for chromosome analysis.
 - (c) Obtain 10 cc blood for electrolytes and chemistries.
- (2) Record the time these samples were taken.

TAB G

RADIATION EMERGENCY AREA STORED SUPPLIES AND EQUIPMENT
INVENTORY

TAB G

RADIATION EMERGENCY AREA STORED SUPPLIES AND EQUIPMENT
INVENTORY

For the decontamination and treatment of the radioactively contaminated patient, the following items should be maintained within easy access of the Emergency Department:

1. Personnel Protective Clothing

- (12) Surgical scrub suits (disposable) - S, M and L
- (1 box) Surgical Masks
- (12) Surgical Caps
- (1 box) Plastic shoe covers
- (1 box) Surgical gloves
- (12) Plastic aprons
- (4) Masking tape - 2" rolls

2. Monitoring and Survey Equipment

- (1) Beta/Gamma survey meter - high and low range ionization
- (1) Radiation monitor (Eberline Model RM-14 with HP 240 tube detector or equivalent)
- (10) O-1 R self-reading dosimeters with chargers
- (10) Film/Thermoluminescent dosimeters, badge type
- (10) Thermoluminescent dosimeters, ring type (optional)
- (1 set) Spare batteries for radiation detector(s)

3. REA Set-up Equipment and Supplies

- (1) Patient stretcher
- (1) 25' hose with hand shower and outlet connections
- (1 roll) Herculite or equivalent absorbent paper (sufficient quantity to cover REA)
- (100') Rope for isolating REA
- (12) Radiation signs "Do Not Enter"
- (12) Regular Sheets
- (4) 30-gallon plastic containers (contaminated wash water)
- (5) Large trash containers with plastic liners
- (2 bags) Kitty Litter or oil dry
- (5) Plastic emesis basins
- (12) Bath Blankets
- (12) Plastic sheets
- (10 rolls) 3" masking or duct tape

4. Decontamination Supplies

Reference Tab H.

5. Sampling Supplies

Reference Tab H.

6. Medical/Surgical Supplies

- (1) Sphygmomanometer with spare cuffs
- (2) Sterile suture sets with additional sterile scissors (2), forceps (4), scalpel (1) and hemostats (6)
- (misc.) Sterile applicators and dressings
- (2) Sterile irrigation sets
- REA should be equipped with ample fixed and moveable lighting, fixed or portable suction and oxygen consistent with any standard patient treatment/examining room. Combo trays, patient EKG monitoring/defib equipment and other standard emergency department patient treatment needs should be immediately accessible to be brought into the REA as requested by the attending physician.

7. Administrative/Medical Record Materials

- (1) Clipboard with personnel dosimeter identification numbers (for Control Point Attendant)
- (as needed) Radiation Management Team assignment sheets
- (1) Clipboard with x-ray, Outpatient Record, Patient chart and Lab slips
- (12) Black pens
- (6) Marks-A-Lot marking pens
- Notebooks, papers, pencils

8. Maintenance of Supplies/Equipment

- a. All supplies and equipment items shall be inventoried every three (3) months by the Radiation Protection Officer and restocked as necessary.
- b. All monitoring equipment shall be checked and calibrated by the Radiation Protection Officer every three (3) months.

TAB H

DECONTAMINATION AND SAMPLE TAKING KITS
INVENTORY

TAB H

DECONTAMINATION AND SAMPLE TAKING KITS

INVENTORY

1. Decontamination Kits

(1 box) Absorbent cotton balls, extra large
 (2) Sponge-holding forceps
 (2 boxes) Preop sponges
 (2) Surgical scrub brush
 (1) Wash bottle (for localized contamination)
 (1 bottle) Turco decon soap (or equivalent) for first decon effort
 (1 bottle) Clorox for second decon effort
 (1 bottle) Hydrogen peroxide for third decon effort
 (1) Safety razor with extra blades and aerosol shaving soap
 (2) Bandage scissors
 (1) Potassium Iodide, bottle
 (1) Colloidin, bottle
 (1) Nivea cream (or equivalent)
 (1) Saline solution, bottle
 (1) Betadine surgical scrub, bottle

2. Sample Taking Kit

| <u>Sample Type</u> | <u>Sampling Instrument</u> | <u>Quantity</u> |
|--------------------|-------------------------------------|--|
| Nasal | swabs | 4 |
| Aural | swabs | 4 |
| Oral | swabs | 4 |
| Hair | small container | 4 |
| Nails | small container | 4 |
| Metallic Objects | medium container/ plastic bags | 2 small 2 large |
| Blood | 10 cc vacutainers | 2 heparinized (green) 1 oxalated (gray) 1 sterile (red) |
| Urine (24-hour) | 2000 cc plastic container | 1 |
| Feces | fecal container | 2 |
| Wound Exudate | swabs | 4 |
| Tissue | eyedropper and bottle containers | 2 2 small 2 medium |
| Vomit | fecal container | 2 |
| Irrigation fluids | 100 cc plastic bottle | 2 |

(10) envelopes
(50) labels
(2) pens . . . (1) grease; (1) writing
(1) scissors
(1) tweezers
(1) clippers

TAB I

RADIATION EMERGENCY TELEPHONE DIRECTORY

TAB I

RADIATION EMERGENCY TELEPHONE DIRECTORY

1. Radiation Management Team

- a. Director of Diagnostic Imaging -
- Michael B. Dooley, M.D.

Home: () [REDACTED]

- b. Director of Nursing -
- Elaine Husted, R. N.

Home: () [REDACTED]

- c. Chairman, Emergency
-
- Services Committee -
- Allan R. Serviss, M.D.

Home: () [REDACTED]

- d. Radiation
-
- Safety Officer -
- Johanna M. Kalemba

Home: () [REDACTED]

- e. Chief Diagnostic Imaging
-
- Technologist -
- Jean Taylor, R.T.

Home: () [REDACTED]

- f. Nuclear Medicine Supervising
-
- Technologist -
- Judy de Simone, R.T.

Home: () [REDACTED]2. Consulting Health Physicists:

- a. Consulting Health Physicist

Walter Robinson: () [REDACTED] or Jack O'Sullivan: [REDACTED]

- b. State Radiation Protection
-
- Agency Physicist -
- Dept. of Environmental Resources
-
- Bureau of Radiation Protection

() [REDACTED], [REDACTED], [REDACTED](4 p.m. - 8 a.m. #): [REDACTED]

- c. Interagency Radiological Assistance Plan
Brookhaven National Labs

Telephone #: ([REDACTED])

3. Other

- a. Executive Director - Thomas J. Donnelly

Home: ([REDACTED])

- b. Chester County Department of Emergency Services

Director: Timothy R. S. Campbell
14 East Biddle Street
West Chester, PA 19380

(24 hours): ([REDACTED])

TAB J

PERSONNEL DOSIMETRY LOG
AND
PATIENT DATA SHEETS

PATIENT RADIATION AND MEDICAL STATUS RECORD SHEET (TO ACCOMPANY PATIENT)

Name of Patient: _____ Age: _____ yrs.
 Location, date and time of incident: _____
 Summary description of incident: _____

TYPE OF EXPOSURE/INJURY

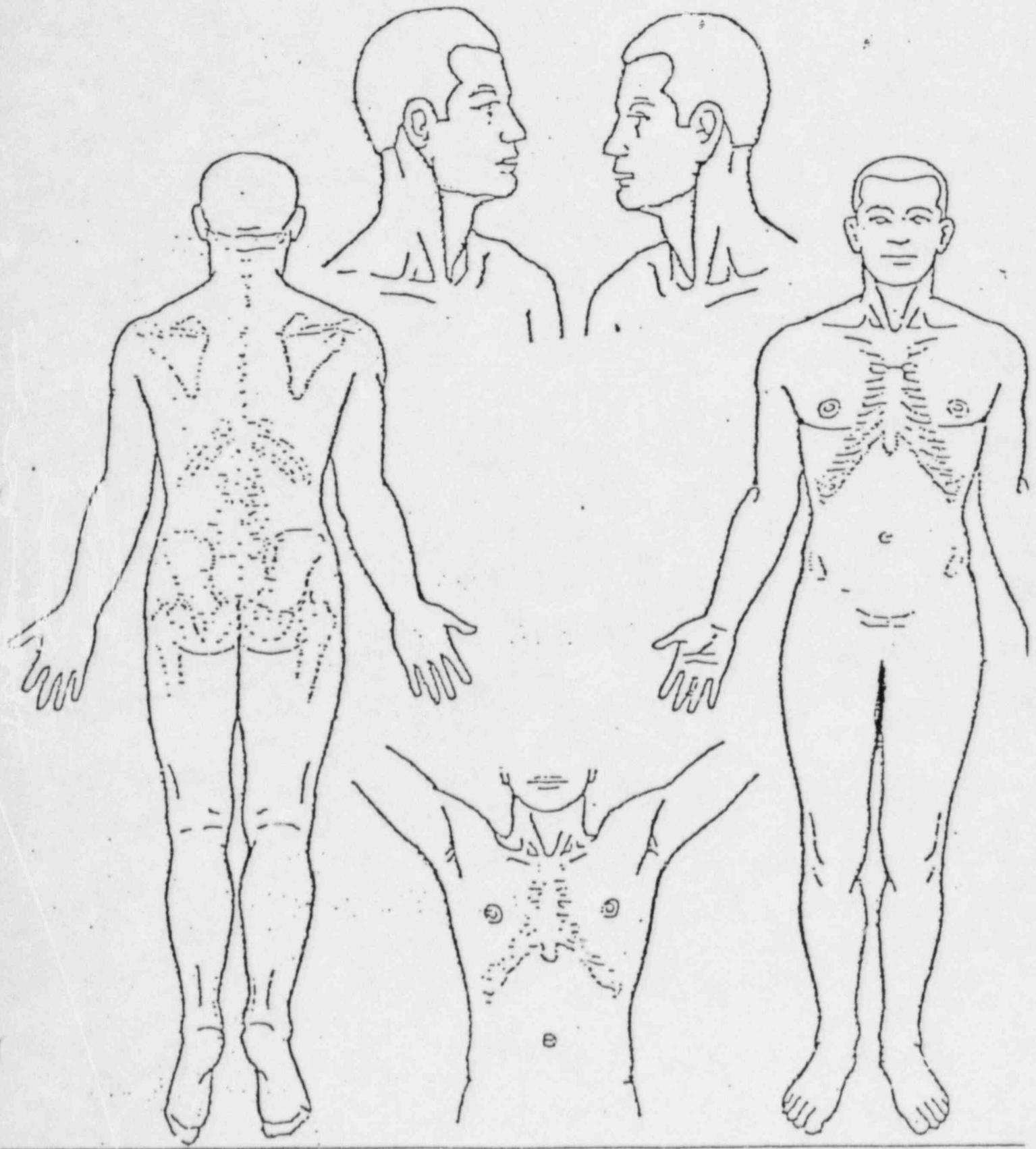
| <u>WOUNDS</u> yes/no | <u>EXTERNAL EXPOSURE</u> yes/no | <u>SKIN CONTAMINATION</u> yes/no | <u>INTERNAL CONTAMINATION</u> yes/no |
|---|---|---|--|
| where?(indicate overleaf) now serious? _____ | where? -whole body -local _____ | where?(indicate overleaf) how much?(indicate meter readings overleaf) | how? wounds/ingestion/inh how much? _____ |
| general condition? _____ | how much? ~ _____ rems (likely/possible) what? β γ neutron | what? mixed fission products? other(describe): _____ | what? mixed fission products? other(describe): _____ |

MEASURES TAKEN

| <u>time:</u> | <u>time:</u> | <u>time:</u> | <u>time:</u> |
|----------------------|--|---|--|
| first aid: | symptoms? nausea +/- vomiting +/- skin erythema +/- other? _____ | decon: technique: | nose blow: sample kept? |
| medical: | symptomatic treatment? | effect: (indicate decontami- nated areas overleaf) | decon of orifices: where? how? decon fluids kept? |
| wound decon: how: | blood samples taken? | residual contamination at time of transfer? (describe; mark on skin): | other samples taken: urine? feces? other? |
| effect: | badge taken? _____ <u>Neutron Irradiation Only:</u> ring taken? buttons, hair, nail clip- pings taken? | | |

INDICATE LOCATION OF WOUNDS

(use additional sheets if necessary)



TAB K

RADIATION ACCIDENT PROTOCOL CHECKLIST

TAB K

RADIATION ACCIDENT PROTOCOL CHECKLIST

1. Notification

- _____ Emergency Department Senior Attending Physician
- _____ Emergency Department Charge/Supervising Nurse
- _____ Rad Safety Officer or Radiologist on Call
- _____ Nuclear Medicine Technologist
- _____ Physician from Nuclear Medicine or Department of Diagnostic Imaging
- _____ Emergency Department "Circulating" Nurse
- _____ Ancillary/Support Personnel
- _____ Administrator

2. Obtain On-Site Information

- _____ Patient accident information received
- _____ Pre-hospital emergency response personnel advised as to appropriate actions (patient management, personnel protection and hospital admissions procedures).

3. Emergency Department Preparations

- _____ Evacuation of designated REA
- _____ Covering of all non-removable (stationary) equipment/fixtures in REA not utilized in patient care/decontamination.
- _____ Route of travel from ambulance entrance to and including REA decontamination room covered with material securely taped to the floor.
- _____ Above route marked off with ropes and identified with "radioactive-restricted area" signs
- _____ Control point (entrance to REA) established and adequately identified.
- _____ Control point technologist designated and appropriately positioned by Radiation Safety Officer
- _____ Person designated by charge/supervising nurse to remain outside the REA decontamination room to obtain supplies for Radiation Management Team
- _____ Patient decontamination/treatment table assembled, with waste-water container placed under drain
- _____ Hand shower attachment assembled and connected to water outlet
- _____ Decontamination/sample taking kits placed in REA decontamination room convenient to decontamination/treatment table
- _____ High efficiency filters placed over REA ventilation ducts, or HVAC system shut-down until extent of transferable contamination is determined/controlled
- _____ Extra waste containers with plastic liners placed in REA, with one container placed outside REA entrance to receive discarded contaminated clothes, gauze, supplies, etc. from ambulance

4. Radiation Management Team Assignments

a. Senior Emergency Department attending physician

____ Manages patient medical treatment

b. Emergency Department Charge/Supervising Nurse

____ Assists physician
 ____ Collects all specimens/samples
 ____ Monitors vital signs

c. Emergency Department Circulating Nurse

____ Assists team as needed
 ____ Labels all specimens/samples
 ____ Obtains all needed supplies from outside REA
 decontamination room from persons stationed at the
 control point.
 ____ Records (on patient radiation status record sheet and
 chart) areas and levels of contamination

d. Radiation Safety Officer

____ Surveys ambulance and attending personnel
 ____ Surveys route from ambulance entrance to REA
 decontamination room
 ____ Monitors Radiation Management Team exposure limits
 ____ Analyzes specimens taken of potentially contaminated
 areas
 ____ Provides for appropriate disposal of contaminated items
 and waste-water
 ____ Surveys and, where necessary, decontaminates REA,
 associated equipment and Radiation Management Team
 members
 ____ Examines all TLD/film badges and dosimeters and provides
 for proper follow-up if indicated

e. Physician from Nuclear Medicine or Department of Diagnostic Imaging

____ Surveys patient to determine extent of contamination and
 advises attending physician as to appropriate
 decontamination procedures
 ____ Supervises patient decontamination and sample collection
 ____ Supervises follow-up care for radiation associated
 injuries/illness

f. Ancillary/Support Personnel

____ Prepare REA for patient arrival
 ____ Assist in return of REA to normal use

5. Radiation Management Team Preparation

- _____ Use rest room
- _____ Attach TLD/film badge to clothing
- _____ Don full surgical dress:
 - _____ Surgical trousers and pull-over shirt
 - _____ Surgical hood
 - _____ Waterproof shoe covers taped to trouser cuffs
 - _____ Surgical gown
 - _____ Plastic apron
 - _____ Surgical gloves - tape gloves to sleeves
 - _____ Second surgical gown
 - _____ Second plastic apron
 - _____ Second pair of surgical gloves (do not tape)
 - _____ Surgical mask
- _____ Attach outside dosimeter at neck level

6. Patient Arrival

- _____ Decontamination stretcher (from REA decontamination room) taken to ambulance unloading area.
- _____ Patient examined in ambulance by physician and Radiation Safety Officer:
 - _____ Critically injured patient moved directly to REA decontamination room whether or not initial radiation survey can be performed
 - _____ Non-critically injured patient is surveyed to determine extent of contamination prior to exiting ambulance
- _____ Patient transferred to decontamination stretcher at ambulance tailgate, covered with plastic or cloth sheet and wheeled back to REA decontamination room
- _____ Ambulance crew detained by the ambulance until they and the vehicle are surveyed for contamination:
 - _____ Non-contaminated ambulance vehicle and crew released for further duty
 - _____ Contaminated ambulance vehicle and/or crew decontaminated as directed by the Radiation Safety Officer prior to release

