

INSTRUCTIONS FOR INSERTION
NEW HAMPSHIRE RERP

Revision Number: 2

Date of Revision: August, 1986

To facilitate the incorporation of Revision 2 into the NHRERP, the volumes that pertain to the Seabrook Station (Volumes 1, 2, 4, 4A, 4B, 5, 6, 16, 17, 18, 18A, 19, 20, 21, 21A, 22, 23, 24, 25, 26, 26A, 27, 28, 29, 30, 31, 32, 33, 35, 36 and 38) have been republished in their entirety, and distributed as complete volumes in binders with tabs. The specific paragraphs are denoted by a revision bar annotated with the numeral 2 on the right hand margin. Those volumes that are unique to the Vermont Yankee Station (Volumes 3, 8, 10, 11, 12, 13, 14 and 15) have not yet been republished.

Please note that Volume 7, Seabrook Station Alert and Notification Design Report and Volume 9, Vermont Yankee Alert and Notification Design Report will no longer be controlled as volumes of the NHRERP. Future references to these documents should be by title rather than by a NHRERP volume designation.

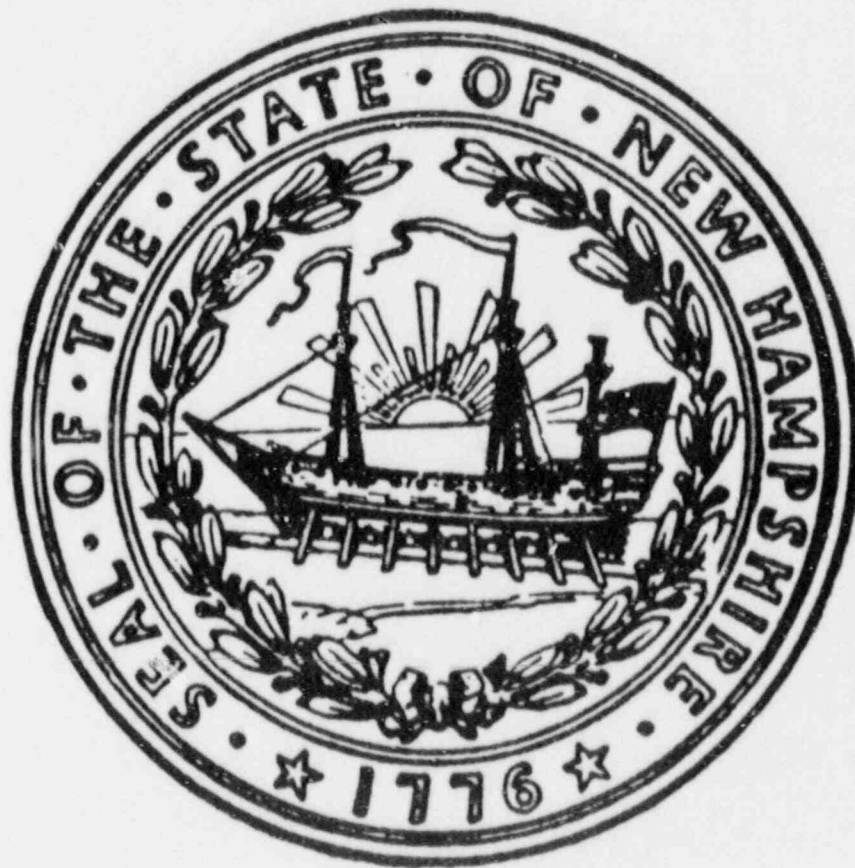
In addition, NHRERP Volume 34, Durham Host Plan and Volume 37, Nashua Host Plan have been deleted.

Remove the "Record of Revisions" form from each volume of your copy of the NHRERP, Rev. 1 and place in the front of the Rev. 2 copy. Enter each revision on the Record of Revisions form as they are received.

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State of New Hampshire

Radiological Emergency Response Plan



*Prepared In Cooperation With
New Hampshire Civil Defense Agency
Technological Hazards Division*

INDEX OF NEW HAMPSHIRE STATE POLICE COMMUNICATONS PROCEDURES

There are two sets of procedures for New Hampshire State Police Communication Center Emergency Response personnel. The first set is for the State Police Communications Center which has responsibilities associated with alerting, notification, and support for State Police field activities. The second set is for the EOC Liaison; the Senior State Police Officer assigned to the EOC during an emergency situation.

The list is as follows: (The procedures are augmented by informational appendices, as indicated).

1. Communications Center

Appendix A. RERP Duties

Appendix B. DPHS Contact Roster

Appendix C. NHCOA Roster

Appendix D. Procedure for Immediate Activation of Prompt Public Alert/Notification System

2. EOC Liaison

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1. New Hampshire State Police Communications Center
EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

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This document provides communication checklist procedures to be followed in the event of an incident at the Seabrook Station Nuclear Power Plant. These procedures are to be implemented by the Shift Supervisor at the Communications Center in Concord in the event of an incident. Procedures describe actions to be taken according to each of four Emergency Classification Levels (ECL) which are outlined in ascending order of severity. REMEMBER, the New Hampshire State Police Communications Center is the initial point of contact of the notification Fan-Out for the entire State Emergency Response Organization and for the towns in the Emergency Planning Zone (EPZ). In theory, the notification portion of these procedures should be accomplished simultaneously. Practically, this means as many people as necessary should be detailed to get the notification procedure completed as soon as possible. There must not be any delay in accomplishing the tasks described in these Procedures. A lot of people are dependent upon you for their immediate notification.

