

January 2, 1985

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UNITED STATES OF AMERICA  
NUCLEAR REGULATORY COMMISSION

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BEFORE THE ATOMIC SAFETY AND LICENSING BOARD

OFFICE OF SECRETARY  
DOCKETING & SERVICE  
BRANCH

In the Matter of )  
 )  
CAROLINA POWER & LIGHT COMPANY )  
AND NORTH CAROLINA EASTERN )  
MUNICIPAL POWER AGENCY )  
 )  
(Shearon Harris Nuclear Power Plant) )

Docket No. 50-400 OL

APPLICANTS' STATEMENT OF MATERIAL FACTS AS TO WHICH  
THERE IS NO GENUINE ISSUE TO BE HEARD ON EDDLEMAN 57-C-7

Pursuant to 10 C.F.R. § 2.749(a), Applicants state, in support of their Motion for Summary Disposition of Eddleman 57-C-7, that there is no genuine issue to be heard with respect to the following material facts:

1. Eddleman Contention 57-C-7 challenges the adequacy of the listing of hospitals at Part 1, Section V.B.3. of the North Carolina Emergency Response Plan (ERP). Specifically, it is stated that neither the State nor county ERPs make clear whether those hospitals are capable of treating "severe radiation exposure per se" and that the ERP should list "local and regional hospitals" with such capabilities.

2. The North Carolina ERP lists the following hospitals as ones that will support the Shearon Harris Nuclear Power Plant and the surrounding communities in the event of a radiological emergency:

- Duke University Medical Center, Durham, North Carolina
- Wake County Medical Center, Raleigh, North Carolina
- Central Carolina Hospital, Sanford, North Carolina
- Raleigh Community Hospital, Raleigh, North Carolina
- Rex Hospital, Raleigh, North Carolina
- North Carolina Memorial Hospital, Chapel Hill, North Carolina
- Good Hope Hospital, Inc., Erwin, North Carolina
- Chatham Memorial Hospital, Siler City, North Carolina

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NC ERP at Part 1, § V.B.3.

3. Accidents involving external radiation exposure may be classified as "severe" on a medical basis where there has been an exposure in excess of 100 rems of penetrating whole body radiation. Affidavit of Fred A. Mettler, Jr., M.D. ("Mettler Affidavit") at 2.

4. Treatment of persons receiving severe radiation exposures depends upon the magnitude of the absorbed dose and the amount of time since the exposure took place. Mettler Affidavit at 2.

5. In the first several days after exposure, the treatment is the same whether the patient has received 100 rems or an acute lethal exposure. All of the hospitals listed in the NC ERP are capable of treating such patients at least for the first 48 hours after exposure. Id. at 2.

6. Some cases of whole body severe radiation exposure involve substantial cellular damage. The treatment for such cases is not unique to radiation exposure accidents. Treatment of these conditions occurs routinely at hospitals which treat patients' malignancies either with radiation therapy or chemotherapy. Duke University Medical Center, Rex Hospital, and North Carolina Memorial Hospital all have the capabilities and expertise to treat even the most severe cases of whole body radiation exposure. Id. at 2-3.

7. Localized severe exposures, as opposed to whole body exposures, may also be initially treated at any of the hospitals listed in the ERP. Again, where more severe exposures cause cellular damage, Duke University Medical Center, Rex Hospital, and North Carolina Memorial Hospital all three have the necessary capabilities to treat such cases. Id. at 3.

8. Duke University Medical Center and North Carolina Memorial Hospital may be considered regional facilities from the standpoint that they provide medical treatment to patients from across North Carolina and the southeastern United States. Affidavit of Jesse T. Pugh, III ("Pugh Affidavit") at 2.

9. The Oak Ridge Radiation Emergency Assistance Center/Training Site (REAC/TS) in Oak Ridge, Tennessee, a U. S. Department of Energy facility, provides specialized radiation treatment and radiation consultation assistance on a 24 hour-a-day basis. Affidavit of Dayne H. Brown ("Brown Affidavit") at 2.

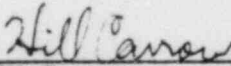
9. REAC/TS and other federal assistance are available to aid the State and local authorities and utilities through the Federal Radiological Emergency Response Plan (FRERP). In the event of an emergency at the Harris Plant, the RPS is prepared to call on REAC/TS as necessary to provide expert medical consultation for attending physicians and to provide facilities to which patients may be transported for state-of-the-art care and treatment. Brown Affidavit at 2.

10. Because the nature of radiation injury is such that it unfolds over a period of time, it is reasonable to provide for initial diagnosis and treatment at local facilities with consultation and possible subsequent relocation to a definitive care facility such as REAC/TS as necessary. Id. at 2.

11. The REAC/TS facility at Oak Ridge, Tennessee, may be considered an additional regional facility for treating cases of severe radiation exposure per se, supplementing those listed in the NC ERP. Id. at 3.

12. The North Carolina Division of Emergency Management will proceed to include the above information concerning the capabilities to treat cases of severe radiation exposure per se both of the hospitals listed in the ERP and of the Oak Ridge REAC/TS unit in the North Carolina ERP. Pugh Affidavit at 2.

This the 2<sup>d</sup> day of January, 1985.

  
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