7. Emergency Treatment and Decontamination of Radiation Accident Patient

- _____ Airway, breathing and cardiovascular status determined
- _____ Procedures, fluid and drug administration initiated as required to stabilize patient's condition
- _____ Physical examination performed by physician
- _____ Laboratory material, electrocardiograms and radiographs obtained as required by patient's condition
- _____ Patient's clothing (or covering) removed and sealed in plastic bag
- _____ Cotton swab samples of ear canals, nares and mouth taken and appropriately placed in labeled containers

- ___ Entire patient, including back, surveyed for contamination
- ___ Circulating nurse notes in patient records areas and levels of contamination
- ___ Blood samples, body fluids and waste eliminations are obtained and appropriately stored for bioassay
- ___ Contaminated open wounds:
 - ___ Begin decorporation
 - ___ Wash with normal saline
 - ___ Survey and repeat above steps as needed
 - ___ Persistent contamination:
 - ___ Wash with 3% hydrogen peroxide
 - ___ Consider surgical debridement
 - ___ Save and survey all removed tissue
 - ___ Dress and cover wounds
- ___ Contaminated eyes:
 - ___ Rinse with sterile water (flush nose-to-temple)
 - ___ Survey and repeat as needed
- ___ Contaminated ear canals:
 - ___ Rinse gently with small amount of sterile water, suction frequently
 - ___ Survey and repeat as needed
- ___ Contaminated nares or mouth:
 - ___ Turn head to side or down (if patient condition permits)
 - ___ Rinse gently with small amount of sterile water, suction frequently
 - ___ Prevent water from entering stomach
 - ___ Insert nasogastric tube into stomach; suction and monitor contents
- ___ Contaminated stomach contents:
 - ___ Lavage with small amounts of normal saline until contents are clear of contamination
 - ___ Begin decorporation
- ___ Contaminated intact skin:
 - ___ Wash with Turco soap and water, gently scrubbing with soft brush
 - ___ Survey and repeat as needed
 - ___ Persistent contamination:

_____ Use full-strength clorox or hydrogen peroxide for small areas or diluted for large areas.

_____ Contaminated hair:

_____ Shampoo with mild soap and rinse

_____ Survey and repeat as needed

_____ Persistent contamination:

_____ Clip hair off

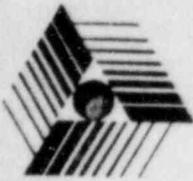
8. Patient Discharge from REA

- _____ Dry patient thoroughly
- _____ Survey entire patient's body
- _____ Place new covering on floor from entrance door to the patient
- _____ Clean stretcher is brought in
- _____ Transfer patient to new stretcher using patient attendants not involved in the decontamination procedures
- _____ Stretcher and wheels surveyed as it leaves decontamination room

9. Exit of Decontamination Team

- _____ Each team member goes to clean line at control point and removes protective clothing, placing all of it in a plastic container marked "contaminated":
 - _____ Remove outer gloves first, turning them inside-out as they are pulled off
 - _____ Give dosimeter to Control Point Attendant
 - _____ Remove all tape at trouser cuffs and sleeves
 - _____ Remove plastic apron
 - _____ Remove surgical gown, turning it inside-out
 - _____ Remove surgical shirt
 - _____ Remove surgical hood/mask
 - _____ Pull surgical trousers off over shoe covers
 - _____ Remove shoe covers from one foot at a time, placing feet on step-off pad
 - _____ Remove inner surgical gloves
 - _____ Give TLD/film badge to Control Point Attendant
- _____ Survey feet and hands, releasing non-contaminated personnel
- _____ Decontaminate, as necessary

NOTE: For 24-hour assistance in dealing with radiation accidents call IRAP, Brookhaven National Labs at (516) 282-2200



ENERGY CONSULTANTS

RIVERSIDE OFFICE CENTER 3 / 2101 N. FRONT ST. / HARRISBURG / PA 17110 / PH.(717)236-0031
CORPORATE OFFICE: 121 SEVENTH STREET / PITTSBURGH / PA 15222-3487 / PH.(412)434-5200

May 22, 1984

A. Lindley Bigelow
Coordinator
Montgomery County Office of
Emergency Preparedness
100 Wilson Boulevard
Eagleville, PA 19403

Dear Lin:

Enclosed are four copies of the Message Flow Standard Operating Procedure to the Montgomery County Radiological Emergency Response Plan (RERP) for Incidents at the Limerick Generating Station.

Should you have any immediate questions following receipt of this correspondence, please do not hesitate to call me.

Thank you for your continued cooperation.

Sincerely,

John H. Cunningham
Associate Senior Planner

JHC:jr
Enclosure

STANDARD OPERATING PROCEDURE

MESSAGE FLOW

(RUMOR CONTROL CENTER MANAGER)

I. Purpose

To establish procedures necessary to facilitate the flow of information and the maintenance of records throughout activation of the County Emergency Operations Center (EOC).

II. Definitions

A. Routine Messages

Requests or information requiring official response or acknowledgment during the course of the emergency, but not dealing with immediate or life-threatening situations.

B. Urgent Messages

Requests or information dealing with situations that have immediate or life-threatening consequences.

III. Situation

A. In the event of an incident at the Limerick Generating Station, the flow of information or requests must be rapid.

B. In the event of an incident at the Limerick Generating Station, efficient records must be kept of all requests and information made available to officials. These records must secure the authority and liability of County officials.

IV. Responsibilities

A. The Operations Officer is responsible for:

1. Reviewing all messages produced within the EOC.
2. Supervising the Rumor Control Center Manager.
3. Briefing the OEP Coordinator on relevant or significant information received by the message flow staff.

B. The Rumor Control Center Manager is responsible for:

1. Reviewing all message forms produced within the EOC.
2. Directing message plotters/posters/runners to display relevant information on appropriate maps, charts or boards so that this information is readily observable by EOC personnel.

3. Briefing the Operations Officer on all significant information received by the message flow staff, as well as periodic status reviews.
- C. The Message Flow Coordinator/Logger is responsible for:
1. Ensuring that the flow of information occurs in a timely and designated manner.
 2. Reviewing all messages produced within the EOC and designating the proper routing and priority of all messages.
 3. Maintaining a log of all messages produced within the EOC.
 4. Assigning a message number to every message produced within the EOC.
 5. Ensuring that all messages requiring action or response have received the required action or response.
 6. Reviewing significant or relevant messages and requirements for plotting and posting with the Rumor Control Center Manager.
- D. The Message Plotters/Posters/Rumors are responsible for:
1. Posting significant information on the status board, as directed by the Rumor Control Center Manager or Message Flow Coordinator/Logger.
 2. Posting identified problems and unmet needs on the problem area status board(s), as directed by the Rumor Control Center Manager or Message Flow Coordinator/Logger.
 3. Plotting relevant information on appropriate maps, as directed by the Rumor Control Center Manager or Message Flow Coordinator/Logger.
 4. Gathering all messages produced by EOC personnel and forwarding these messages to the Message Flow Coordinator/Logger.
 5. Distributing copies of logged messages to the EOC personnel indicated in the routing portion of the form.
- E. The Message Duplicator is responsible for:
1. Duplicating and/or collecting materials as requested by message flow staff.
 2. Recording copies made utilizing the appropriate "counter."
- F. All EOC personnel are responsible for:
1. Developing messages to elicit response/action from or to convey information to other EOC personnel.

2. Responding to or acknowledging any messages received.
 3. Maintaining a personal EOC Station Log Form throughout the emergency.
- G. The Communications staff is responsible for:
1. Transmitting information over available equipment, if requested by the OEP Communications Officer.
 2. Developing messages to be distributed to EOC personnel (through the OEP Communications Officer), based upon information received from available communications resources.

V. Procedures

A. Administrative

1. The Message Flow Coordinator/Logger will have the following materials and supplies available at the time the EOC is activated:
 - a. Message forms in sufficient quantity to meet the needs of extended operations (300 copies).
 - b. Message Center Log forms in sufficient quantity to meet the needs of an extended operation (100 sheets).
 - c. EOC Station Log Forms in sufficient quantity to meet the needs of extended operations (200 sheets).
 - d. Message distribution trays for the message desk and EOC personnel.
 - e. All necessary maps and status boards required for the posting of emergency information (installed in Operations Room).
 - f. An adequate supply of pens, pencils, grease pencils, markers and related operational supplies.
2. The Rumor Control Center Manager will maintain and update a list of personnel designated and trained to operate as:
 - a. Alternate Rumor Control Center Manager
 - b. Message Flow Coordinator/Logger and alternate
 - c. Message Plotters/Posters/Runners (four)
 - d. Message Duplicators (two)
 - e. Rumor Control Telephone Operators (twenty)

B. Operational

1. Upon arrival at the EOC, the Rumor Control Center Manager will:
 - a. Notify and request all message flow personnel to report to the EOC.
 - b. Assure EOC staff groups obtain staff group files.
 - c. Activate the message desk (Alert).
 - d. Activate the Rumor Control Center (Site Emergency or as requested).
 - e. Brief Message Flow Coordinator/Logger upon his(her) arrival.
2. Upon arrival at the EOC, the Message Flow Coordinator/Logger will:
 - a. Assure message flow desk and telephone are operational and set up message distribution trays.
 - b. Obtain and distribute all required forms.
 - c. Clean and ready maps and status boards.
 - d. Obtain duplicator counter and turn on duplicator.
 - e. Brief message flow staff, upon their arrival.

C. Message Flow

1. EOC personnel, upon a) receipt of a significant incoming message b) generation of a significant outgoing or c) generation of a significant internal message, will complete the following information on the message form:
 - a. Date and time the message is developed.
 - b. To whom the message is directed.
 - c. From whom the message is sent.
 - d. The priority of the message--urgent or routine.
 - e. The message itself.
 - f. Sign the message.
2. The message originator will then place the message in the outgoing message distribution tray (top tray) and obtain the attention of a message runner.
3. The Message plotters/posters/runners will forward the message to the Message Flow Coordinator/Logger.

4. The Message Flow Coordinator/Logger will review the content and assigned priority of the message.
 - a. If the message is confirmed as urgent, the Message Flow Coordinator will assign a designated message number, confirm routing information, provide for required duplication, and request immediate distribution of copies by a message plotter/poster/runner.
 - b. If the message is confirmed as routine, the Message Flow Coordinator/Logger will assign routing information and after the message has been logged, place the message in the outgoing message distribution tray and request a message plotter/poster/runner to distribute the assigned copies.
5. The message plotter/poster/runner will place assigned copies in the incoming message distribution tray (lower tray) of the appropriate EOC staff group.
6. EOC personnel receiving messages will review message information.
 - a. If no response or action is required, the person will file the message in the EOC staff group file.
 - b. If a response or action is required, the person will take the required action to complete the following message information:
 - (1) Priority assignment--urgent or routine.
 - (2) Response/reply itself.
 - (3) Signature of the person responding to the original message.
 - c. Upon completion of the response/reply, the message should be placed in the outgoing message distribution tray (upper tray) where it will be collected by a message plotter/poster/runner.
 - d. The message plotter/poster/runner will deliver the message to the Message Flow Coordinator/Logger:
 - (1) If the response/reply is confirmed to be urgent, the Message Flow Coordinator/Logger will brief the Rumor Control Center Manager of the content, then request the message plotter/poster/runner to deliver the message to the originator of the message.
 - (2) If the response/reply is confirmed to be routine, the Message Flow Coordinator/Logger will log the response/reply.

- (3) The Message Flow Coordinator/Logger then gives the response/reply to a message plotter/poster/runner who delivers it to the person who developed the original message.
 - (4) The Message Flow Coordinator/Logger periodically briefs the Rumor Control Center Manager on the routine responses/replies.
7. The Rumor Control Center Manager will brief the Operations Officer of any messages or responses/replies that are significant or could potentially affect future decisions or actions. Routine briefings will be conducted periodically or at least twice per 12 hour shift.
8. The Operations Officer will brief the OEP Coordinator of any messages or response/replies that are unresolved and urgent or that could affect future decisions or actions. Routine summary briefings will be conducted at least twice per 12 hour shift.
9. The Operations Officer and the OEP Coordinator will also periodically brief EOC personnel of emergency status. A podium has been provided to facilitate general EOC staff briefings. Individuals or groups may be briefed using the situation analysis/briefing room (Conference Room).
10. The Operations Officer will, after briefing EOC personnel, request the Rumor Control Center Manager to direct the message plotters/posters/runners to post significant information on appropriate maps or charts. The Operations Officer will then return his/her copy of the message to the Message Flow Coordinator/Logger, who will file the message copy. Messages to be posted include, but are not limited to:
 - a. Incident classification changes
 - b. Public alert system activation
 - c. Protective action recommendations
 - d. Reentry announcements
 - e. Weather information
 - f. Significant unmet needs
 - g. Road closings, accidents, etc.
 - h. Changes in predetermined facilities
 - (1) Reception Centers
 - (2) Mass Care Centers

- (3) Transportation Staging Areas
 - (4) Host Schools
 - (5) Evacuation Support Health Care Facilities
 - (6) Emergency Worker Relocation Points (decontamination stations)
- i. Urgent messages, as determined by the Operations Officer or OEP Coordinator.
11. If the message or response/reply requires the use of radio communications equipment, the Message Flow Coordinator/Logger will send a copy to the OEP Communications Officer, who will transmit the information to the a) Radio Room or b) Communications Center. The Communications Dispatcher(s) will indicate at the top of the form the frequency (equipment) used and the time the message was transmitted. That copy will then be returned to the OEP Communications Officer, who will forward it to the Message Flow Coordinator/Logger for logging and filing.
 12. Message forms will be a five-part snap-out on NCR paper. If additional copies are required, the Message Flow Coordinator/Logger will direct a message plotter/poster/runner to obtain duplicated copies from the Message Duplicator. The Message Duplicator will copy and collate, log items copied and notify the Message Flow Coordinator/Logger of equipment malfunctions and/or supply shortages.
 13. After either developing or receiving a message or a response/reply, EOC personnel will record the activity on their personal EOC Station Log Form. The person developing or responding to a message will record:
 - a. The time the message was developed or received.
 - b. To whom the message was directed.
 - c. From whom the message was received.
 - d. A brief synopsis of the message.
 - e. A brief synopsis of any required response/reply.

VI. Attachments

- Attachment 1 - Message Flow Staff Roster
- Attachment 2 - Message Form
- Attachment 3 - Message Flow Log Form

Attachment 4 - EOC Group Log Form

Attachment 5 - Message Flow Area/EOC Diagram

ATTACHMENT 1

MESSAGE FLOW STAFF ROSTER

| <u>Position</u> | <u>Name</u> | <u>Address</u> | <u>Telephone No.</u> |
|--|-------------|----------------|----------------------|
| Rumor Control Center Manager | | | (H) (W) |
| Alternate Rumor Control Center Manager | | | (H) (W) |
| Message Flow Coordinator/Logger | | | (H) (W) |
| Alternate Message Flow Coordinator/Logger | | | (H) (W) |
| Plotters/Posters/Runners | 1. | | (H) (W) |
| | 2. | | (H) (W) |
| | 3. | | (H) (W) |
| | 4. | | (H) (W) |
| Message Duplicator | 1. | | (H) (W) |
| | 2. | | (H) (W) |

Attachment 2

MESSAGE FORM

Message No.

Date: _____ Time: _____

Urgent

Routine

To: Name _____ From: Name _____

Organization _____ Organization _____

Telephone/Radio _____ Telephone/Radio _____

Message: _____

Signature

Response/Reply: _____ Time: _____

Urgent

Routine

Signature

ROUTING INFORMATION

Action

Information

Action

Information

Commissioners

School Services

Coordinator

Transportation

Deputy Coordinator

Public Works

Operations

Agriculture

Communications

Industrial Liaison

Police Services

Public Information

Fire Services

Mass Care

Medical

Rumor Control

Radiological

EOC GROUP LOG FORM

EOC Position _____ Date _____

| TIME | TO WHOM | FROM WHOM | MESSAGE | RESPONSE/ACTION |
|------|---------|-----------|---------|-----------------|
| | | | | |

COUNTY OF CHESTER

RELATED CORRESPONDENCE

Earl M. Baker, Chairman

COMMISSIONERS
Robert J. Thompson

Patricia Moran Baldwin
DOCKETED
USNRC

OFFICE OF THE COMMISSIONERS

Courthouse, High & Market Sts., West Chester, PA (215) 431-6100

V. S. BOYER

84 JUN -4 P2:13

MAY 25 1984

May 23, 1984

OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

RECEIVED

MAY 29 1984

R. A. KANKUS

Mr. John Austin, President
Philadelphia Electric Company
2301 Market Street
P.O. Box 8699
Philadelphia, PA 19101

Dear Mr. Austin:

The Board of Commissioners supports your efforts to improve Philadelphia Electric Company's relationships with the municipalities surrounding Limerick.