UNUSUAL EVENT

Note Time

1. Receive notification from the Seabrook Station Nuclear Power Plant control room that an UNUSUAL EVENT* has been declared at Seabrook Station. Use Attachment 1 to record appropriate information. Dispatcher must notify shift supervisor immediately. Confirm receipt of alerting message over the Nuclear Alerting System (NAS) (orange phone) system, , or confirm telephone notification by commercial telephone, call back to the control room telephone extension).

*IMPORTANT: If the message from the Power Station notifies New Hampshire that the the Power Station declared an UNUSUAL EVENT which was immediately terminated, go to STEP #3 of your procedures. DO NOT, repeat, DO NOT notify Rockingham County Sheriff's Dispatch. Continue with #3 of your checklist.

2. Notify Rockingham County Sheriff's Dispatch immediately of UNUSUAL EVENT at Seabrook Station. Use the NAS commercial telephone or use the NAWAS. Repeat the message exactly as received from the Power Station.

IMPORTANT: It is imperative that this notification call be made without delay after confirmation of the event in #1.

3. Notify Diane Tefft, Manager of the New Hampshire Radiological Health Program of the UNUSUAL EVENT at Seabrook Station. Call

If no answer, contact alternate, Don Halle at , or Selva Mohle, . Repeat the message exactly as received from the power station.

Refer to Appendix B for DPH roster. Note the location and telephone number at which the DPH representative can be reached.

4. Notify New Hampshire Civil Defense Agency (NHODA) of UNUSUAL EVENT at Seabrook Station. During business hours, contact the Director or an alternate (see Appendix C), call . During off-hours, contact the NHODA Duty Officer by telephone or pager. If the duty officer does not answer his telephone or page call, page the Civil Defense ALL-CALL, , and request that anyone from Civil Defense call State Police Communications Center, Code Three. Inform NHODA of the name, location and telephone number of the DPH representative contacted in the previous step. Also note the location and means for communicating with the NHODA representative contacted.

5. Time permitting, review Appendix A, general description of duties for Communications Center.

6. Stand by to receive additional information and continue communications. Receive notification of (a) termination of

1
2

emergency status, or (b) escalation of emergency status from Seabrook Station. If terminated, confirm message, then notify Civil Defense and Public Health officials, and Rockingham County Sheriff's Dispatch. If escalated, continue with appropriate checklist.

ALERT

1. Receive notification from the Seabrook Station Nuclear Power Station control room that an ALERT has been declared at Seabrook Station. Use Attachment 1 to record appropriate information. Dispatcher must notify shift supervisor immediately. Confirm receipt of message over the Nuclear Alerting System (NAS) (Orange Telephone) system, or confirm telephone notification by telephone call back to the control room (telephone extension).

2. Shift supervisor notify Rockingham County Sheriff's Dispatch without delay. Use the NAS # commercial telephone NAS or NAWAS. Repeat the message exactly as received from the Power Station.

3. Shift supervisor notify Diane Tefft, Manager of New Hampshire Radiological Health Program of an ALERT at Seabrook Station. Call or page . If no answer, contact alternate Don Halle at ; or Belva Mohle . Note location and telephone number at which DPH representative can be reached.

4. Notify New Hampshire Civil Defense Agency (NHCOA) of ALERT at Seabrook Station. During business hours, contact the Director or an alternate (see Appendix C), call

During off-hours, contact the NHCOA Duty Officer by telephone or pager. If the duty officer does not answer his telephone or page call, page the Civil Defense ALL-CALL, and request that anyone from Civil Defense call State Police Communications Center, Code Three. Inform NHCOA of the name, location and telephone number of the DPH representative contacted in the previous step. Also note the location and means for communicating with the NHCOA representative contacted.

5. Assign a senior officer to report to the EOC to participate in emergency response. _____
6. Notify Troop Commander of Troop A, Epping, NH of ALERT status. _____
7. Receive notification from NHCOA that EOC is operational and ready to direct emergency response including communication with Seabrook Station. _____
8. Stand by to receive and respond to requests for aid and directions from Civil Defense Director at EOC. Receive notification of (a) termination of emergency status, or (b) escalated emergency status from EOC. If terminated notify Troop A Troop Commander. If escalated receive notice of escalation and proceed with checklist. _____

SITE AREA EMERGENCY

1. Receive notification that a SITE AREA EMERGENCY has been declared at Seabrook Station. Use Attachment 1 to record appropriate information. If EOC has not been activated, notification will come directly from Seabrook Station. In the event EOC has not been activated, Shift Supervisor notify Rockingham County Sheriff's Dispatch, Manager, New

Hampshire Radiological Health Program and New Hampshire Civil Defense Agency of SITE AREA EMERGENCY status by fastest available means. Use notification information provided in ALERT checklist, Paragraphs 2, 3, and 4, for alerting procedures.