Your most recent letter of April 19, 1984, regarding equipment that Philadelphia Electric Company is willing to provide for our use, has been referred to Mr. Timothy Campbell of the Department of Emergency Services to do a detailed analysis of our needs. Mr. Campbell will be forwarding to your attention the results of this analysis in the immediate future.

I want to emphasize our commitment for expansion of the relationship of PECO, the county and the municipality, not only on the need for a planning system, but to tackle any unanswered technical questions regarding the plant and the evacuation plan.

We are looking forward to an intensifying of the dialogue that will address the above concerns.

Sincerely,

Earl M. Baker
Chairman

MEB/ps

cc Vince Boyer, PECO
Timothy Campbell, EMS



Founded 1682





ENERGY CONSULTANTS

RIVERSIDE OFFICE CENTER 3/2101 N. FRONT ST. / HARRISBURG / PA 17110 / PH. (717) 256-0001
CORPORATE OFFICE: 121 SEVENTH STREET / PITTSBURGH, PA 15222-3487 / PH. (412) 434-5200

RELATED CORRESPONDENCE

May 24, 1984⁸⁴ JUN -4 P2:14

OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

Timothy R. S. Campbell
Director
Chester County Department of
Emergency Services
14 East Biddle Street
West Chester, PA 19380

Dear Tim:

Enclosed are the latest copies of Darfts 2 of Chester County Implementing Procedures. Formats have been amended according to your request. Appendices will be finalized on plan completion.

Sincerely,

Joel
Joe! Grottenthaler

JG:jr
Enclosures

IMPLEMENTING PROCEDURES

CHESTER COUNTY USDA BOARD REPRESENTATIVE

I. PURPOSE

The purpose of these procedures is to support Chester County's response to an incident at the Limerick Generating Station, ensuring the provision of information and assistance to farmers and livestock owners who may be affected by such an incident.

II. REFERENCES

- A. Annex O, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. The Pennsylvania Department of Environmental Resources will:

1. Collect and analyze samples from public water supplies;
2. Analyze food and water samples and provide a technical interpretation to the Department of Agriculture; and
3. Provide protective action recommendations through its Bureau of Radiation Protection.

- B. The Pennsylvania Department of Agriculture will:

1. Collect milk samples and products, livestock food, forage, and other food products for technical laboratory analysis by DER; and
2. Relay recommendations specific to the agricultural community through the USDA County Extension Office.

C. A representative of the Chester County USDA Emergency Board will:

1. Serve as the Agricultural Liaison in the County EOC;
2. Coordinate certification of farmers tending livestock within the Plume Exposure Pathway EPZ as emergency workers; and
3. Disseminate information and advisories from the Pennsylvania Department of Agriculture to farmers and food processors.

D. Farmers tending livestock within the Plume Exposure Pathway EPZ will:

1. Obtain certification as emergency workers from the Chester County Department of Emergency Services through the County Extension Agent.
2. Obtain dosimeters and radioprotective drugs (potassium iodide), together with appropriate forms and records, from the Chester County DES through the County Extension Agent; and
3. Report to an emergency worker decontamination station each time he or she leaves the Plume Exposure Pathway EPZ.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No actions required.

B. ALERT

1. Chester County USDA Representative reports to the Chester County EOC if requested.
(time completed)

- _____ 2. Establish communications with the County Extension Agent.
- _____ 3. Notify the relief representative and place on standby status.
- _____ 4. If any farm emergency information advisories are received by the DES from the State, coordinate with the Public Information Group Chief and the County Extension Agent to develop and release information statements to affected farmers via the EBS station.
- _____ 5. Review procedures for SITE EMERGENCY.
- _____ 6. Maintain ALERT status until incident escalation or reduction or termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the Chester County EOC.
(time
completed)
- _____ 2. Establish communications with the County Extension Agent.
- _____ 3. Notify the relief representative, placing on standby status, and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Coordinate with the Public Information Group Chief and County Extension Agent in notification of farmers, livestock owners and food processors located within the Plume Exposure Pathway EPZ, advising of the situation and relaying any farm advisory received from the State (reference Appendix 2).
- _____ 4. Coordinate with the Public Information Group Chief and County Extension Agent to develop and release information statements for farmers based on State advisories.
- _____ 5. Review procedures for GENERAL EMERGENCY.
- _____ 6. Maintain SITE EMERGENCY status until incident escalation or termination or reduction.

NOTES:

D. GENERAL EMERGENCY

_____ 1. Report to the EOC.
(time
completed)

_____ 2. Establish communications with County Extension Agent.

_____ 3. Notify the relief representative, placing on standby status, and prepare for extended (12-hour shift) operations (reference Appendix 1).

_____ 4. Notify farmers, livestock owners, and food processors located within the Plume Exposure Pathway of the General Emergency, recommending that all animals be placed on stored feed immediately (reference Appendix 2).

_____ 5. Coordinate with the Public Information Group Chief and County Extension Agent to develop and release information statements for farmers based on State advisories.

6. If Sheltering is directed:

_____ a. Inform farmers, livestock owners and food processors of the sheltering directive, advising them to shelter all farm animals insofar as possible, and ensuring that all animals are placed on stored feed.

_____ b. In conjunction with the Public Information Group Chief and County Extension Agent, prepare and release advisories for farmers, food processors and livestock owners outside the Plume Exposure Pathway who may be affected, based on advisories received from the State.

7. If Evacuation is directed:

- _____ a. Ensure notification of farmers, livestock owners and food processors within the Plume Exposure Pathway EPZ, instructing those who need to reenter the EPZ to tend livestock to report to the County Agricultural Center for certification as emergency workers.
- _____ b. Ensure county agricultural staff to be available on a 24-hour basis to certify farmers as emergency workers.
- _____ c. Coordinate with the Radiological/Decontamination Group Chief and County Extension Agent to arrange for dosimeters, radioprotective drugs, and appropriate records/forms for distribution to farm emergency workers.
- _____ d. Coordinate with the Police Services Group Chief to ensure that access control personnel are aware of and will recognize Farmer Emergency Worker Certification forms (reference Appendix 3).

_____ 7. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Continue to provide assistance as requested by Federal and State Agriculture agencies.
- _____ 2. Assist County USDA Emergency Board and County Extension Agent in the distribution of information to farmers.
- _____ 3. Consolidate and secure records and reports.

APPENDICES

- Appendix 1: Agricultural Officer and Relief Staff
- Appendix 2: Farmers, Livestock Owners and Food Processors Within the Plume Exposure Pathway EPZ
- Appendix 3: Emergency Worker Certification Form
- Appendix 4: Protective Action Guide for Farmers and Food Processors

IMPLEMENTING PROCEDURES

PUBLIC WORKS/INDUSTRIAL LIAISON GROUP CHIEF

I. PURPOSE

The purpose of these procedures is to support Chester County's response to an incident at the Limerick Generating Station, ensuring that major evacuation routes are maintained in passable condition, mobilizing roadway clearance and fuel resources as needed, and providing for the timely notification and response of major industries located within the Chester County plume exposure pathway EPZ.

II. REFERENCES

- A. Annex X, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. The Chester County Police Group, in cooperation with the Pennsylvania State Police, municipal police departments and fire police organizations, is responsible for the execution of traffic control plans.
- B. The Public Works/Industrial Liaison Group Chief is charged with the following direct responsibilities:
 - 1. Coordination of efforts to remove traffic obstructions on main evacuation routes.
 - 2. Notification fuel stations on main evacuation routes.
 - 3. Coordination with PennDOT and the Chester County Engineer in the identification and assignment of road clearance resources.
 - 4. Response to unmet municipal road clearance needs.

5. Provision of timely notification to industries located within the plume exposure pathway EPZ in the event of an incident at Limerick.
6. Response to the needs of industry in an emergency, responding to industrial unmet needs through emergency management channels.
7. Identification of resources available from private industry to support a response by Chester County.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Respond to the EOC if requested.
(time completed)
- _____ 2. Notify the relief Public Works/Industrial Liaison Group Chief to standby (reference Appendix 1).
- _____ 3. Notify major industries and utilities within the EPZ, indicating that no special response is indicated at this time (reference Appendices 2 and 3).
- _____ 4. Review procedures for SITE EMERGENCY.
- _____ 5. Maintain ALERT status until incident escalation or reduction or termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the EOC.
(time completed)
- _____ 2. Notify the relief Public Works/Industrial Liaison Group Chief, place on standby status, and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Review resource availability figures and assign as necessary to respond to municipal unmet needs.
- _____ 4. Notify road clearance and fuel resources and place on standby status (reference Appendix 4).
- _____ 5. Contact the PennDOT Maintenance Office at 929-0766 and the County Engineer's Office at _____ in order to identify any areas of construction, detours, etc. on evacuation routes.
- _____ 6. Notify utilities and major industries, checking with industry contacts to determine the resources and time needed for them to shut down if it should become necessary. Relay any recommendations regarding the advisability of suspending or limiting operations at this time due to the potential of incident escalation and potential staffing shortages (reference Appendices 2 and 3).
- _____ 7. Review procedures for GENERAL EMERGENCY.
- _____ 8. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

_____ 1. Report to the EOC.
(time
completed)

_____ 2. Notify the relief Public Works/Industrial Liaison Group Chief, place on standby status and prepare for extended (12-hour shift) operations (reference Appendix 1).

3. Maintain SITE EMERGENCY status unless a protective action (Sheltering or Evacuation) is ordered or recommended.

4. If Sheltering is ordered or recommended:

_____ a. Notify industries and utilities of the protective action.

_____ b. Identify and respond to unmet industrial needs.

_____ c. Request resources from industries and utilities (personnel, vehicles, equipment) as directed.

_____ d. Maintain communications with industries and utilities and provide periodic status reports to the DES Director.

5. If Evacuation is ordered or recommended:

_____ a. Mobilize road clearance resources previously assigned to address municipal unmet needs.

_____ b. Mobilize PennDOT resources as needed to maintain and clear main evacuation routes.

_____ c. Notify industries and utilities of the protective action.

_____ d. Identify and respond to unmet industrial needs.

- _____ e. Request resources from industries and utilities (personnel, vehicles, equipment) as directed.
- _____ f. Maintain communications with industries and provide periodic status reports to the DES Director.
- _____ 6. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Coordinate emergency fuel supplies for reentry with the Transportation Group.
- _____ 2. Coordinate with the Mass Care Group regarding the sd.
- _____ f. Maintain communications with industries and provide periodic status reports to the DES Director.
- _____ 6. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

APPENDICES

Appendix 1: Primary and Relief Public Works Officers

Appendix 2: Industries Located Within the Chester County EPZ

Appendix 3: Utilities Serving the Chester County EPZ

Appendix 4: Road Clearance and Fuel Resources

IMPLEMENTING PROCEDURE
FIRE AND RESCUE GROUP CHIEF

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station, assuring continued fire protection of the plume exposure pathway emergency planning zone and providing for supplemental emergency alerting of the general public.

II. REFERENCES

- A. Annex E, Chester County Limerick RERP.
- B. Annex C, Appendix 4, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. The responsibility for continued fire protection of their respective coverage areas rests with the individual fire companies.
- B. The responsibility for supplemental notification of their respective coverage areas via route alerting rests with the individual fire and rescue companies.
- C. Municipal Fire Services Officers are responsible for ensuring the continued provision of fire services to their municipality.
- D. The Chester County Fire and Rescue Group Chief is responsible for:
 - 1. Coordinating fire services among EPZ municipalities.
 - 2. Responding to unmet municipal fire service needs.
 - 3. Coordinating the notification and dispatch of affected fire companies.

4. Coordinating with the DES Director regarding the determination of areas to be route alerted (in the event of public alert system failure).

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Report to the EOC if requested by DES Director.
(time completed)
- _____ 2. Notify relief Fire and Rescue Group Chief to stand by (reference Appendix 1).
- _____ 3. Notify all risk and support fire and rescue companies of the ALERT, requesting them to review their own plans and procedures (reference Appendix 2).
4. In the event the Public Alert System is to be activated:
 - _____ a. Mobilize risk and support fire companies in quarters, ensuring that adequate equipment and personnel are on hand to conduct route alerting.
 - _____ b. Verify risk and support fire and rescue companies have been notified of the designated public alert system activation time.
 - _____ c. Ensure the dispatch of appropriate route alert teams in the event of public alert system malfunction (coordinate with the Alert and Notification Group Chief and the DES Director)

(reference Appendix 3).

- _____ d. Note time of completion of route alerting as teams or municipalities report in.

- _____ e. Maintain risk and support fire and rescue companies on standby status.

- _____ 5. Respond to any unmet municipal fire service needs.

- _____ 6. Review procedures for SITE EMERGENCY.

- _____ 7. Maintain ALERT status until incident escalation or reduction or termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the EOC.
(time
completed)
- _____ 2. Notify the relief Fire and Rescue Group Chief to stand by and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Verify notification of risk and support fire and rescue services of the SITE EMERGENCY and place or maintain on standby status (reference Appendix 2).
- _____ 4. Ensure that risk and support fire and rescue companies receive dosimeters and KI from their municipal EMA. (CAUTION: Emphasize that fire company personnel should not take KI unless recommended by the Pennsylvania Secretary of Health).
5. In the event the Public Alert System is to be activated:

 - _____ a. Mobilize risk and support fire and rescue companies in quarters, ensuring that adequate equipment and personnel are on hand to conduct route alerting.
 - _____ b. Notify risk and support fire and rescue companies of the designated public alert system activation time.
 - _____ c. Ensure the dispatch of appropriate route alert teams in the event of public alert system malfunction (coordinate with the Alert and Notification Group Chief and the DES Director) (reference Appendix 3).
 - _____ d. Note time of completion of route alerting as teams or municipalities report in.

- _____ e. Maintain risk and support fire companies on standby status.
- _____ 6. Respond to any unmet municipal fire service needs.
- _____ 7. Review procedures for GENERAL EMERGENCY.
- _____ 8. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. Report to the EOC.
(time
completed)
- _____ 2. Notify the relief Fire and Rescue Group Chief to stand by and implement extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Verify notification of risk and support fire and rescue companies of the GENERAL EMERGENCY and mobilize route alert teams in quarters (reference Appendix 2).
- _____ 4. When the time for activation of the public alert system is known, notify risk and support fire and rescue companies and ensure that adequate equipment and personnel are on hand to conduct route alerting (coordinate with DES Director).
- _____ 5. Ensure the dispatch of appropriate route alert teams in the event of public alert system malfunction (coordinate with DES Director and Alert and Notification Group Chief) (reference Appendix 3).
- _____ 6. Note time of completion of route alerting as route alert teams or municipalities report in.
7. If a General Evacuation has been ordered or recommended:
 - _____ a. Upon the completion of route alerting, ensure the dispatch of route alert teams to an emergency worker monitoring/decontamination station (reference Appendix 4) and from there to pre-designated relocation stations (reference Appendix 5) or return to quarters (support companies only).

- _____ b. Ensure the dispatch of all risk fire and rescue company equipment and on-duty personnel to pre-designated relocation stations (reference Appendix 5).
- _____ c. Notify the pre-designated relocation station (reference Appendix 5) that relocating fire and rescue companies are enroute.
- _____ 8. If Sheltering has been ordered or recommended, upon the completion of route alerting, ensure the dispatch of route alert teams to an emergency worker monitoring/decontamination station (reference Appendix 4) and from there to return to quarters (support fire companies) or to preassigned relocation stations (risk fire companies) (reference Appendix 5).
- _____ 9. If no protective action is ordered or recommended, ensure that route alert teams return to quarters and that all risk and support fire and rescue companies maintain standby status.
- _____ 10. Relay orders or recommendations regarding respiratory protection, protective clothing, and dosimetry and KI as received from the Radiological Decontamination Group Chief.
- _____ 11. In the event of a General Evacuation, risk and support fire and rescue companies will continue to provide fire protection to the evacuated area insofar as radiation levels allow (coordinate with the Radiological Decontamination Group Chief).
- _____ 12. Respond to any unmet municipal fire service needs.
- _____ 13. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. If ordered, direct affected fire and rescue personnel to return to their respective stations and secure.
- _____ 2. Continue fire and rescue operations and fire police operations.
- _____ 3. Inventory, inspect and coordinate return of borrowed equipment to original owner.
- _____ 4. Consolidate and secure all records and reports.

APPENDICES

- Appendix 1. Chester County Fire and Rescue Group Chief
- Appendix 2. Risk and Support Fire Companies
- Appendix 3. Route Alert Zones
- Appendix 4. Emergency Worker Monitoring/Decontamination Stations
- Appendix 5. Relocation Stations for Risk Fire Companies

IMPLEMENTING PROCEDURE
TRANSPORTATION GROUP CHIEF

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station, assuring the provision of adequate transportation resources to Chester County residents located within the plume exposure pathway emergency planning zone and supporting the transportation needs of other risk counties when possible.

II. REFERENCES

- A. Annex I, Chester County Limerick RERP.
- B. Annex G, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. Each risk municipality is responsible for developing and maintaining a list of individuals requiring transportation assistance in an evacuation.
- B. The Chester County Transportation Coordinator is responsible for identifying transportation needs and for coordinating resources necessary to meet those needs.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Report to the EOC if requested by the DES Director.
(time completed)
- _____ 2. Notify relief transportation staff and place on standby status (reference Appendix 1).
- _____ 3. Ensure that the Medical Group Chief has notified risk and support ambulance services.
- _____ 4. Coordinate with the School Services Officer in identifying school district transportation needs and resources.
- _____ 5. Contact risk municipalities and request updated list of municipal transportation needs (reference Appendix 2).
- _____ 6. Contact public transportation providers (bus, rail and air) and advise them of the ALERT. No re-scheduling or re-routing of scheduled transportation is necessary at this stage (reference Appendix 3).
- _____ 7. Contact all Chester County transportation resources, advise them of the incident, determine the number of vehicles and drivers available, and place on standby status (reference Appendix 4).
- _____ 8. Notify transportation staging area coordinators and place on standby status (reference Appendix 5).
- _____ 9. Review procedures for SITE EMERGENCY.
- _____ 10. Maintain ALERT status until incident escalation or reduction or termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the EOC.
(time
completed)
- _____ 2. Notify relief transportation staff, mobilize assistants as needed, place remainder on standby status and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Notify transportation staging areas and place on standby status (reference Appendix 5).
- _____ 4. Contact County transportation staging area staff and place them on standby status (reference Appendix 6).
- _____ 5. Coordinate with the Alerting and Communications Group Chief to ensure that a RACES unit has been assigned to each staging area and is ready for mobilization.
- _____ 6. Coordinate with the Radiological/Decontamination Officer to ensure that KI and dosimeters for transportation providers are packaged and ready for delivery to staging areas.
- _____ 7. Contact risk municipalities and request an updated list of municipal transportation needs (reference Appendix 2).
- _____ 8. Coordinate with the School Services Officer to ensure that school evacuation vehicles have been placed on standby status.
- _____ 9. Coordinate with the Medical Group Chief to ensure that risk and support ambulance services have been mobilized and all other county ambulance services have been placed on standby status.
- _____ 10. Contact both pre-assigned and non-assigned Chester County transportation resources, advise them of the SITE EMERGENCY, confirm

the availability of vehicles and drivers, and maintain on standby status (reference Appendix 4).

- _____ 11. Contact public transportation providers (bus, rail, air) and advise them of the SITE EMERGENCY. No re-scheduling or re-routing of scheduled services should be required at this time (reference Appendix 3).

- _____ 12. PEMA Eastern Area will relay unmet transportation needs from other risk counties. The risk counties may also relay such unmet needs directly. Prepare tentative assignments of uncommitted Chester County transportation resources to address unmet needs in coordination with the Medical Group Chief. Provide copies to the DES Director.

- _____ 13. If it is indicated by the DES Director that transportation resources and staging areas should be mobilized at this stage, follow appropriate procedures under GENERAL EMERGENCY.

- _____ 14. Review all procedures for GENERAL EMERGENCY.

- _____ 15. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

_____ 1. Report to the EOC.
(time
completed)

_____ 2. Notify relief transportation staff, mobilize assistants as needed, place remainder on standby status and implement extended (12-hour shift) operations.

_____ 3. Notify and activate transportation staging areas (reference Appendix 5).

_____ 4. Mobilize transportation staging area staff (reference Appendix 6).

_____ 5. Coordinate with the Alerting and Communications Group Chief to ensure the dispatch of a RACES unit to each county staging area.

_____ 6. Coordinate with the Radiological Officer to ensure that KI and dosimeters for transportation providers are delivered to staging areas. NOTE: KI and dosimeters are to be provided only to crews of vehicles making return trips into the EPZ.

7. If a General Evacuation is ordered or recommended:

_____ a. Coordinate with the Medical Group Chief to ensure the dispatch of ambulances adequate to evacuate handicapped and homebound individuals.

_____ b. If school is in session, coordinate with the School Services Officer to ensure that school buses have been dispatched to their assigned schools.

_____ c. Dispatch all pre-assigned transportation resources to their assigned locations (reference Appendix 4).

- _____ d. Dispatch non-assigned transportation resources as necessary to meet unmet needs of risk municipalities and other risk counties (reference Appendix 4). All non-assigned transportation resources should report to one of the two transportation staging areas (reference Appendix 5).

- _____ e. Coordinate with the Medical Group Chief to ensure the dispatch of non-assigned ambulances as necessary to meet unmet needs of risk municipalities and other risk counties. All non-assigned ambulances should report to one of the two staging areas (reference Appendix 5).

- _____ f. As transportation resources arrive at staging areas, dispatch as necessary to address unmet needs. The first priority is Chester County municipalities with unmet needs.

- _____ g. As transportation resources complete their assignments and report in, they should be directed to:
 - _____ (1) Return to a staging area in order to receive another assignment, or;

 - NOTE: Ensure that crews of any transportation resources making return trips into the EPZ receive dosimeters and KI from staging area staff.

 - _____ (2) Return to quarters, or;

 - _____ (3) Report to an emergency worker monitoring/decontamination station if this is directed by the Radiological Officer (reference Appendix 7).

- _____ h. Report any County unmet transportation needs to PEMA via the DES Director.

8. If Sheltering is the recommended protective action:

- _____ a. Notify all pre-assigned and non-assigned transportation resources (reference Appendix 4) and maintain on standby status.
- _____ b. Notify Transportation Staging Areas and maintain in a state of readiness (reference Appendix 5).
- _____ c. Notify staging area staff and maintain in a state of readiness (reference Appendix 6).

9. If a Selective Evacuation is ordered or recommended:

- _____ a. Dispatch transportation resources as necessary to respond to municipal unmet needs.
- _____ b. Maintain Staging Areas in a state of readiness (reference Appendix 5).
- _____ c. Maintain staging area staff in a state of readiness (reference Appendix 6).

_____ 10. In the event of any protective action, verify notification of public transportation providers (bus, rail and air) and advise them to re-route all scheduled service around the EPZ (reference Appendix 3).

_____ 11. Provide periodic status reports to the Operations Officer.

_____ 12. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Coordinate with police and EOC staff to determine any changes in transportation routes.
- _____ 2. Ensure the provision of assistance to disabled vehicles.
- _____ 3. Identify reentry transportation to those without vehicles or other means of return.
- _____ 4. Identify fuel supplies for reentry and provide them as needed.
- _____ 5. Provide final inventory of remaining fuel supplies when reentry is complete.
- _____ 6. Coordinate cleanup and restoration of transportation facilities and equipment.
- _____ 7. Report damage to transportation facilities and equipment and any extraordinary expenses incurred in operations.
- _____ 8. Consolidate and secure all records and reports.

APPENDICES

- Appendix 1: Chester County Transportation Coordinator and Staff
- Appendix 2: Risk Municipalities in Chester County
- Appendix 3: Public Transportation Providers
- Appendix 4: Chester County Transportation Resources
- Appendix 5: Chester County Transportation Staging Areas
- Appendix 6: Staging Area Staff
- Appendix 7: Emergency Worker Monitoring/Decontamination Stations

IMPLEMENTING PROCEDURE

POLICE GROUP CHIEF

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station, assuring the continued provision of law enforcement within the plume exposure pathway emergency planning zone and providing for traffic control in the event of an evacuation and access control in the event of sheltering or a general evacuation.

II. REFERENCES

- A. Annex F, Chester County Limerick RERP.
- B. Annex K, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. The responsibility for the continued provision of law enforcement services to their respective jurisdictions rests with municipal police departments.
- B. The Pennsylvania State Police are responsible for access control of the EPZ perimeter in the event of sheltering or evacuation.
- C. The Pennsylvania State Police, supplemented by municipal police and fire police where necessary, will provide law enforcement and traffic control along evacuation routes.
- D. The Chester County Sheriff's Department will assist the Chester County DES as requested.
- E. If ordered to State Active Duty by the Governor, the Pennsylvania National Guard will assist with the provision of security in the risk area.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Report to the EOC if requested by DES Director.
(time completed)
- _____ 2. Establish EOC security.
- _____ 3. Notify the relief Police Group Chief of the ALERT and direct him to stand by (reference Appendix 1).
- _____ 4. Notify risk and support police departments of the ALERT (reference Appendix 2).
- _____ 5. Dispatch County vehicles to the County EOC to pick up municipal kits of dosimeters and KI. Staff should then deliver kits to municipal EOC's serving the Limerick EPZ (reference Appendix 7).
- _____ 6. Coordinate with the Public Works Group Chief to identify any detours or areas under construction on evacuation routes.
- _____ 7. Review procedures for SITE EMERGENCY.
- _____ 8. Maintain ALERT status until incident escalation or reduction or termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the EOC.
(time
completed)
- _____ 2. Complete actions listed for ALERT.
- _____ 3. Notify risk and support police departments of the SITE EMERGENCY, place them on standby status, and confirm that they are prepared to receive dosimeters and KI from their municipal EMA's and distribute same to all on-duty personnel. (NOTE: Emphasize to emergency workers that they should not administer radioprotective drugs to themselves until such time as the Secretary of Health recommends it.) (reference Appendix 2).
- _____ 4. Notify police departments outside the EPZ which may have traffic control responsibilities.
- _____ 5. If a protective action is recommended at this point, or if local conditions warrant, ensure the dispatch of access control and traffic control personnel (reference Appendices 3 and 4).
- _____ 6. Request risk and support police departments to priority return out-of-service vehicles to service.
- _____ 7. Review procedures for GENERAL EMERGENCY.
- _____ 8. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. Report to the EOC.
(time
completed)
- _____ 2. Complete appropriate actions listed under UNUSUAL EVENT and
ALERT.
- _____ 3. Notify and mobilize risk and support police departments,
relaying any protective action recommendations (reference
Appendix 2).
4. If a General Evacuation has been ordered or recommended:
- _____ a. Ensure the dispatch of Access Control personnel and the
activation of Access Control Points (reference Appendix 3).
- _____ b. Ensure the dispatch of Traffic Control personnel and the
activation of Traffic Control Points (reference Appendix 4).
- _____ c. Notify and mobilize police departments outside the EPZ
which may have traffic control responsibilities.
- _____ d. Direct risk and support police departments to coordinate
with municipal public works officers regarding signs,
barricades and other necessary equipment.
- _____ e. Direct risk and support police departments to render
periodic situation reports.
- _____ f. When the evacuation is complete, ensure the dispatch of risk
and support police personnel to an emergency worker
monitoring/decontamination station, and from there to pre-
designated relocation points (risk departments only)
(reference Appendices 5 and 6).

- _____ g. Relay orders or recommendations regarding radioprotective drugs, dosimeters, respiratory protection and protective clothing as received from the Radiological/Decontamination Group Chief.
 - _____ h. Ensure the dispatch of risk and support police departments as necessary to continue to provide police protection to the evacuated area insofar as radiation levels allow (coordinate with the Radiological/Decontamination Group Chief).
 - _____ i. Upon notification of authorization to reenter the evacuated area, de-activate Access Control Points and re-establish Traffic Control Points (reference Appendix 4).
5. If Sheltering has been ordered or recommended:
- _____ a. Ensure the dispatch of Access Control personnel and the activation of Access Control Points (reference Appendix 3).
 - _____ b. Direct risk and support police departments to remain mobilized and provide periodic status reports.
 - _____ c. Upon the completion of all missions, police emergency workers should be assigned to an emergency worker monitoring/decontamination station and from there to other missions or to take shelter in quarters.
 - _____ d. Relay orders or recommendations regarding radioprotective drugs, dosimeters, respiratory protection and protective clothing as received from the Radiological Officer.
- _____ 6. Respond to any unmet law enforcement needs.
- _____ 7. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. If Evacuation has occurred, coordinate traffic movement during reentry. Activate traffic control points in cooperation with the Pennsylvania State Police.
- _____ 2. Continue security operations until municipalities have reestablished normal operations.
- _____ 3. Release municipal police forces to provide security to home municipalities as available. Coordinate necessary security needs between municipalities.
- _____ 4. Return equipment to original jurisdiction.
- _____ 5. Consolidate and secure records and reports.

APPENDICES

- Appendix 1. Chester County Police Services Group
- Appendix 2. Risk and Support Police Departments
- Appendix 3. Access Control Points
- Appendix 4. Traffic Control Points
- Appendix 5. Emergency Worker Monitoring/Decontamination Stations
- Appendix 6. Relocation Points for Risk Police Departments
- Appendix 7. Municipal EOC Locations

IMPLEMENTING PROCEDURE
MEDICAL/EMS GROUP CHIEF

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station, assuring continued emergency medical coverage for the plume exposure pathway emergency planning zone, supporting the evacuation of handicapped persons from within the EPZ, and supporting the evacuation of health care facilities.

II. REFERENCES

A. Annex G, Chester County Limerick RERP.

III. RESPONSIBILITIES

A. The Chester County Medical/EMS Group Chief is responsible for:

1. Coordinating emergency medical coverage among EPZ municipalities.
2. Responding to unmet municipal medical needs.
3. Assigning ambulances to support municipal evacuations.
4. Assigning ambulances, as available, to support the evacuation of health care facilities.
5. Support of those health care facilities in Chester County which are designated to receive evacuees from risk health care facilities, responding to their unmet needs.

C. SITE EMERGENCY

- _____ 1. Report to the EOC.
(time
completed)
- _____ 2. Notify the relief Medical/EMS Group Chief, place on standby status and prepare for extended (12-hour shifts) operations (reference Appendix 1).
- _____ 3. Verify notification of all county ambulance services of the SITE EMERGENCY and ensure risk and support services are mobilized in quarters (reference Appendix 2).
- _____ 4. Determine the number of units available from other than risk and support ambulance services and assign them as necessary to meet municipal unmet needs.
- _____ 5. Ensure that all risk and support ambulance services have received dosimeters and KI from their respective municipal EMA's. Caution all emergency workers that KI should be taken only if ordered by the Secretary of Health, and that order will be relayed by Chester County Communications.
- _____ 6. Contact risk Chester County facilities and request appropriate implementation of emergency plans (reference Appendix 4).
- _____ 7. Review procedures for GENERAL EMERGENCY.
- _____ 8. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. Report to the EOC.
(time completed)
- _____ 2. Notify the relief Medical/EMS Group Chief of the GENERAL EMERGENCY, place on standby status and implement extended (12-hour shifts) operations (reference Appendix 1).
- _____ 3. Notify all Chester County ambulance services of the GENERAL EMERGENCY, ensuring that risk and support services are mobilized in quarters and that all other services are on standby status (reference Appendices 2 and 3).
4. If the recommended protective action is General Evacuation:
 - _____ a. Ensure that appropriate ambulances are dispatched to municipal staging areas to support the evacuation of handicapped residents. Unless otherwise advised, all handicapped residents should be transported to the Pocopson Home, 1695 Lenape Street, West Chester.
 - _____ b. Ensure that available Chester County ambulances are dispatched in response to requests to support the evacuation of health care facilities and homebound patients (reference Appendix 5).
 - _____ c. Ensure that all involved ambulance services are directed to report in to Chester County Communications upon the completion of their missions. Ambulances should then be:
 - (1) Dispatched to the Staging Area Wolfington Bus Company for another assignment; or

(2) Assigned to an emergency worker decontamination station (reference Appendix 6) and from there to:

(a) A pre-designated relocation point (reference Appendix 7) (risk service only); or

(b) Return to quarters.

_____ e. Ensure that staging area staff are providing dosimeters and KI to ambulance personnel reentering the EPZ on second missions.

5. If the recommended protective action is Selective Evacuation:

_____ a. Assign adequate ambulances (other than risk and support ambulance services) to support a possible evacuation of health care facilities in response to requests from those counties.

_____ 6. If the recommended protective action is Sheltering, ensure that risk ambulance service personnel remain mobilized in quarters, responding only to emergency medical calls. Upon the completion of each call, risk and support ambulance personnel should be assigned to an emergency worker monitoring/decontamination station (reference Appendix 6).

_____ 7. Relay orders or recommendations regarding respiratory protection, protective clothing, and dosimeters and KI as received from the Radiological Officer.

8. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Coordinate the response to the health needs of the evacuated area to include blood and drug supplies.
- _____ 2. Notify all health organizations of reentry procedures.
- _____ 3. Coordinate emergency medical support during return.
- _____ 4. Coordinate the use of ambulances for patient and invalid return. Coordinate the phasing of return of patients with risk county officials.
- _____ 5. Coordinate the disposal of any contaminated food or medical supplies with PEMA and BRP.
- _____ 6. Inventory supplies on hand.
- _____ 7. Consolidate and secure all records and reports.