Rockingham County Sheriff's Dispatch
Radiological Health Program, N.H. Div. of Public Health Services
N. H. Civil Defense Agency

2. Confirm that all ALERT checklist procedure steps have been completed. Assign a communications specialist to report to the State EOC, if requested.
3. Notify Troop Commander of Troop A, Epping, NH of SITE AREA EMERGENCY status.
4. Stand by to receive and respond to requests for aid and directions from the Civil Defense Director or from the EOC. Receive notification of (a) termination of emergency status, or (b) escalation of emergency status. If terminated notify Troop A Troop Commander. If emergency escalates receive notification of escalation and proceed with appropriate checklist.

GENERAL EMERGENCY

1. Receive notification that a GENERAL EMERGENCY has been declared at Seabrook Station. Use Attachment 1 to record appropriate information. If EOC has not been activated, notification will come directly from Seabrook Station Nuclear Power Plant Control Room. In the event EOC has not been activated notify Rockingham County Sheriff's Dispatch,

New Hampshire Radiological Health Program Manager and New Hampshire Civil Defense Agency of GENERAL EMERGENCY status by fastest available means. Use notification procedures in ALERT checklist, Paragraphs 2, 3, and 4, for alerting procedures.

Rockingham County Sheriff's Dispatch.
Radiological Health Program, N.H. Div. of Public Health Services.
N. H. Civil Defense Agency.

2. If the accident at the station begins at the GENERAL EMERGENCY level and NHCDA cannot be contacted within 10 minutes, and ONLY in this case, the shift supervisor should undertake two immediate actions: 1) Notify Rockingham County Sheriff's Dispatch to activate the Seabrook Station public notification sirens, and 2) Activate the New Hampshire EBS system. The procedure for performing these is outlined in Appendix D. Following this efforts to contact NHCDA must be renewed.
3. Confirm that all ALERT and SITE AREA EMERGENCY checklist procedures have been completed.
4. Notify Troop Commander of Troop A, Epping, of GENERAL EMERGENCY status.
5. Stand by to receive and respond to requests for aid and directions from the Civil Defense Director or from the EOC.

ATTACHMENT #1

INITIAL NOTIFICATION FACT SHEET

BLOCK 1. *THIS IS _____
(Name) (Title)

AT SEABROOK STATION, SEABROOK, NEW HAMPSHIRE.

BLOCK 2. WE HAVE DECLARED A(N): _____ UNUSUAL EVENT
_____ ALERT
_____ SITE AREA EMERGENCY
_____ GENERAL EMERGENCY

*BLOCK 3. WE RECOMMEND THE FOLLOWING:
_____ NO PROTECTIVE ACTIONS RECOMMENDED (GO TO BLOCK 4).

NEW HAMPSHIRE
SHELTER EVACUATE

MASSACHUSETTS
SHELTER EVACUATE

____ SEABROOK
____ HAMPTON FALLS
____ HAMPTON
____ KENSINGTON
____ SOUTH HAMPTON
____ NORTH HAMPTON
____ BRENTWOOD
____ EAST KINGSTON
____ EXETER
____ KINGSTON
____ NEWFIELDS
____ NEWTON
____ STRATHAM
____ GREENLAND
____ NEW CASTLE
____ PORTSMOUTH
____ RYE

____ AMESBURY
____ SALISBURY
____ MERRIMAC
____ NEWBURY
____ NEWBURYPORT
____ W. NEWBURY

BEACHES EVACUATE
____ SEABROOK BEACH
____ HAMPTON BEACH

ATTACHMENT #1 (Cont'd)

BLOCK 4. THE EMERGENCY: ___ HAS BEEN TERMINATED ___ IS CONTINUING

BLOCK 5. A RELEASE OF RADIOACTIVITY ___ HAS NOT OCCURRED ___ HAS BEEN TERMINATED
___ IS CONTINUING

BLOCK 6. AUTHORIZED BY: _____
STED/SED/RM DATE/TIME

BLOCK 7. PLEASE ACKNOWLEDGE RECEIPT OF THIS MESSAGE WITH YOUR NAME.

NEW HAMPSHIRE _____
(NAME OF DISPATCHER) DATE/TIME

MASSACHUSETTS _____
(NAME OF DISPATCHER) DATE/TIME

VERIFY THAT BOTH STATES HAVE RECEIVED CORRECT INFORMATION BY ASKING
ONE OR BOTH TO READ BACK THE INFORMATION.

APPENDIX A

Description of State Police Communications Center RERP Duties

In the event of an emergency situation at Seabrook Station the New Hampshire State Police Communications Center plays a vital role in the State Emergency Response Organization. Its primary duty is the prompt notification of the Division of Public Health (DPH), Civil Defense (CD) officials and the Rockingham County Sheriff's Dispatch. Nearly as important is its continuing role in maintaining communications. Until the State EOC is activated, the Communications Center must ensure that accurate communications are maintained between all critical points. This duty includes forwarding plant status information to DPH and CD officials, expediting flow of information among State officials, and forwarding information and instructions from State officials to Rockingham County Sheriff's Dispatch and the seventeen New Hampshire communities within the plume exposure Emergency Planning Zone (EPZ). The role of the Communications Center becomes particularly critical during a rapidly escalating emergency situation (i.e., when the plant progresses rapidly through the emergency action levels). In such a situation, a substantial amount of communication may be handled by the Communications Center before the State EOC can be effectively activated. Under certain emergency conditions, the State Police have the authority and mechanism to activate the emergency broadcast system (EBS) and the authority to order the activation of the siren system for the New Hampshire portion of the Seabrook Nuclear Power Plant's EPZ.