APPENDICES

- Appendix 1. Medical/EMS Group Chief
- Appendix 2. Risk and Support Ambulance Services
- Appendix 3. Non-EPZ Chester County Ambulance Services
- Appendix 4. Chester County Host Health Care Facilities
- Appendix 5. Transportation Staging Areas
- Appendix 6. Emergency Worker Monitoring/Decontamination Stations
- Appendix 7. Risk Ambulance Relocation Points

IMPLEMENTING PROCEDURE
PUBLIC INFORMATION GROUP CHIEF

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station, ensuring that persons living, working or traveling in the Chester County section of the plume exposure pathway emergency planning zone are promptly advised of any protective action recommendations or other situation requiring their response.

II. REFERENCES

- A. Annex D, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. The Chester County Commissioners are responsible for the release of prepared instructions to the public in the event of an incident at Limerick. Such releases should be coordinated with the PEMA Public Information Group Chief.
- B. The Chester County Public Information Group Chief is responsible for activating the Media Center and for briefing news media as appropriate. All press releases will deal only with Chester County's response to the incident and will not address the specific situation at the Limerick Generating Station.
- C. The chairman of the Chester County Commissioners will serve as the County's spokesperson. He will be briefed by the Public Information Group Chief.
- D. The Chester County Public Information Group Chief is responsible for ensuring the adequate staffing and operation of the Rumor Control telephone, and will prepare written statements for Rumor Control staff.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Report to the EOC if requested by the DES Director.
(time
completed)
- _____ 2. Notify the deputy Public Information Group Chief to stand by
(reference Appendix 1).
- _____ 3. Contact EBS radio station, advise them of the ALERT, and place
on standby status.
- _____ 4. Review all prepared EBS announcements (reference Appendix 2).
- _____ 5. If the Public Alert System is to be activated at this stage,
coordinate informational message(s) with the DES Director and
relay same to the EBS station along with the designated system
activation time.
- _____ 6. Review procedures for SITE EMERGENCY.
- _____ 7. Maintain ALERT status until incident escalation or reduction or
termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the EOC.
(time completed)
- _____ 2. Notify the relief Public Information Group Chief, place on standby status, and prepare for extended (12-hour shift) operations.
- _____ 3. Contact EBS Station, advise them of the SITE EMERGENCY and place or maintain on standby status.
- _____ 4. Activate the Rumor Control Center telephone, developing standard information releases and coordinating staffing with the DES Director.
- _____ 5. Establish the Media Center in Room 322 of the Hazlett Building, preparing and releasing periodic public information statements and briefing the media as deemed necessary. All press releases and briefings should be approved by the County Commissioners and coordinated with the PEMA Public Information Group Chief.
- _____ 7. Ensure that security personnel direct all media representatives to the Media Center.
- _____ 8. If the public alert system is to be activated at this stage, coordinate appropriate public information or EBS messages with the DES Director and relay same to the EBS station along with the designated system activation time.
- _____ 9. Review procedures for GENERAL EMERGENCY.
- _____ 10. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

_____ 1. Report to the EOC.
(time
completed)

_____ 2. Notify the relief Public Information Group Chief of the GENERAL EMERGENCY, place on standby status, and implement extended (12-hour shift) operations.

_____ 3. Notify EBS station of the GENERAL EMERGENCY, review all prepared EBS messages with station personnel, and maintain on standby status.

_____ 4. Ensure the continued operation of the Rumor Control telephone, preparing standard information releases for use by rumor control staff.

_____ 5. Ensure the continued operation of the Media Center, preparing press releases and holding briefings as appropriate.

_____ 6. When the designated public alert system activation time is known, coordinate EBS messages appropriate to the recommended protective action and relay same to the EBS station with the designated activation time.

_____ 7. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Disseminate necessary information on phasing and other news regarding reentry if Evacuation has occurred.
- _____ 2. Disseminate necessary information concerning resumption of day to day activity.
- _____ 3. Consolidate and secure all records and reports.

APPENDICES

Appendix 1. Public Information Group Chief and Staff

Appendix 2. Prepared EBS Messages

IMPLEMENTING PROCEDURE
SCHOOL SERVICES OFFICER

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station, ensuring the continued safety of school children, faculty and staff within the plume exposure pathway emergency planning zone.

II. REFERENCES

- A. Annex N, Chester Cuntty Limerick RERP.

III. RESPONSIBILITIES

- A. The Superintendents of risk school districts are responsible for:

1. Establishing procedures for the receipt and dissemination of emergency school information.
2. Providing for the transportation of school students in the event of an evacuation.

- B. School students will remain the responsibility of the risk school district until released to parents or guardians or until other duly authorized individuals assume responsibility.

- C. The School Services Officer is responsible for:

1. Ensuring notification of risk school districts and private schools.
2. Ensuring notification of host schools.

3. Ensuring notification of colleges, private schools and parochial schools.
4. Convey protective action recommendations from PEMA and the Bureau of Radiation Protection.
5. Respond to unmet needs of risk and host schools.

IV. OPERATIONAL PROCEDURES - SCHOOL IN SESSION

A. UNUSUAL EVENT

No action necessary.

B. ALERT - School In Session

- _____ 1. Report to the County EOC if requested by the DES Director.
(time completed)
- _____ 2. Notify the relief School Services Officer to stand by (reference Appendix 1).
- _____ 3. Verify notification and brief all risk school district superintendents, and have them brief their risk building principals (reference Appendix 2).
- _____ 4. Notify and brief all risk private school administrators (reference Appendix 2).
- _____ 5. Notify and brief host school administrators (reference Appendix 3).
- _____ 6. Notify and brief all colleges, non-public schools and vo-tech schools located outside the EPZ (reference Appendix 4).
- _____ 7. Ensure that risk school district superintendents and private school administrators have cancelled special events and activities (i.e., athletic events, field trips) and notified school transportation providers. Obtain an updated student census for all risk school buildings (reference Appendix 2).
- _____ 8. Coordinate any public notifications with risk school officials and the County Public Information Group Chief.

_____ 9. Review procedures for SITE EMERGENCY.

_____ 10. Maintain ALERT status until incident reduction or termination or escalation.

NOTES:

C. SITE EMERGENCY - School In Session

- _____ 1. Report to the Chester County EOC.
(time completed)
- _____ 2. Notify the relief School Services Officer to stand by and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Notify all risk school district superintendents and risk private schools and have them:
 - _____ a. Place risk building principals and staff on standby status, confirming host school locations with building principals;
 - _____ b. Update student census and transportation needs for each risk building;
 - _____ c. Place transportation resources on standby;
 - _____ d. Identify and report any unmet transportation needs (reference Appendix 2).
- _____ 4. Notify host schools and place on standby status (reference Appendix 3).
- _____ 5. Notify and brief the college, non-public schools and vo-tech school located outside the EPZ (reference Appendix 4).
- _____ 6. Respond to any unmet needs as reported by risk schools. Coordinate any response to unmet transportation needs with the Transportation Group Chief.
- _____ 7. Coordinate any public notifications with risk school officials and the Chester County Public Information Group Chief.

- _____ 8. Review procedures for GENERAL EMERGENCY.
- _____ 9. Maintain SITE EMERGENCY status until incident reduction or termination or escalation.

NOTES:

D. GENERAL EMERGENCY - School In Session

- _____ 1. Report to the Chester County EOC.
(time completed)
- _____ 2. Notify the relief School Services Officer and place on standby status, implementing extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Notify all risk public and private schools, ensuring that schools are mobilizing and positioning their transportation resources at the risk buildings (reference Appendix 2).
- _____ 4. Coordinate with the Transportation Officer to ensure that necessary non-school district transportation resources have been mobilized and positioned.
- _____ 5. Notify the college, all non-public schools and vo-tech schools located outside the EPZ to hold students who live within the EPZ, and not discharge them to return to the risk area (reference Appendix 4).
- _____ 6. Relay protective action recommendations to risk school district superintendents and risk private school administrators as received from PEMA, PDE or the Chester County Commissioners.
- _____ 7. Coordinate with the Alerting and Communications Group Chief to request the dispatch of a RACES mobile unit to each risk school building without radio-equipped buses to assure a single radio-equipped vehicle for each facility.
8. If Sheltering is the recommended protective action:
 - _____ a. Notify risk school superintendents and risk private schools (reference Appendix 2);

- _____ b. Ensure that buses are scheduled for delayed dismissal following suspension of the Sheltering advisory;
 - _____ c. Recommend that risk schools implement steps to serve as short-term mass care centers if the length of the Sheltering advisory so indicates (coordinate with the Mass Care Officer);
 - _____ d. Relay orders for the suspension of the Sheltering directive when received.
9. If Evacuation is the recommended protective action:
- _____ a. Notify risk school superintendents and risk private school administrators (reference Appendix 2);
 - _____ b. Notify host schools and direct them to mobilize to receive evacuee students (reference Appendix 3);
 - _____ c. Notify the college, non-public schools and private schools located outside the EPZ to hold students who live within the EPZ and not discharge them into the evacuated area;
 - _____ d. Coordinate with the Transportation Group Chief regarding the assignment of any additional transportation resources necessary to complete school evacuation;
 - _____ e. Monitor the status of school evacuation and provide periodic reports to the Operations Officer and host school officials;
 - _____ f. Coordinate with the Transportation Group Chief to ensure the availability of adequate buses to move remaining students from host schools to mass care centers at approximately 8:00 p.m.

_____ 10. When the protective action (Sheltering or Evacuation) is complete, refer to appropriate procedures for "School Not In Session."

_____ 11. Maintain status until incident reduction or termination.

NOTES:

V. OPERATIONAL PROCEDURES - SCHOOL NOT IN SESSION

A. UNUSUAL EVENT

No action necessary.

B. ALERT - School Not In Session

- _____ 1. Report to the Chester County EOC if requested by the DES
(time completed) Director.
- _____ 2. Notify the relief School Services Officer to stand by (reference Appendix 1).
- _____ 3. Notify and brief risk school district superintendents and risk private school administrators (reference Appendix 2).
- _____ 4. Direct risk school district superintendents and risk private school administrators to notify building principals and cancel all special events/activities.
- _____ 5. Review procedures for SITE EMERGENCY.
- _____ 6. Maintain ALERT status until incident reduction or termination or escalation.

NOTES:

C. SITE EMERGENCY - School Not In Session

- _____ 1. Report to the Chester County EOC.
(time completed)
- _____ 2. Notify the relief School Services Officer, place on standby status and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Notify risk school district superintendents and risk private school administrators, directing them to contact risk building principals and have them cancel all special events/activities, vacating all risk buildings (reference Appendix 2).
- _____ 4. Relay any recommendations from PEMA, PDE or the Chester County Commissioners regarding school closing for the following day(s).
- _____ 5. Coordinate with the County Public Information Group Chief regarding public information statements and EBS messages specific to schools.
- _____ 6. Review procedures for GENERAL EMERGENCY.
- _____ 7. Maintain SITE EMERGENCY status until incident termination or reduction or escalation.

NOTES:

D. GENERAL EMERGENCY - School Not In Session

- _____ 1. Report to the Chester County EOC.
(time completed)
- _____ 2. Notify the relief School Services Officer, place on standby status and implement extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Notify risk school district superintendents and risk private school administrators, directing them to contact risk building administrators, having them cancel all special events/activities and vacate and secure all risk buildings (reference Appendix 2).
- _____ 4. If a protective action (Sheltering or Evacuation) is ordered or recommended, coordinate with the DES Director to designate a reception center to which any faculty or students outside the EPZ at a school-sanctioned special event (field trips, athletic events) should report upon their return.
- _____ 5. If a protective action is ordered or recommended, contact risk district superintendents and risk private school administrators and direct them to notify building administrators and implement protective actions as directed.
- _____ 6. If an evacuation is ordered, notify risk school district superintendents and private school administrators, conveying recommendations regarding school cancellation, obtaining their evacuation locations or temporary administrative headquarters, and direct them to notify parents and staff as per normal district procedures.
- _____ 7. Coordinate with the County Public Information Group Chief regarding public information announcements or EBS messages specific to schools.

- _____ 8. Maintain GENERAL EMERGENCY status, providing periodic status reports to risk district superintendents/administrators at their evacuation locations, until incident reduction or termination.

NOTES:

APPENDICES

- Appendix 1: Chester County School Services Officer and Staff
- Appendix 2: Risk School Information Summary
- Appendix 3: School Evacuation Routes and Host Schools
- Appendix 4: School Bus Resource Information

IMPLEMENTING PROCEDURE

MASS CARE GROUP CHIEF

I. PURPOSE

The purpose of these procedures is to support Chester County's response to an incident at the Limerick Generating Station, ensuring the provision of shelter to evacuees relocating to the support areas of Chester County.

II. REFERENCES

- A. Annex L, Chester County Limerick RERP

III. RESPONSIBILITIES

- A. The Mass Care Group Chief in the Chester County EOC is responsible for the following:

1. Notification of reception centers and mass care centers commencing at Site Emergency.
2. Liaison with the Chester County Chapter of the American Red Cross.
3. Liaison with other EOC staff to ensure the adequate preparation of reception and mass care facilities.

- B. The Chester County Chapter of the American Red Cross is responsible for the following:

1. Development and maintenance of agreements for the use of facilities as mass care centers.
2. Provision of a liaison person to the County EOC.

3. Identification and assignment of adequate staff to set up and operate mass care facilities.'

C. Mass Care Center Managers are responsible for:

1. Operation of the specific facility to which they are assigned, in accordance with American Red Cross standard procedures.
2. Preparation of reports, etc., in accordance with Red Cross procedures.
3. Provision of periodic status reports to the Mass Care Group Chief in the EUC.

D. The Radiological/Decontamination Group Chief is responsible for:

1. Direction and control of decontamination monitoring teams operating within mass care facilities.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

_____ 1. Report to the Chester County EOC if requested.
(time
completed)

_____ 2. Notify the relief Mass Care Group Chief and place on standby status (reference Appendix 1).

_____ 3. Notify the Chester County Chapter of the American Red Cross, advising of the incident and directing them to place staff on standby status (reference Appendix 2).

- _____ 4. Contact reception center facilities and managers.
- _____ 5. Review procedures for SITE EMERGENCY.
- _____ 6. Maintain ALERT status until incident escalation or reduction or termination.

NOTES:

C. SITE EMERGENCY

_____ 1. Report to the EOC.
(time
completed)

_____ 2. Notify the relief Mass Care Group Chief, place on standby status, and prepare for extended (12-hour shift) operations (reference Appendix 1).

_____ 3. Notify the Chester County Chapter of the American Red Cross, directing them to mobilize staff and place volunteers on standby status (reference Appendix 2).

_____ 4. Notify reception centers and mass care centers and place on standby status (reference Appendices 3 and 4).

_____ 5. Coordinate with the Radiological/Decontamination Group Chief to ensure that decontamination monitoring teams have been assigned to each mass care center and are on standing by.

_____ 6. Coordinate with the Alerting and Communications Group Chief to ensure that RACES units are assigned to reception centers (priority) and mass care centers (as available).

_____ 7. Review procedures for GENERAL EMERGENCY.

_____ 8. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. Report to the IOC.
(time completed)

- _____ 2. Notify the relief Mass Care Group Chief, place on standby status and implement extended (12-hour shift) operations (reference Appendix 1).

3. If Sheltering is recommended or ordered:
 - _____ a. Notify the Red Cross, directing them to maintain volunteers on standby status (reference Appendix 2).

 - _____ b. Notify reception centers and mass care centers, maintaining on standby status (reference Appendices 3 and 4).

 - _____ c. Ensure that reception center staff are maintained on standby status (reference Appendix 5).

 - _____ d. Coordinate with the Alerting and Notification Group Chief to ensure that RACES units assigned to reception and mass care centers are maintained on standby status.

 - _____ e. Coordinate with the Radiological/Decontamination Group Chief to ensure that decontamination monitoring teams are maintained on standby status.

4. If an Evacuation is recommended or ordered:
 - _____ a. Notify the Red Cross, directing that mass care volunteer staff be mobilized for the primary mass care center for each reception center (reference Appendix 4).