Upon activation of the EOC, the role of the Communications Center becomes important in the role of a backup communications center. At this time, the EOC begins to deal directly with Seabrook Station, with the State agencies, with Rockingham County Sheriff's Dispatch and the towns in the EPZ. The Communications Center, at this point, reverts to directing State Police activities and supporting the EOC.

APPENDIX B

Division of Public Health Services Contact Roster

	<u>Business</u>	<u>Home</u>
1) Diane E. Tefft	Health & Welfare Bldg. Hazen Drive, Concord Pager 1-800-812-2851	171 Gold Street Laconia, NH
2) Donald E. Halle	Health & Welfare Bldg. Hazen Drive, Concord	4 Camelot Dr. Hooksett, NH
3) Belva Mohle	Health and Welfare Bldg. Hazen Drive, Concord	Box 745 Belmont, NH
4) Wayne F. Johnston	Health & Welfare Bldg. Hazen Drive, Concord	RFD #7 17 Lantern Lane Hooksett, NH
5) John R. Stanton	- Health & Welfare Bldg. Hazen Drive, Concord	129 Moore St. Manchester, NH
6) William T. Wallace, Jr.	Health and Welfare Bldg. Hazen Drive, Concord	Amesbury Road Contoocook, N.H.
7) Susan Epstein	-	

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APPENDIX C

Civil Defense Agency Roster

State Civil Defense Headquarters Telephone

State Office Park South

107 Pleasant St. Concord, N.H. 03301

STATE DIRECTOR Richard Strom
Route 13
Goffstown, NH 03081 Pager

DEPUTY DIRECTOR James Saggiotes
118 Smith Ave.
Pembroke, N.H. 03275 Pager

CHIEF, TECH HAZARDS BRANCH Michael M. Nawoj
R.F.D. #1, Normand Road
Goffstown, NH 03045 Pager

SENIOR FIELD REPRESENTATIVE David H. Deans
TECH HAZARDS BRANCH R.F.D. #15, Box 127
Concord, N.H. 03301 Pager

CHIEF, OPERATIONS BRANCH H. Mead Herrick
7 Evergreen Dr. R.F.D. #2
Box 373
Concord, N.H. 03301 Pager

SENIOR FIELD REPRESENTATIVE Robert J. Pariseau
93 Rosedale Ave.
Manchester, N.H. 03103 Pager

OPERATIONS AND PLANNING OFFICER Leland Kimball
R.F.D. #9, 53 Putney Rd.
Concord, N.H. 03301 Pager

SENIOR FIELD REPRESENTATIVE/
HEALTH PHYSICIST Deena C. Parelman
706 Alton Woods Drive
Concord, N.H. 03301 Pager

APPENDIX D

STATE OF NEW HAMPSHIRE
STATE POLICE COMMUNICATIONS CENTER

Procedure for Immediate Activation
of Prompt Public Alert/Notification System

I. PREREQUISITES

- A. This procedure is to be implemented only when there is immediate notification of GENERAL EMERGENCY and you have been unable to contact NHCCA and (10) minutes have elapsed since the initial notification of an emergency was received.
- B. Emergency Actions A through E must be completed within 5 minutes.

II. ACTIONS

Note Time

State Police Communications Center Shift Supervisor:

- A. Contact Rockingham County Dispatch

Notify Rockingham County Sheriff's Dispatch via NAS number
or, as backup methods, by phone at

Note: If this request is made by any other than the NAS,
request an immediate verification and before proceeding. _____

- B. Instruct Rockingham County Dispatch

If this occurs during May 15 to September 15 between 7 am
and 11 pm, instruct RCD to activate the siren system via
the "General Emergency" cassette tape.

During any other time, instruct them to activate the
"ALERT" function on the siren system via the siren encoder.

Request they perform the selected action IMMEDIATELY. _____

C. Contact WOKQ

Establish contact with WOKQ via the dedicated ring-down circuit. If the ringdown is inoperable, contact them via telephone at

Note: If this request is made by any method other than the ringdown circuit, request an immediate verification and wait to receive it before proceeding.

D. Instruct WOKQ

Instruct them to "Arm" the Blaupunkt PINS system and prepare for an emergency broadcast.

E. Activate the EBS system via the PINS encoder.

Arm the Blaupunkt PINS activation mechanism and select the "General Emergency" function and activate it.

THE ABOVE ACTIONS "A" THROUGH "E" MUST ALL BE COMPLETED IN FIVE MINUTES.

F. Reestablish contact with Rockingham County Dispatch and verify that they were able to carry out the siren activations.

Reestablish contact with WOKQ and verify the activation you performed was successfully transmitted.

G. Complete the notifications specified in the notification procedure and advise persons notified that:

1. Sirens have been activated; and
2. General Emergency message has been broadcast on EBS.

2. New Hampshire State Police Communications Center

EOC Liaison Procedures

Note Time

UNUSUAL EVENT

1. No action required.

ALERT

1. Receive notification from State Police Communications Center of an ALERT at Seabrook Station. Report to the State EOC at NHCDA. _____
2. Advise Communications Center upon arrival at the EOC. Review emergency status with EOC staff. _____
3. Contact Troop A IFO representative and review location and availability of all State personnel. Assist with any resource requests. Place State Police Aircraft and crews on standby. _____
4. If requested by the NHCDA Director, direct Troop A to implement State Police Emergency Response Procedures for traffic and access control. _____
5. Stand by for changes in status, participate in EOC staff discussions on plant status and protective actions, and respond to requests for assistance. _____

SITE AREA EMERGENCY AND GENERAL EMERGENCY

1. Receive notification of escalation. Ensure established emergency response procedures have been implemented. _____
2. Request status report from Troop A IFO Representative.
Be prepared to invoke New England State Police Assistance Compact.
3. Direct implementation of State Police emergency response procedures for traffic and access control as requested by NHCDA Director.

4. Receive requests for assistance and additional resources from Troop A IFU Representative and coordinate appropriate response. If necessary, initiate State Police alerting procedures to call in Troopers from other parts of the State. These Troopers are to report to Troop A Headquarters in Epping, NH.

5. Monitor emergency status, participate in EOC staff discussion and stand by to respond to changes in emergency status.

New Hampshire Civil Air Patrol

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant (SS). These procedures are implemented by CAP in the event of an accident. The procedures describe action to be taken in response to each of four Emergency Classification Levels which are outlined in ascending order of severity.

UNUSUAL EVENT

Note Time

1. In the event of an UNUSUAL EVENT at Seabrook Station, NHCDA will notify the staff of the CAP. The Emergency Services Officer will be the primary contact; alternate contacts will be made in accordance with the call list attached at Appendix A. _____
2. The CAP representative contacted will alert emergency personnel who will be placed on standby. _____
3. Emergency response personnel from CAP will stand by to receive additional information. CAP will receive notification of a) termination of emergency status, or b) escalation of emergency status from NHCDA. If terminated, all CAP personnel will be notified and released. If escalated, proceed with checklist. _____

1. In the event of a ALERT, New Hampshire CAP will be notified. The Emergency Services Officer will be the primary contact; alternate contacts will be made in accordance with a call list attached as Appendix A. _____

2. The CAP representative contacted will initiate the CAP alert roster in accordance with Section 2 of the Emergency Services Operations Plan. The CAP members will be informed of the ALERT status and be placed on standby. _____

3. A Mission Coordinator and Sub-Coordinator will be designated. The Mission Sub-Coordinator will report to the State EOC at 107 Pleasant Street, Concord. The Mission Coordinator is to report his availability to the NHCDA Agency Liaison Officer upon arriving. _____

SITE AREA EMERGENCY AND GENERAL EMERGENCY

1. The Wing will be activated in accordance with Section 2 of the Emergency Services Operations Plan. _____

2. Two aircraft will be prepared for use. Both will be initially assigned to Concord. Both will have pilots ready for assignment. _____

3. One of the aircraft will be dispatched to Skyhaven Airport, Rochester, NH, but only after being released by the Mission Coordinator at Wing HQ. Before releasing the aircraft to fly the Mission Coordinator will inform the NHCDA Operations Officer of the availability of the flight to transport personnel or equipment to Pease AFB. _____

4. The Mission Coordinator will contact Seacoast CAP Squadron by calling Seacoast Squadron Commander or Squadron Alert List. Arrange for ground transportation and staffing of IFO/EOF. _____
5. Stand by for requests for support from either the EOC or the IFO/EOF. Be prepared to provide air transportation, air monitoring of the plume, aerial observation of evacuation, communications support, or general ground support to NHCOA. _____
6. Provide for shift relief during prolonged emergency. _____
7. Stand by until emergency de-escalates. _____

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Standby to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

APPENDIX A

New Hampshire Civil Air Patrol Call List

<u>Name</u>	<u>Business</u>	<u>Home</u>
Cpt. Cheney Shift A		
LTC. Conger Alternate		
Cpt. Avery Shift B		
LTC. Dale Hardy Alternate		
Cpt. Joseph Harpham Alternate		
Civil Air Patrol Hdqts		
Col. Kenneth Jameson (Executive Director)		

New Hampshire Department of Transportation

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of an emergency condition at Seabrook Station Nuclear Power Plant. These procedures are implemented in the event the Department is contacted by NHCOA to respond to an emergency at the nuclear power plant. The procedures describe action to be taken in response to each of four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT or ALERT

No response required by State Department of Transportation.

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SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from State EOC that a SITE AREA EMERGENCY or a GENERAL EMERGENCY has been declared at Seabrook Station. NHCOA or its representative will contact the Commissioner's office . If there is no answer, NHCOA will contact the on-duty supervisor at Division #5, Hooksett, NH, _____

2. Initiate the State Department of Transportation emergency response call list (see Appendix A). The available personnel will report to the Morton Building, Concord, NH, for assignment. _____

3. Direct Henry McCrone, Division Engineer (office _____, home _____), to report to the State IFO/EOF at Newington Station, Newington, NH. If no answer, contact alternate John Hayes' home _____ or call the 24-hour emergency number in Hooksett _____.