- _____ b. Notify and mobilize reception centers (reference Appendix 3).
- _____ c. Ensure that reception center staff has been mobilized (reference Appendix 5).
- _____ d. Ensure that the Alerting and Communications Group Chief has dispatched assigned RACES units to reception and mass care centers.
- _____ e. Ensure that the Radiological/Decontamination Group Chief has mobilized decontamination monitoring teams for the primary mass care centers.
- _____ f. Monitor reports of evacuee flow from reception centers, activating additional mass care centers as needed based on building capacity (reference Appendix 4).
- _____ g. As additional mass care centers are opened, ensure that appropriate RACES units and decontamination monitoring teams are mobilized.
- _____ h. Maintain communications with reception and mass care centers, providing periodic status reports to the DES Director and the Red Cross.
- _____ 5. Maintain GENERAL EMERGENCY status until incident reduction or termination.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. If Evacuation has occurred, upon order announce reentry plans to evacuees in Mass Care Centers.
- _____ 2. Coordinate transportation needs with Transportation Coordinator.
- _____ 3. Assist with public information.
- _____ 4. Coordinate shutdown of food and fuel distribution systems.
- _____ 5. Inspect, collect and inventory remaining food and other supplies and equipment. Return borrowed equipment.
- _____ 6. Organize records, including records of condition of area property, public and private.
- _____ 7. Complete cleanup operations. Urge evacuees to assist as they prepare to leave.
- _____ 8. Coordinate repair of any damages.
- _____ 9. Complete closing of all facilities.
- _____ 10. Establish emergency feeding and clothing centers as needed.
- _____ 11. Coordinate any needs for emergency housing.
- _____ 12. Continue human locator operations.
- _____ 13. Develop report of damage to the mass care facilities and any extraordinary expenses incurred in the operation.
- _____ 14. Consolidate and secure all records and reports.

APPENDICES

- Appendix 1: Primary and Relief Mass Care Officers
- Appendix 2: Red Cross Contacts
- Appendix 3: Chester County Reception Centers
- Appendix 4: Chester County Mass Care Centers
- Appendix 5: Reception Center Contact (TBD)
- Appendix 6: Mass Care Center Managers (TBD)

IMPLEMENTING PROCEDURES

RADIOLOGICAL/DECONTAMINATION GROUP CHIEF

I. PURPOSE

The purpose of these procedures is to support Chester County's response to an incident at the Limerick Generating Station, providing for the radiological protection of the general public and offsite emergency workers, including decontamination monitoring.

II. REFERENCES

- A. Annex M, Chester County Limerick RERP.

III. RESPONSIBILITIES

- A. Chester County Department of Emergency Services

The Chester County DES will provide for: protection of emergency workers via training, dosimetry and KI; decontamination monitoring of the general public, as well as federal, state, county and municipal emergency workers; decontamination monitoring of pertinent personal items; decontamination, as necessary, of personnel and related items; appropriate medical referrals for further monitoring, decontamination and treatment; maintenance of dosimetry, chargers, survey meters, KI in tablet form and related record keeping forms in a central location for distribution to municipalities and decontamination stations; maintenance of a radiological exposure record system; and training of personnel to carry out radiological exposure control plans.

- B. Pennsylvania Emergency Management Agency (PEMA)

The Pennsylvania Emergency Management Agency: coordinates with BRP, the utility, other state agencies, federal government agencies, and risk counties for protective actions of the public and emergency

workers; provides counties during the emergency with periodic situation reports including incident assessment and plume exposure information; specifies procedures for decontamination of emergency personnel and their clothing; assists IRAP (federal government - Interagency Radiological Assistance Plan) personnel with pertinent logistics information related to the disposal of radiation contaminated waste materials generated from the general public and offsite emergency workers; predistributes dosimetry and KI to county emergency management agencies and specifies implementation of a comprehensive inventory-maintenance program for those items; collects TLDs and appropriate records from the county after each incident; assists the Department of Health with the distribution of potassium iodide.

C. Bureau of Radiation Protection (BRP)

The Bureau of Radiation Protection is the state agency that will conduct the technical tasks of incident assessment and air monitoring for detection and definition of the radioactive plume. BRP calculates projected radiation doses to the whole body and thyroid and reports these projections, as well as actual radiation exposure rates and total doses received by affected areas, to PEMA. BRP recommends protective actions based on its information and analysis of the situation. BRP interprets the Department of Environmental Resource's analysis of environmental, agricultural and foodstuffs sampling, and reports these findings as appropriate to PEMA, Department of Health, and Department of Agriculture. BRP collates the state, federal and licensee data for comprehensive technical analysis and transmits its information to PEMA who, in turn, relays appropriate information through emergency management channels.

D. Municipal Governments

Each municipal government within the plume exposure pathway EPZ will assist the county in issuing dosimetry and radioprotective drugs to

emergency workers within its area at the SITE EMERGENCY classification.

E. Emergency Workers

In addition to the performance of assigned tasks, emergency workers are responsible for utilizing their dosimeters, radioprotective drugs, and Dosimetry-KI Report Form as prescribed and for undergoing decontamination monitoring.

The uppermost limit of radiation exposure is set by the Bureau of Radiation Protection (BRP) at 25 rem whole body exposure, and this limit should not be exceeded except for authorized life saving missions. Emergency workers should strive to keep any exposure as low as reasonably achievable.

F. Decontamination Monitoring Teams

Decontamination monitoring teams will monitor members of the public and emergency workers to ascertain if individuals are contaminated with a radiation emitting substance. BRP has set the action level for determining whether individuals are contaminated at 0.05 mR/hr (milliroentgens per hour) above background. If an individual is contaminated at 0.05 mR/hr above background or more, then the decontamination monitoring team must decontaminate the individual. Procedures for decontamination monitoring teams are included in Appendix 1 to Annex M of the Basic Plan.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Report to the Chester County EOC.
(time
completed)
- _____ 2. Notify the relief Radiological/Decontamination Group Chief and
place on standby status (reference Appendix 1).
- _____ 3. Coordinate with the Police Services Group Chief to ensure that a
Chester County vehicles and personnel are dispatched to the
County EOC to pick up and deliver municipal kits of dosimeters,
KI, survey meters and forms.
- _____ 4. Prepare packages of dosimeters, KI, survey meters and appro-
priate forms for distribution to municipal EOC's (reference
Appendix 2).
- _____ 5. When transport personnel arrive at the County EOC, complete the
packaging of municipal materials and provide directions to the
municipal EOC's (coordinate with the DES Director) (reference
Appendix 3).
- _____ 6. Package control TLD's, complete "Control TLD Form" and forward
to PEMA as directed (reference Appendix 4).
- _____ 7. Review procedures for SITE EMERGENCY.
- _____ 8. Maintain ALERT status until incident escalation or reduction or
termination.

NOTES:

C. SITE EMERGENCY

- _____ 1. Report to the County EOC and complete all procedures for ALERT.
(time completed)
- _____ 2. Notify the relief Radiological/Decontamination Group Chief, placing on standby status, and prepare for extended (12-hour shift) operations (reference Appendix 1).
- _____ 3. Coordinate with the DES Director to ensure that municipal EMA coordinators have received dosimeters, KI, and survey meters, that dosimeters have been charged and distributed to municipal emergency workers, and that supplies on hand are adequate to meet municipal needs. Respond to any unmet municipal needs.
- _____ 4. Coordinate with other EOC Officers, ensuring that all are aware that KI should be administered by emergency workers only upon direction of the Secretary of Health, and advising them of emergency worker dosimetry reading and record keeping requirements (reference Appendix 5).
- _____ 5. Review policies and procedures regarding dosimeters, radioprotective drugs, and protective actions for emergency workers (reference Annex M to the Basic Plan).
- _____ 6. Prepare map/status board displays in the EOC plotting plume projections, incident assessment, and other radiological information as received from BRP, PEMA and the Limerick facility.
- _____ 7. Coordinate with the Fire and Rescue Group Chief to alert decontamination monitoring teams assigned to emergency worker decontamination stations and mass care centers and place them on standby status (reference Appendix 6).

- _____ 8. Notify emergency worker decontamination stations and place on standby status (reference Appendix 7).
- _____ 9. Review procedures for GENERAL EMERGENCY.
10. Maintain SITE EMERGENCY status until incident escalation or reduction or termination.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. Report to the County EOC and complete all procedures for ALERT
(time and SITE EMERGENCY.
completed)
- _____ 2. Notify the relief Radiological/Decontamination Group Chief,
placing on standby status, and prepare for extended (12-hour
shift) operations (reference Appendix 1).
- _____ 3. Prepare map/status board displays in the EOC plotting plume
projections, incident assessment and other radiological
information as received from BRP, PEMA, and the Limerick
facility.
- _____ 4. Provide input and assistance to the DES Director and County
Commissioners regarding protective action recommendations.
5. If Sheltering is directed:
 - _____ a. Coordinate with the Fire and Rescue Group Chief to mobilize
decontamination monitoring teams assigned to emergency
worker decontamination stations (reference Appendix 6).
 - _____ b. Contact and mobilize emergency worker decontamination
stations (reference Appendix 7).
 - _____ c. Coordinate with all EOC Officers to ensure that emergency
workers are reading dosimeters and recording dosimeter
readings. Ensure that protective action guidelines for
emergency workers have been relayed to emergency workers and
their supervisors by their respective EOC Officers
(reference Appendix 5).
 - _____ d. If the event is a contaminating incident, coordinate with
other EOC Officers to ensure that as emergency workers

complete missions inside the plume EPZ, they report to one of the emergency worker decontamination stations (reference Appendix 7). Following decontamination monitoring, they should report to their designated relocation station outside the EPZ.

- _____ e. Relay recommendations received from the Secretary of Health regarding radioprotective drugs to all EOC staff immediately upon receipt. Ensure that the recommendation is provided to all emergency workers.
- _____ f. Maintain and log reports received from decontamination stations.
- _____ g. Provide periodic status reports to the EMA Director.
- _____ h. Upon the suspension of the Sheltering directive, maintain GENERAL EMERGENCY status.

6. If Evacuation is directed:

- _____ a. Coordinate with the Fire and Rescue Group Chief to mobilize decontamination monitoring teams assigned to emergency worker decontamination stations and those mass care centers to be activated immediately. Coordinate with the Mass Care Officer so that, as additional mass care centers are activated, adequate decontamination teams are mobilized.
- _____ b. Contact and mobilize emergency worker decontamination stations (reference Appendix 7).
- _____ c. Coordinate with all EOC Officers to ensure that emergency workers are reading dosimeters and recording dosimeter readings. Ensure that protective action guidelines for emergency workers have been relayed to emergency workers and

their supervisors by their respective EOC Officers (reference Appendix 5).

- _____ d. If the event is a contaminating incident, coordinate with other EOC Officers to ensure that as emergency workers complete missions inside the plume EPZ, they report to one of the emergency worker decontamination stations (reference Appendix 7). Following decontamination monitoring, they should report to their designated relocation station outside the EPZ.

- _____ e. Relay recommendations received from the Secretary of Health regarding radioprotective drugs to all EOC staff immediately upon receipt. Ensure that the recommendation is provided to all emergency workers.

- _____ f. Maintain and log reports received from emergency worker decontamination stations and mass care centers. (NOTE: decontamination monitoring teams, even though they may be operating in a mass care center, are under the direction and control of the Radiological Officer.)

- _____ g. Provide periodic status reports to the EMA Director.

- _____ h. Upon completion of the evacuation, maintain GENERAL EMERGENCY status. Coordinate with other EOC Officers and field supervisors to obtain radiation exposure records and TLDs from emergency workers.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Receive and log all information on exposure assessments. Assist in damage assessment.
- _____ 2. Provide monitoring assistance as requested.
- _____ 3. Support decontamination procedures as needed.
- _____ 4. Consolidate and secure records and reports.

APPENDICES

- Appendix 1: Primary and Relief Radiological Officers
- Appendix 2: Dosimeter, KI, Survey Meter Distribution List
- Appendix 3: Chester County Municipal EOC Locations
- Appendix 4: Control TLD Information
- Appendix 5: Dosimeter Reading, Record Keeping and Protective Action Options
- Appendix 6: Decontamination Monitoring Team Assignments
- Appendix 7: Emergency Worker Decontamination Stations

IMPLEMENTING PROCEDURES
ALERTING AND COMMUNICATIONS GROUP

I. PURPOSE

The purpose of these procedures is to support Chester County's response to an incident at the Limerick Generating Station, and to provide for the overall direction and coordination of the County's response.

II. REFERENCES

- A. Annex B, Communications, Chester County Limerick RERP
- B. Annex C, Alert/Notification, Chester County Limerick RERP
- C. Limerick Standard Operation, Procedure, Chester County Communications Center

III. RESPONSIBILITIES

- A. The Chester County Alerting and Communications Group is responsible for the following:
 - 1. Receipt and dissemination of alert/notification information.
 - 2. Maintenance of communications with:
 - a. Chester County EOC Groups
 - b. PEMA State EOC
 - c. PEMA Eastern Area Headquarters
 - d. Chester County Municipal EOC's and Officials
 - e. Risk, support and other contiguous counties

- f. County agencies and field units
- g. Chester County police, fire and emergency medical services units and personnel
- h. ARES units

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

Time
Completed

- _____ 1. Notification will be received from the Limerick Generating Station and officially logged in the Communications Center. Verify that message is appropriately logged.
- _____ 2. Confirm that the Chester County DES Director, and DES duty officer will be notified.
- _____ 3. Confirm that selected EOC personnel have been notified as directed by DES Director.
- _____ 4. Review procedures for ALERT.

B. ALERT

Time
Completed

- _____ 1. Coordinate and confirm implementation of the notification procedures of the Chester County Communications Center.
- _____ 2. Initiate activation of EOC communications systems as appropriate

- _____ 3. Provide summaries of notifications to EOC groups mobilized upon their arrival at EOC.
- _____ 4. Verify notification of ARES and assure assignment to municipal EOC's.

C. SITE EMERGENCY

Time
Completed

- _____ 1. Coordinate and confirm implementation of the notification procedures of the Chester County Communications Center.
- _____ 2. Assure that adequate on-call dispatchers have been mobilized.
- _____ 3. Activate and test EOC communications systems.
- _____ 4. Provide notification summaries to EOC groups upon arrival.
- _____ 5. Assure assignment and mobilization of ARES personnel to locations listed in Appendix 4.
- _____ 6. Review procedures for General Emergency.

NOTES:

D. GENERAL EMERGENCY

Time
Completed

- _____ 1. Complete appropriate actions listed for SITE EMERGENCY.
- _____ 2. Assure communications between the EOC and Communications Center and all other communications functions.
- _____ 3. Undertake actions as directed by DES Director.

NOTES:

E. INCIDENT TERMINATION

- _____ 1. Upon direction of the DES Director, disseminate reentry order.
- _____ 2. Maintain all other communications support necessary.
- _____ 3. Restore normal communications facilities and functions.
- _____ 4. Consolidate and secure communications logs.

APPENDICES

- Appendix 1 PEMA Notification Checklist
- Appendix 2 Roster of EOC Personnel
- Appendix 3 EOC Verification Assignments
- Appendix 4 ARES Assignments

IMPLEMENTING PROCEDURE

DES DIRECTOR/DES OPERATIONS GROUP

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station by providing for the overall direction and coordination of the County's response.

II. REFERENCES

- A. Chester County Limerick RERP
- B. EOC Group Implementing Procedures
- C. Chester County Communications Center Limerick SOP.

III. RESPONSIBILITIES

- A. The Chester County Commissioners have appointed a Director of Emergency Services to be responsible for the development and implementation of this Radiological Emergency Response Plan, as well as all emergency situations within the county. The Director is responsible for ensuring that this plan is consistent with the Commonwealth's Radiological Emergency Response Plan (PEMA Annex E) and is consistent with and supported by municipal Radiological Emergency Response Plans for each Chester County municipality located within the plume exposure pathway EPZ. The Director reviews and updates this plan on an annual basis and certifies the review to PEMA.
- B. Specific roles and responsibilities of the Director of Emergency Services include:
 - 1. Coordinating development and updating a county radiological emergency response plan, specific to the Limerick Generating

Station, consistent with Annex E to the Commonwealth of Pennsylvania Disaster Operations Plan.

2. Coordinating plan development and implementation for Chester County municipalities located within the Limerick plume exposure pathway EPZ.
3. Identifying Chester County emergency organizations, their personnel resources and functional responsibilities, and providing assistance to them in the development of procedures in support of this plan.
4. Maintaining and coordinating a system for rapidly alerting county and municipal government heads, key emergency management staff, emergency services, volunteer organizations, schools, health care facilities, business and industry, and ensuring that the alert/notification system is operable 24 hours per day and is consistent with the four emergency action levels outlined in Appendix 5.
5. In cooperation with PEMA and other state agencies, ensuring the development and annual distribution of public information material concerning the area of the EPZ, evacuation routes and reception/mass care facilities, protective actions appropriate to radiological emergencies, special arrangements for the handicapped and transients, contact points for further information, and such other information as may be appropriate.
6. Managing preparation and maintenance of emergency instructions and information concerning protective actions in event of a radiological incident and maintenance of procedures for: transmitting this information to the general public through the Emergency Broadcast System, notifying residents with special needs, and notifying transients.