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Upon arriving at the IFO/EOF he should report his availability to the NHCOA IFO Controller and to the ranking State Police Officer. After reporting, he should be prepared to take direction for instituting access control, traffic control or other duties from either the State Police Officer or the NHCOA.

4. The Commissioner, or his representative should report to the State EOC at 107 Pleasant Street, Concord, NH, to coordinate State Department of Transportation emergency response support activities. Report availability to the ranking State Police Officer at the EOC and to the ranking NHCOA official.
-

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5. Be prepared to support emergency response activities of the State Police. Be prepared to assist with traffic control, communications, transportation and maintenance of evacuation routes (including snow and debris clearance and towing as necessary).
-

6. Assign an individual the responsibility for implementing radiological exposure control in accordance with Appendix B.
-

7. Notify the Chief Train Dispatcher at the Boston and Maine Railroad and request that they be prepared to stop train traffic from entering the EPZ.

8. Standby until released by the NHCOA officials coordinating the State's emergency response efforts.
-

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RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts, as applicable. _____
4. Standby to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-Entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

APPENDIX A

NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION EMERGENCY RESPONSE CALL LIST

- | | <u>Office</u> | <u>Home</u> |
|---|---------------|-------------|
| 1. Wallace Stickney, Commissioner
Shift A | | |
| 2. William Fletcher, Assistant Commissioner
Alternate - Shift A | | |
| 3. Paul Laflam, Director of Operations
Shift B | | |
| 4. Robert Hogan, Administrator, Bureau of
Highway Maintenance
Shift B | | |
| 5. Leon Kenison, Assistant Administrator,
Bureau of Highway Maintenance
Alternate | | |
| 6. Highway Communications Center - Hooksett
Staffed on 24-hour Basis | | |

Additional Administrative and Staff Personnel from State and District Offices are available on an on-call basis as required.

APPENDIX B

RADIOLOGICAL EXPOSURE
CONTROL INSTRUCTIONS

Note Time

APPENDIX B

1. Inventory and operationally check radiological equipment in accordance with Attachment 1, Radiological Equipment Inventory and Operational Checklist. _____
2. Inform NHCDA IFO Controller of any deficiencies. _____
3. Issue dosimetry and KI to any emergency workers assigned to activities within the EPZ in accordance with Attachment 2, Procedure For Issuing Dosimetry and KI. _____
4. If the need for additional dosimetry arises, coordinate these needs through the IFO. _____
5. If a radioactive release is expected or is in progress:
 - a. Instruct all emergency workers to begin reading their dosimeters at 15-minute intervals. _____
 - b. Begin making hourly reports to the EDF/IFO of the number of workers reporting exposures of 175mR, 1R, 2R, 3R, 4R, and 5R respectively. _____
6. When informed by the IFO of the DPHS Director's authorization for the use of KI, ensure all emergency workers are notified to begin taking KI. _____

NOTE: If any emergency worker reports any side effects or reactions from KI, instruct the worker to discontinue use of KI and to leave the affected area. _____

- 7. If an emergency worker reports an exposure of:
 - a. 175mR on his CDV-138, instruct the worker to begin reading their CDV-730 and report in when the CDV-730 indicates an 1R exposure. _____
 - b. 1R, 2R, 3R, 4R on his CDV-730;
 - (1) Consult with the IFO to determine if the worker is necessary for the response effort. _____
 - (2) If the worker is not required for the response, instruct the worker to leave the affected area. _____
 - (3) If worker is required to support the response, assign the worker a new exposure action level of 2, 3, or 4R. _____
 - c. 5R or greater on his CDV-730:
 - (1) Consult with the Division Engineers at the IFO to determine if DPHS should be requested to approve an exposure action level of up to 20R. _____
 - (2) Log the emergency workers name, SSN and the date and time of the report. _____
 - (3) Notify the EDF/IFO Radiological Exposure Clerk of the exposure and log the Radiological Screening Program (RSP) number to the individual. _____
 - (4) Instruct the worker to leave the affected area and report to the appropriate decontamination center unless DPHS has approved assigning a higher action level. _____
- 8. Maintain exposure records for all emergency workers. _____
- 9. Survey all emergency workers returning from activities carried within the EPZ, if a release has occurred, in accordance with Attachment 2.