7. Ensuring establishment and operation of a Chester County rumor control center and coordinating its activities with those of the State.
8. Reviewing and commenting upon the access control points, traffic control points, and major evacuation routes selected by PEMA, PennDOT and the Pennsylvania State Police.
9. Ensuring coordination and assistance of school districts, private schools, hospitals, nursing homes, special facilities, business and industry in the development of their respective Radiological Emergency Response Plans.
10. Assuring that municipalities identify and develop plans for assisting handicapped and homebound individuals in the event of an evacuation.
11. Coordinating the development of plans for evacuating/sheltering municipally operated jails located within the Limerick EPZ, and assistance to municipalities in the development of such plans for municipal jails or detention facilities.
12. With the assistance of the Southeastern Pennsylvania Chapter of the American Red Cross, coordinating the establishment of mass care centers for evacuees in the support areas of Chester County.
13. Overseeing establishment and maintenance of an Emergency Operations Center.
14. Establishing procedures for the dissemination of protective action recommendations received from the Pennsylvania Department of Agriculture, the Bureau of Radiation Protection and/or PEMA regarding livestock protection and agricultural dairy and food product control.

15. Establishing and maintaining a current listing of required personnel and equipment needs and an indication of the source with a current copy to PEMA.
16. Designating a central resource receiving point for Chester County, and development of plans for its operation during an emergency.
17. Coordinating periodic drills and an annual exercise of the Chester County Radiological Emergency Response Plan.
18. Reviewing plans for the distribution of dosimetry, survey meters and KI to designated emergency workers.
19. Coordinating training of radiological decontamination monitoring teams for mass care centers and decontamination stations for emergency workers within Chester County.
20. In cooperation with the Pennsylvania State Police and the Pennsylvania National Guard, ensuring the provision of security to areas where the public is taking shelter or has evacuated.
21. Preparing plans for and coordinating controlled reentry into an evacuated area.
22. Ensuring maintenance of records and reports throughout each incident, and preparation post-incident reports and response critiques.
23. Support as possible offsite training programs provided by the Limerick Generating Station.
24. Ensuring participation in the annual State/risk counties/ Limerick news conference arranged by PEMA.

25. Reviewing the Limerick Generating Station's plans for evacuation and reception of on-site personnel for consistency with this Radiological Emergency Response Plan.
26. Ensuring registration of evacuees at mass care centers within Chester County.
27. Coordinating training in radiological emergency response for county and municipal personnel who will serve as emergency workers in a radiological emergency.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

- _____ 1. Notification will be received from the Chester County Communications Center, which will contact the DES Director, or in his absence, the Assistant Director.
- _____ 2. Notify the County Commissioner.
- _____ 3. Ensure that notification of all other necessary organizations and individuals has been accomplished.
- _____ 4. Review procedures for ALERT.

B. ALERT

- _____ 1. Ensure completion of all appropriate actions listed under Unusual Event.
- _____ 2. Ensure notification of municipalities in the plume exposure pathway EPZ (emergency management coordinators, municipal police departments, as well as fire and ambulance services) by the Chester County Communications Center.

- _____ 3. Ensure notification of Chester County EOC personnel and select individuals to report to the County EOC.
- _____ 4. Ensure establishment of EOC Security by Police Services Group Chief.
- _____ 5. Verify contact of designated EBS station(s) and standby status with the Public Information Group Chief.
- _____ 6. Oversee notification and verification assignments of Chester County school districts, private by communications center and EOC staff groups.
- _____ 7. Verify dispatch of ARES operators assigned to municipal EUC's by the Alerting and Communications Group. Verify placement of remaining ARES operators on standby.
- _____ 8. Ensure communications links are tested with PEMA Eastern Area and other risk counties by the Alerting and Communications Group.
- _____ 9. In the event the public alert system is activated, PEMA will coordinate the time selected for activating. When time has been determined; ensure the following:
 - _____ a. Announcement of designated public alert system activation time on all County communications frequencies.
 - _____ b. Recall System Activation
 - _____ c. Route alert teams mobilization.
 - _____ d. Public alert system activation at pre-determined time.
 - _____ e. Dispatch of route alert teams in areas of public alert system failure.

- _____ f. Initiation of appropriate EBS announcement(s).
- _____ g. Maintenance public alert system personnel and EBS station(s) on standby status for continuing system activation.

C. SITE EMERGENCY

- _____ 1. Complete all appropriate actions listed under Unusual Event and Alert.
- _____ 2. Mobilize all Chester County EOC officers and supporting staff.
- _____ 3. Ensure notification of municipalities to mobilize full municipal EOC staff.
- _____ 4. Ensure notification of all Chester County fire, police and emergency medical services, and mobilization fire, police and emergency medical services serving areas within the plume exposure pathway EPZ.
- _____ 5. Verify mobilization of the Southeastern Pennsylvania Chapter of the American Red Cross staff.
- _____ 6. Verify notification of reception centers, primary mass care centers, central resource receiving points, transportation staging area, and host schools within Chester County of the possible need of their facilities.
- _____ 7. Verify mobilization of reception center staff to assigned locations.
- _____ 8. Verify mobilization of decontamination monitoring teams assigned to primary mass care centers and decontamination stations.

- _____ 9. Verify mobilization of route alert teams to fire stations.
- _____ 10. Verify establishment of the Media Center in Room 322 of the Hazlett building.
- _____ 11. Verify notification of transportation, roadway clearance and fuel resources of Site Emergency and mobilization of buses and drivers needed for evacuation.
- _____ 12. Verify mobilization of remaining ARES units.
- _____ 13. Verify distribution of dosimetry, survey meters and KI to emergency workers and instruct municipalities to do likewise.
- _____ 14. Verify notification of EBS station(s) of incident classification and maintain on standby status.
- _____ 15. In the event the public alert system is activated, PEMA will coordinate the time of activation and the appropriate EBS announcement. Assure that route alerting will be conducted in any area of system failure or identified inadequacies.
- _____ 16. Verify notification of risk school districts, Archdiocese of Philadelphia, private schools and the college of the Site Emergency.
- _____ 17. Verify notification of health care facilities and special facilities of the emergency classification.
- _____ 18. Verify notification of industry and utilities which operate within the plume exposure pathway EPZ of the situation.
- _____ 19. Assure preparation to activate traffic and access control points, and activate as necessary.

- _____ 20. In the event of a change of the incident classification, assure notification of all parties previously contacted and implement appropriate actions.

D. GENERAL EMERGENCY

- _____ 1. Complete all appropriate actions listed under Unusual Event, Alert and Site Emergency.
- _____ 2. Ensure notification of municipalities, hospitals, nursing homes, speical facilities, schools, and major industries of the incident classification.
- _____ 3. Ensure notification of all County fire, police, and emergency medical services of the incident classification.
- _____ 4. Coordinate with PEMA in establishing the time for activating the public alerting system.
- _____ 5. Ensure announcement of the declaration of a General Emergency and designated public alert system activation time on all county communications frequencies including ARES.
- _____ 6. Verify dispatch of traffic control and access control personnel to their designated duty stations.
- _____ 7. Ensure activation of the public alerting system and initiation of EBS announcements upon notification by PEMA.
- _____ 8. Ensure immediate announcement on all county communications frequencies and ARES that the public alert system has been activated.
- _____ 9. Verify route alerting is conducted as necessary.

- _____ 10. Verify activation of reception centers and primary mass care centers.

- _____ 11. Verify activation of central resource receiving point and transportation staging areas.

- _____ 12. Await protective action guidance from PEMA. Upon receipt of a protective action recommendation, verify notification of risk municipal EOC's, fire, police, ambulance services, health care facilities, schools, major industries, and institutions to implement appropriate procedures.
 - a. In the event of a SHELTERING recommendation, ensure completion of all actions above and dispatch access control personnel.

 - b. In the event of a SELECTIVE EVACUATION recommendation, ensure completion all actions above and monitor transportation and mass care needs.

 - c. In the event of a GENERAL EVACUATION recommendation, ensure completion of all actions above and verify the following:
 - (1) Dispatch of access control and traffic control personnel.

 - (2) Activation of municipal transportation pick up points.

 - (3) Dispatch of ambulances needed for evacuation of homebound invalids.

 - (4) Upon completion of duties, relocation of risk emergency forces to pre-designated locations outside the plume EPZ.

- _____ 13. Verify activation of decontamination monitoring stations.

- _____ 14. Verify relay of orders for the administration of KI to emergency workers, if received from the Secretary of the PA Department of Health through emergency management channels.
- _____ 15. In the event of a change in the incident situation, assure notification of all parties previously contacted and implement appropriate actions.

E. INCIDENT TERMINATION

- _____ 1. PEMA will advise Chester County that the recommendation for people to return to their homes is forthcoming. Upon receipt of that information, the Chester County Commissioners will inform the residents of Chester County via public information announcements and/or EBS announcements.
- _____ 2. Develop, in coordination with PEMA, time phasing for incident termination.
- _____ 3. Provide guidance and assistance to municipalities and other support agencies in the orderly return of people to their homes in Chester County.
- _____ 4. Develop time frame for municipalities and support agencies to report incidents, accidents, damages or other problems which could result in liability to municipal, county or state government.
- _____ 5. Collect and collate data on damage assessment and submit to appropriate state and federal official.
- _____ 6. Undertake necessary inventories of remaining, needed or damaged resources and develop and submit required or necessary summary reports.
- _____ 7. Ensure that all records and reports are secured and maintained.

APPENDICES

Appendix 1 Chester County EOC Staff and Alternates (TBD)

CHESTER COUNTY COMMUNICATIONS CENTER
STANDARD OPERATING PROCEDURE
LIMERICK POWER STATION

I. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

Time
Completed

- _____ 1. Log message on official message form (Attachment B).
- _____ 2. Log message on Supervisor's log.
- _____ 3. Dispatch back-up emergency fire or medical services if requested by Montgomery County.
- _____ 4. Notify Chester County DES Duty Officer. (Reference List L-1-A, Attachment A.)
- _____ 5. Notify Chester County DES Director. (The Chester County DES Director will notify the County Commissioners at the Unusual Event level.)
- _____ 6. Notify, as directed by DES Director, any specific DES on EOC staff.
- _____ 7. Review procedures for ALERT.

B. ALERT

Time
Completed

- _____ 1. Log message on official notification form (Attachment B).
- _____ 2. Log message on Supervisor's log.
- _____ 3. Dispatch back-up emergency fire or medical services if requested by Montgomery County.
- _____ 4. Notify Chester County DES Staff (List L-1-A, Attachment A).
- _____ 5. Notify County Commissioners (List L-2, Attachment A).
- _____ 6. Notify Risk Police Departments: (Police Radio) (Back-up: L-4-A, Attachment A).
 - _____ a. Schuylkill Township
 - _____ b. Spring City Borough
 - _____ c. West Pikeland Township
 - _____ d. East Pikeland Township
 - _____ e. East Coventry Township
 - _____ f. East Vincent Township
 - _____ g. West Vincent Township
 - _____ h. Phoenixville Township
 - _____ i. North Coventry Township
 - _____ j. Upper Uwchlan Township
 - _____ k. Uwchlan Township
- _____ 7. Notify Risk Fire and Rescue Companies: (Fire Radio) (Back-up: List L-5-A, Attachment A).
 - _____ a. Kimberton
 - _____ b. Ridge

- _____ c. Liberty
- _____ d. Norco
- _____ e. Phoenixville No. 1
- _____ f. Friendship No. 2
- _____ g. West End No. 3
- _____ h. Valley Forge
- _____ i. Ludwig's Corner
- _____ j. Pennhurst
- _____ k. Springford Rescue
- _____ l. Lionville
- _____ m. Elverson
- _____ n. East Whiteland

_____ 8. Notify Risk Ambulance Services (EMS Radio) (Back-up: List L-6-A, Attachment A).

- _____ a. West End (Phoenixville)
- _____ b. Spring City
- _____ c. Springford
- _____ d. Uwchlan
- _____ e. Elverson
- _____ f. Good Will
- _____ g. East Whiteland
- _____ h. Paoli Memorial Hospital Medic Unit
- _____ i. Brandywine Hospital Medic Unit
- _____ j. Aeromedix Medic Unit

_____ 9. Notify Risk Municipality EMA Coordinators or Alternates: (List L-7-A, Attachment A).

- _____ a. East Pikeland Township
- _____ b. Phoenixville Borough
- _____ c. Spring City Borough
- _____ d. Charlestown Township
- _____ e. East Nantmeal
- _____ f. East Vincent

- _____ g. East Coventry
- _____ h. North Coventry
- _____ i. South Coventry
- _____ j. Uwchlan
- _____ k. Upper Uwchlan
- _____ l. Warwick
- _____ m. West Pikeland
- _____ n. West Vincent
- _____ o. Schuylkill

_____ 10. Notify Chester County Risk School Districts of ALERT status:
(List L-9-A, Attachment A).

- _____ a. Great Valley
- _____ b. Phoenixville
- _____ c. Downingtown
- _____ d. Owen J. Roberts

_____ 11. Notify Chester County Private/Parochial Schools of ALERT
status: (List L-9-A, Attachment A).

- _____ a. Kimberton Farm
- _____ b. Upattinas
- _____ c. Valley Forge Christian
- _____ d. Liberty Forge
- _____ e. Holy Trinity
- _____ f. St. Ann's
- _____ g. St. Basil the Great
- _____ h. Saint Mary of the Assumption

_____ 12. Notify Other Schools/Colleges of ALERT status: (List L-9-A,
Attachment A).

- _____ a. Northern Chester County Technical
- _____ b. Valley Forge Christian College

- _____ 13. Notify Risk hospitals and nursing homes of ALERT status: (List L-13-A, Attachment A).
- _____ a. Phoenixville Hospital
 - _____ b. Coventry Manor
 - _____ c. Phoenixville Manor
 - _____ d. Pennhurst Center
- _____ 14. Notify Day Care Centers (List L-16, Attachment A).
- _____ 15. Notify Transient Locations (List L-17, Attachment A).
- _____ 16. Notify EOC staff or alternates and mobilize as directed by the DES Director: (List L-3-A, Attachment A).
- _____ a. Fire and Rescue
 - _____ b. Police Services
 - _____ c. Medical/EMS
 - _____ d. Mass Care
 - _____ e. Public Works/Industrial Liaison
 - _____ f. Transportation
 - _____ g. Public Information
 - _____ h. Radiological/Decontamination
 - _____ i. School Services
 - _____ j. Agricultural
 - _____ k. Red Cross
- _____ 17. Notify EBS station and place on standby status: (List L-8, Attachment A).
- _____ 18. Notify ARES personnel and dispatch to risk municipal EOC's. (List L-10, Attachment A).
- _____ 19. Notify Major Industrial Facilities of ALERT status. (List L-14, Attachment A).

- _____ 20. Notify Transportation Systems of ALERT status. (List L-11, Attachment A).
- _____ 21. Notify Reception Center of ALERT status. (List L-15, Attachment A).
- _____ 22. Notify Transportation Staging Facilities of ALERT status: (List L-12, Attachment A).
- _____ 23. Notify Decontamination Teams of ALERT Status. (List L-18, Attachment A).
- _____ 24. Mobilize necessary on-call dispatchers: (List L-1-B, Attachment A).
- _____ 25. If public alert or protective actions are ordered, see Attachment C.
- _____ 26. Review procedures for SITE EMERGENCY.

C. SITE EMERGENCY

Time
Completed

- _____ 1. Log message on official notification form (Attachment B).
- _____ 2. Log message on Supervisor's log.
- _____ 3. Dispatch back-up emergency fire or medical services if requested by Montgomery County.
- _____ 4. Notify Chester County DES Staff (List L-1-A, Attachment A).
- _____ 5. Notify County Commissioners (List L-2, Attachment A).
- _____ 6. Notify all Chester County Police Departments: (Police Radio) (Back-up: L-4-A, L-5-A, Attachment A).
- _____ 7. Notify all Chester County Fire and Rescue Companies: (Fire Radio) (Back-up: List L-5-A, L-6-A, Attachment A).
- _____ 8. Notify all Chester County Ambulance Services (EMS Radio) (Back-up: List L-6-A, L-6-B, Attachment A).
- _____ 9. Notify Risk Municipality EMA Coordinators or Alternates: (List L-7-A, Attachment A).
 - _____ a. East Pikeland Township
 - _____ b. Phoenixville Borough
 - _____ c. Spring City Borough
 - _____ d. Charlestown Township
 - _____ e. East Nantmeal
 - _____ f. East Vincent
 - _____ g. East Coventry
 - _____ h. North Coventry

- _____ i. South Coventry
- _____ j. Uwchlan
- _____ k. Upper Uwchlan
- _____ l. Warwick
- _____ m. West Pikeland
- _____ n. West Vincent
- _____ o. Schuylkill

_____ 10. Notify Chester County Risk School Districts of SITE EMERGENCY status: (List L-9-A, Attachment A).

- _____ a. Great Valley
- _____ b. Phoenixville
- _____ c. Downingtown
- _____ d. Owen J. Roberts

_____ 11. Notify Chester County Private/Parochial Schools of SITE EMERGENCY status: (List L-9-A, Attachment A).

- _____ a. Kimberton Farm
- _____ b. Upattinas
- _____ c. Valley Forge Christian
- _____ d. Liberty Forge
- _____ e. Holy Trinity
- _____ f. St. Ann's
- _____ g. St. Basil the Great
- _____ h. Saint Mary of the Assumption

_____ 12. Notify Other Schools/Colleges of SITE EMERGENCY status: (List L-9-A, Attachment A).

- _____ a. Northern Chester County Technical
- _____ b. Valley Forge Christian College

_____ 13. Notify Risk hospitals and nursing homes of SITE EMERGENCY status: (List L-13-A, Attachment A).

- _____ a. Phoenixville Hospital
 - _____ b. Coventry Manor
 - _____ c. Phoenixville Manor
 - _____ d. Pennhurst Center
- _____ 14. Notify Day Care Centers (List L-16, Attachment A).
- _____ 15. Notify Transient Locations (List L-17, Attachment A).
- _____ 16. Notify EOC staff or alternates and mobilize (List L-3-A, Attachment A).
- _____ a. Fire and Rescue
 - _____ b. Police Services
 - _____ c. Medical/EMS
 - _____ d. Mass Care
 - _____ e. Public Works/Industrial Liaison
 - _____ f. Transportation
 - _____ g. Public Information
 - _____ h. Radiological/Decontamination
 - _____ i. School Services
 - _____ j. Agricultural
 - _____ k. Red Cross
- _____ 17. Notify EBS station and mobilize (List L-8, Attachment A).
- _____ 18. Notify ARES personnel and dispatch to risk municipal EOC's. and other assignments (List L-10, Attachment A).
- _____ 19. Notify Major Industrial Facilities of SITE EMERGENCY status. (List L-14, Attachment A).
- _____ 20. Notify Transportation Systems of SITE EMERGENCY status. (List L-11, Attachment A).