10. Collect all bottles of remaining KI tablets after a determination has been made to discontinue ingestion, or after ten tablets have been taken, whichever comes first. _____

11. Collect from each emergency worker their dosimetry and completed dosimetry-KI report form, if their need for dosimetry has been discontinued, and forward all forms to the DPHS IFO RHTA. _____

12. Submit copies of emergency worker exposure records, survey records (if applicable) and TLDs to NH Division of Public Health Services following the emergency. _____

ATTACHMENT 1

RADIOLOGICAL EQUIPMENT

INVENTORY AND OPERATIONAL CHECK LIST

- | | <u>Note Time</u> |
|--|------------------|
| 1. Verify the number of items required, as listed in TAB 1, Radiological Equipment Inventory, are accurate. | _____ |
| 2. Record any changes in estimates for required equipment in the appropriate column of TAB 1. | _____ |
| 3. Count the number of each item listed on TAB 1. | _____ |
| 4. Perform operational checks on those items so designated by Figure 1. Instructions on how to perform the checks are provided as follows:
a. CDV-750, TAB 2;
b. Self-reading dosimeters, TAB 3; | |
| Any item which fails an operational check shall be considered defective and not counted as available for use. | |
| 5. Record the quantity of each item listed on TAB 1, available for the towns use, in the available column on TAB 1. | _____ |
| 6. Determine unmet need for each item by subtracting the number available from the number required. Record this number in the "unmet" column on TAB 1. | _____ |
| 7. Report unmet need to the State IFO. | _____ |
| 8. Prepare dosimetry for issue to emergency workers. A dosimetry unit consists of the following:
a. (1) CDV - 730/Dosimeter Corp. 522 (staff only)
b. (1) CDV - 138/Dosimeter Corp. 862 Dosimeter (0-200mR) (staff only)
c. (1) Thermoluminescent Dosimeter (TLD) (staff only)
d. (1) Dosimetry-KI Report Form
e. Bottle of Potassium Iodide (KI) | _____ |

TAB 1

ATTACHMENT 1

RADIOLOGICAL EQUIPMENT INVENTORY

Item	(1) OP Check	Staff	Other	Total Req'd	Total Available	Unmet
CDV-730/Dosimeter Corp. 622 (0-20R) Dosimeters	YES					
CDV-138/Dosimeter Corp. 862 (0-200mR) Dosimeters	YES					
CDV-742 (0-200R) Dosi- meters	YES					
Thermoluminescent Dosimeter (TLD)	NO					
CDV-750 Dosimeter Charge	YES					
Bottles KI Tablets	NO					
Appropriate Instructions and log Forms	NO					

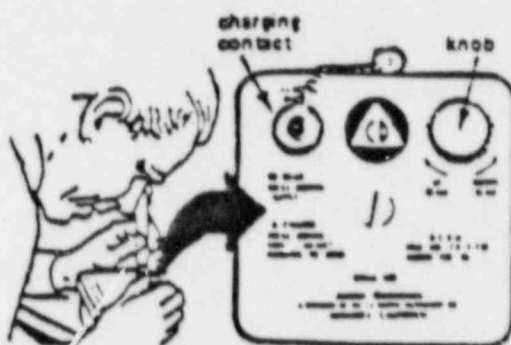
Notes:

(1) If operational check is required, see Tabs for instructions.

TAB 2
ATTACHMENT 1
OPERATIONAL CHECKS FOR
THE CDV-750 DOSIMETER CHARGER

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eyepiece on charging contact of charger (see Figure 1).

Figure 1



3. Apply downward pressure and you should see a meter scale and a vertical line while looking through the dosimeter. If no line is visible, rotate the control knob, located in the upper right hand corner (Figure 1), until a line appears.
4. Set line to or near zero (see Figure 2) by turning control knob (see Figure 1).

Figure 2



5. The charger is considered operational if the light sources for reading dosimeters is working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

TAB 3
ATTACHMENT 1
OPERATION CHECK/ZEROING
SELF-READING DOSIMETERS

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a vertical line, while looking through the dosimeter (see Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER:

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure, but when charging the dosimeter, set line slightly below zero.
7. If the reading is below zero, repeat the procedure, but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If a dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes, then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 4
ATTACHMENT 1
OPERATIONAL CHECK
FOR THE CDV-700 SURVEY METER

- | | <u>Note Time</u> |
|---|------------------|
| 1. Visually check the meter for signs of physical damage. | _____ |
| 2. Ensure the selector switch is in the "off" position. | _____ |
| 3. Open case and install batteries. Return instrument to case. | _____ |
| 4. Turn the selector switch to the "X10" position. | _____ |
| 5. Connect the headphones to the audio jack. | _____ |
| 6. Open the probe shield and put on the headphone. | _____ |
| NOTE: ENSURE THE CDV-700 HAS BEEN ALLOWED TO WARM UP FOR AT
LEAST 30 SECONDS BEFORE BEGINNING STEP 7. | |
| 7. Hold the probe's open window area against the operational check
source on the side of CDV-700. The meter should read between
1.5 and 2.5 mR/hr. An increase in the rate of clicks should be
heard in the headphone. | _____ |
| 8. If the meter reads too low, install new batteries and re-check
the instrument. If no clicks are audible in the headphone,
replace the headphones and re-check the instrument. | _____ |

ATTACHMENT 2

PROCEDURE FOR ISSUING DOSIMETRY AND KI

ACTIONS

1. Verify that dosimetry is divided into units consisting of:

- a. 1 CDV-730 or DCA-622 (0-20R self-reading dosimeter);
- b. 1 CDV-138 (0-200mR self-reading dosimeter);
- c. 1 Thermoluminescent Dosimeter (TLD);
- d. 1 Bottle of Potassium Iodide (KI);
- e. 1 Dosimetry-KI Report Form (Figure 1);
- f. 1 Potassium Iodide Acknowledgement Form (TAB 1);
- g. 1 Emergency Workers Information Sheet (TAB 3).