- _____ 21. Notify Reception Center of SITE EMERGENCY status. (List L-15, Attachment A).
- _____ 22. Notify Transportation Staging Facilities of SITE EMERGENCY status: (List L-12, Attachment A).
- _____ 23. Notify Decontamination Teams of SITE EMERGENCY Status. (List L-18, Attachment A).
- _____ 24. Mobilize necessary on-call dispatchers: (List L-1-B, Attachment A).
- _____ 25. Notify support municipal EMA coordinators (List L-7-B, Attachment A).
- _____ 26. Notify host school districts (List L-9-B, Attachment A).
- _____ 27. Notify host health and nursing facilities (List L-13-B, Attachment A).
- _____ 28. If public alert or protective actions are ordered, see Attachment C.
- _____ 29. Review procedures for GENERAL EMERGENCY.

D. GENERAL EMERGENCY

Time
Completed

- _____ 1. Log message on official notification form (Attachment B).
- _____ 2. Log message on Supervisor's log.
- _____ 3. Dispatch back-up emergency fire or medical services if requested by Montgomery County.
- _____ 4. Notify Chester County DES Staff (List L-1-A, Attachment A).
- _____ 5. Notify County Commissioners (List L-2, Attachment A).
- _____ 6. Notify all Chester County Police Departments: (Police Radio) (Back-up: L-4-A, L-5-A, Attachment A).
- _____ 7. Notify all Chester County Fire and Rescue Companies: (Fire Radio) (Back-up: List L-5-A, L-6-A, Attachment A).
- _____ 8. Notify all Chester County Ambulance Services (EMS Radio) (Back-up: List L-6-A, L-6-B, Attachment A).
- _____ 9. Notify Risk Municipality EMA Coordinators or Alternates: (List L-7-A, Attachment A).
 - _____ a. East Pikeland Township
 - _____ b. Phoenixville Borough
 - _____ c. Spring City Borough
 - _____ d. Charlestown Township
 - _____ e. East Nantmeal
 - _____ f. East Vincent
 - _____ g. East Coventry
 - _____ h. North Coventry

- _____ i. South Coventry
- _____ j. Uwchlan
- _____ k. Upper Uwchlan
- _____ l. Warwick
- _____ m. West Pikeland
- _____ n. West Vincent
- _____ o. Schuylkill

_____ 10. Notify Chester County Risk School Districts of GENERAL EMERGENCY status: (List L-9-A, Attachment A).

- _____ a. Great Valley
- _____ b. Phoenixville
- _____ c. Downingtown
- _____ d. Owen J. Roberts

_____ 11. Notify Chester County Private/Parochial Schools of GENERAL EMERGENCY status: (List L-9-A, Attachment A).

- _____ a. Kimberton Farm
- _____ b. Upattinas
- _____ c. Valley Forge Christian
- _____ d. Liberty Forge
- _____ e. Holy Trinity
- _____ f. St. Ann's
- _____ g. St. Basil the Great
- _____ h. Saint Mary of the Assumption

_____ 12. Notify Other Schools/Colleges of GENERAL EMERGENCY status: (List L-9-A, Attachment A).

- _____ a. Northern Chester County Technical
- _____ b. Valley Forge Christian College

_____ 13. Notify Risk hospitals and nursing homes of GENERAL EMERGENCY status: (List L-13-A, Attachment A).

- _____ a. Phoenixville Hospital
 - _____ b. Coventry Manor
 - _____ c. Phoenixville Manor
 - _____ d. Pennhurst Center
- _____ 14. Notify Day Care Centers (List L-16, Attachment A).
- _____ 15. Notify Transient Locations (List L-17, Attachment A).
- _____ 16. Notify EOC staff or alternates and mobilize (List L-3-A, Attachment A).
- _____ a. Fire and Rescue
 - _____ b. Police Services
 - _____ c. Medical/EMS
 - _____ d. Mass Care
 - _____ e. Public Works/Industrial Liaison
 - _____ f. Transportation
 - _____ g. Public Information
 - _____ h. Radiological/Decontamination
 - _____ i. School Services
 - _____ j. Agricultural
 - _____ k. Red Cross
- _____ 17. Notify EBS station and mobilize (List L-8, Attachment A).
- _____ 18. Notify ARES personnel and dispatch to risk municipal EOC's. and other assignments (List L-10, Attachment A).
- _____ 19. Notify Major Industrial Facilities of GENERAL EMERGENCY status. (List L-14, Attachment A).
- _____ 20. Notify Transportation Systems of SITE EMERGENCY status. (List L-11, Attachment A).

- _____ 21. Notify Reception Center of GENERAL EMERGENCY status. (List L-15, Attachment A).
- _____ 22. Notify Transportation Staging Facilities of GENERAL EMERGENCY status: (List -12, Attachment A).
- _____ 23. Notify Decontamination Teams of GENERAL EMERGENCY Status. (List L-18, Attachment A).
- _____ 24. Mobilize necessary on-call dispatchers: (List L-1-B, Attachment A).
- _____ 25. Notify support municipal EMA coordinators (List L-7-B, Attachment A).
- _____ 26. Notify host school districts (List L-9-B, Attachment A).
- _____ 27. Notify host health and nursing facilities (List L-13-B, Attachment A).
- _____ 28. If public alert or protective actions are ordered, see Attachment C.

ATTACHMENTS

- Attachment A "RECALL" Input and Hard Copy Back-up Lists
- Attachment B Notification Form
- Attachment C Public Alert Notification Procedure
- Attachment D "RECALL" System Operation Procedure
- Attachment E Siren System Operation Procedure

CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES

STANDARD OPERATING PROCEDURE

EOC MESSAGE FLOW PROCEDURES

I. PURPOSE

This procedure describes a system for the effective transmission of emergency information to, from, and within the EOC. It also establishes control over the flow of messages in order to facilitate record keeping during emergency operations.

II. REFERENCES

A. Appendix, Chester County Limerick RERP

III. RESPONSIBILITIES

A. DES Operations Group

1. Insure that all personnel are properly trained in this procedure.
2. Insure that adequate clerical staff are available during an emergency.
3. Ensure provision of messenger service, as necessary.
4. Administer message control procedure.

B. DES Director

1. Insure that all members of the EOC staff are familiar with the need for, and use of message control.
2. Enforce message control in the EOC.

IV. PROCEDURES

A. UNUSUAL EVENT

| <u>Activity</u> | <u>Responsibility</u> |
|---|-----------------------|
| 1. No activity is required at this level. | |

B. ALERT

| | |
|--|----------------------|
| 1. Place clerical staff on standby or activate needed staff. | DES Operations Group |
|--|----------------------|

C. SITE EMERGENCY

| | |
|---|----------------------|
| 1. Fully activate clerical group. | DES Operations Group |
| 2. Order implementation of message control for all groups in the EOC. | DES Operations Group |

D. GENERAL EMERGENCY

| | |
|---|----------------------|
| 1. Fully activate clerical group. | DES Operations Group |
| 2. Order implementation of message control for all groups in the EOC. | DES Operations Group |

V. ATTACHMENTS

Attachment 1: Message Control Procedure

Attachment 2: Forms

STANDARD OPERATING PROCEDURE

RECEPTION CENTER MANAGER

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an incident at the Limerick Generating Station by assigning evacuees to mass care centers and maintaining an accurate count of evacuees.

II. REFERENCES

- A. Annex J, Chester County Limerick RERP
- B. Annex B, Chester County Limerick RERP

III. RESPONSIBILITIES

A. Reception Center Manager

1. Acknowledge receipt of notification and make a written record of the information received, including date and time.
2. Have County Communications Center issue mobilization instructions to reception center staff.
3. Confirm details of reception center operations with the person in charge of the reception center facility.
4. Brief reception center staff, assigning responsibilities to include the following:
 - a. Traffic Control
 - b. Communications
 - c. Map distribution/mass care center assignment
 - d. Maintenance of evacuee count

5. Coordinate Reception Center operations.
6. Maintain regular communications with the Chester County Mass Care Group.
7. After the reception center is closed, take necessary steps to prepare the facility for return to its owner.

B. Chester County Department of Emergency Services

1. Provision of maps, showing routes from the reception center to mass care centers, and other necessary information and material, will be delivered by the Berks County EMA to the reception center at Site Emergency.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

- _____ 1. Initial notification will be received from the Chester County
(time) DES.
- _____ 2. Have County Communications Center notify reception center staff,
advising them of the situation. No mobilization of staff is
necessary at this time.

NOTES:

C. SITE EMERGENCY

- _____ 1. Initial notification will be received from the Chester County
(time) DES.
- _____ 2. Have County Communications Center notify reception center staff,
advising them of the situation and placing them on standby
status.
3. The Chester County DES will deliver maps and other necessary
materials directly to the reception center.
4. Maintain Site Emergency status until reduction, escalation or
termination of the incident.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. The Chester County DES will notify and advise you of the
(time) situation.
- _____ 2. Have County Communications Center notify reception center staff,
advising them of the situation and dispatching them to the
reception center.
- _____ 3. The Chester County DES will have delivered strip maps and other
necessary materials directly to the reception center.
- _____ 4. Inventory and prepare maps and other material delivered by the
County.
- _____ 5. Assign staff to the following responsibilities:
 - a. Traffic Control
 - b. Communications
 - c. Strip map distribution/mass care assignment
- _____ 6. Notify the County Mass Care Group when the reception center is
staffed and ready to be activated.
- _____ 7. Have the ARES unit set up and report in to the County upon
arrival.
- _____ 8. If an evacuation is indicated and the reception center is to be
activated, acknowledge message receipt and make a written record
of the notification including date and time.
- _____ 9. Coordinate the sequence to be used for opening of mass care
centers with the County Mass Care Group.

- _____ 10. As evacuees arrive at the reception center:
- a. Determine whether they need a place to stay.
 - b. Assign appropriate mass care accommodations, if needed.
 - c. Distribute one (1) map per person requiring mass care space. (Every person in a vehicle who is going to a mass care center must receive a map. This will maintain a proper count of evacuees and mass care capacity.)
- _____ 11. Traffic control staff should maintain a vehicle count.
- _____ 12. Notify the County Mass Care Group when fewer than one hundred (100) mass care spaces remain for a given center.
- _____ 13. Report figures on evacuees processed, mass care assignments, and any unmet needs to the Chester County Mass Care Group on an hourly basis, or as needed.

NOTES:

STANDARD OPERATING PROCEDURE
TRANSPORTATION STAGING AREA MANAGER

I. PURPOSE

The purpose of this procedure is to support Chester County's response to an evacuation due to an incident at the Limerick Generating Station by maintaining an accurate count of arriving transportation resources and assigning them as needed.

II. REFERENCES

- A. Annex I, Chester County Limerick RERP
- B. Annex B, Chester County Limerick RERP

III. RESPONSIBILITIES

- A. The Transportation Staging Area Manager shall be responsible for:
 - 1. Acknowledging receipt of notification and making a written record of the information received, including date and time.
 - 2. Confirming details of transportation staging area operations with the person normally in charge of the facility.
 - 3. Briefing transportation staging area staff, assigning responsibilities to include the following:
 - a. Traffic Control
 - b. Communications
 - c. Maintenance of a count of vehicles at the staging area and available for assignment.

- d. Map distribution and transportation resource assignment
- 4. Maintaining regular communications with the Chester County Transportation Group.
- 5. After the transportation staging area is closed, taking necessary steps to prepare the facility for return to its owner.

B. Chester County DES

- 1. Maps showing routes from the staging area to the destination, and other necessary information and material, will be delivered by the Chester County DES to the transportation staging area at Site Emergency.

IV. OPERATIONAL PROCEDURES

A. UNUSUAL EVENT

No action necessary.

B. ALERT

No action necessary.

C. SITE EMERGENCY

- _____ 1. Initial notification will be received from the Chester County
(time) DES.
- _____ 2. The Communications Center will notify transportation staging
area staff, advising them of the situation and placing them on
standby status.
- _____ 3. The Chester County DES will deliver maps and other necessary
materials directly to the transportation staging area.
- _____ 4. Review procedures for General Emergency.
- _____ 5. Maintain Site Emergency status until reduction, escalation or
termination of the incident.

NOTES:

D. GENERAL EMERGENCY

- _____ 1. Initial notification will be received from the Chester County
(time) DES.
- _____ 2. The Communications Center will notify transportation staging
area staff, advising them of the situation and dispatching them
to the transportation staging area.
- _____ 3. The Chester County DES will have delivered maps and other
necessary materials directly to the transportation staging area.
- _____ 4. Inventory and prepare maps and other material delivered by the
County.
- _____ 5. Assign staff to the following responsibilities:

 - a. Traffic Control
 - b. Communications
 - c. Maintenance of transportation resource availability records
 - d. Map distribution and transportation resource assignment
 - e. Preparation and distribution of dosimeters/KI. (NOTE: Only
to be distributed to the crews of vehicles reentering the
EPZ on a second trip.)

- _____ 6. Notify the County Transportation Group when the transportation
staging area is staffed and activated.
- _____ 7. Have the ARES unit set up and report in to the County upon
arrival.

- _____ 8. Maintain state of readiness. If notified by the Chester County DES that an evacuation has been ordered or recommended, prepare to receive incoming vehicles.

- _____ 9. As transportation resources arrive at the staging area:
 - a. Log type of vehicle, capacity, and source (bus company, school district, etc.).
 - b. Dispatch to assigned location, based on assignments received from the Chester County Transportation Group. Prepare message logs regarding all communications. Provide maps to assigned destination.
 - c. Instruct drivers of vehicles to return to the staging area for re-assignment, release from duty, or referral to a decontamination station.
 - d. Distribute dosimeters, KI and appropriate forms to vehicle crews when directed.

- _____ 10. Report figures on vehicles processed, etc., to the Chester County Transportation Group on an hourly basis, or as needed.

11. Maintain General Emergency status until notified by the County to terminate operations.

12. Following the closing of the transportation staging area, prepare a final report to include:
 - a. Names and addresses of all staff.
 - b. Vehicle tallies and all written records.
 - c. Message logs.

- d. Forward this information as directed by the County Transportation Group.

NOTES:

RELATED CORRESPONDENCE

PHILADELPHIA ELECTRIC COMPANY

2301 MARKET STREET

P.O. BOX 8699

PHILADELPHIA, PA. 19101

(215) 841-4000

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OFFICE OF SECRETARY
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BRANCH

May 30, 1984

Bruce S. Aptowicz
Manager, Water Operations
City of Philadelphia
Water Department
1180 Municipal Services Building
Philadelphia, Pa. 19107

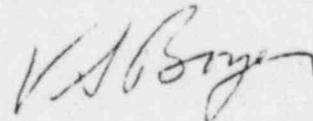
Dear Bruce:

This letter confirms that a Philadelphia Water Department and a Health Department representative will be provided space and communications access at the LGS Emergency Operations Facility located at the Plymouth Service Building.

To facilitate your participation at this facility, please provide us the names, positions and 24 hour telephone numbers of the representatives so they may be included on a notification list. We would expect your representatives to participate in one or more of the scheduled practice drills.

If you have any questions regarding the facility or the information needed, please contact Roberta A. Kankus at 215-841-5432.

Sincerely,



RAK:mlh