Each emergency worker receives one unit as described above.

2. Have all the individuals complete the top section of the Dosimetry-KI Report Form (see Figure 1).
3. While the individual is completing the top section of the Dosimetry-KI form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with TAB 2.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (see Figure 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (see Figure 2).
6. Have the emergency worker complete the Potassium Iodide Acknowledgement Form (see Enclosure 1) as specified.
7. Have the staff members verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff member should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (see Figure 2).
9. Record the appropriate information on the Dosimetry Log Form (see Figure 2).
10. Provide each individual a copy of Exposure Control and KI information sheet (see Enclosure 3).

DOSIMETRY—KI REPORT FORM

(Please print legibly)
Emergency Worker's Name: _____

Social Security Number: _____

Home Address: _____

Emergency Worker's Organization: _____

Town/City: _____

Emergency Worker's Signature: X

MISSION NO. DESCRIPTION	DATE	CD V-730 or DCA-622 (0-20R)		CD V-132 (0-200mR)		TLD (thermoluminescent dosimeter)	
		SERIAL NO.	BEFORE AFTER	MISSION TOTAL	BEFORE AFTER	MISSION TOTAL	Serial No. of TLD:
1.			R	R	mR	mR	Issued
2.			R	R	mR	mR	By: _____
3.			R	R	mR	mR	Turned In
4.			R	R	mR	mR	To: _____
5.			R	R	mR	mR	READING OF TLD
			TOTAL	R	TOTAL	mR	Date of Reading
				R			RSP #

POTASSIUM IODIDE RECORD	
Date	Time
Day 1	Amount Taken
Day 2	1 tablet/130 mg
Day 3	1 tablet/130 mg
Day 4	1 tablet/130 mg
Day 5	1 tablet/130 mg
Day 6	1 tablet/130 mg
Day 7	1 tablet/130 mg
Day 8	1 tablet/130 mg
Day 9	1 tablet/130 mg
Day 10	1 tablet/130 mg

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-132 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading: _____

Signature of Monitor: X

DOSIMETRY—KI REPORT FORM DISTRIBUTION: Complete this form and forward the original copy with the TLD through emergency management channels to DPHS. If the self-reading dosimetry indicates total exposure of 5 R or more, expedite delivery to DPHS. DPHS will forward to the individual and to the Town or City Civil Defense Director the TLD reading as well as an explanation of the reading. Copy 2 is retained by the Town or City Civil Defense Agency. Copy 3 is retained by the individual.

KI INSTRUCTIONS: Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day. If you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

TAB 1
ATTACHMENT 2
POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection of the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioiodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____

DATE _____

TAB 2
ATTACHMENT 2
OPERATIONAL CHECK/ZEROING
SELF-READING DOSIMETERS

ACTIONS

1. Place the end of the dosimeter, opposite the pocket clip and eye piece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a line while looking through the dosimeter (see Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER,

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR,
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR,
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure but when charging the dosimeter set line slightly below zero.

7. If the reading is below zero, repeat the procedure but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 3
ATTACHMENT 2
EMERGENCY WORKER INFORMATION

a. Dosimetry:

- (1) Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
- (2) In no case should your TLD be used by another person.
- (3) You should read your self-reading dosimeters at least once every thirty minutes.

b. Dosimetry-KI Report Form:

- (1) Keep the form in your possession at all times.

c. Potassium Iodide Acknowledgement Form:

- (1) Ensure you understand all the instructions on the form.

d. Radiation Exposure Control:

- (1) If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
- (2) If your CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
- (3) If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
- (4) The maximum amount of whole body exposure a worker is allowed to receive prior to being removed without permission of DPHS is 5 Roentgen. Emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. In extreme situations, DPHs may

authorize exposures for state emergency workers up to 20R. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor.

2

e. Potassium Iodide (KI):

- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio Iodines in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not loose it or discard it.

- (8) When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
- (9) If you experience any side effects, report them immediately.
- (10) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.

f. Termination of Assignment

- (1) Unless directed otherwise by your supervisor, at the end of your assignment report back to your duty station. Record the final reading of your dosimeter in the after block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the mission total block. Report mission completion and the total mission exposure to your supervisor. Stand by for further instructions from your supervisor.

NOTE: BASED ON CONDITIONS OF THE PLANT AND PROTECTIVE ACTION RECOMMENDATIONS RECEIVED FROM THE STATE, YOU MAY BE DIRECTED BY YOUR SUPERVISOR TO REPORT TO ANOTHER LOCATION OTHER THAN YOUR DUTY STATION UPON TERMINATION OF ASSIGNMENT. IF THIS OCCURS, REPORT TO THE LOCATION AS INSTRUCTED AND COMPLETE ACTIONS AS STATED ABOVE.

- (2) If you are being relieved of your assignment by another individual then:
 - (a) Turnover all logs, procedures and equipment except dosimetry/KI to your relief.
 - (b) Notify your supervisor of the turnover.
 - (c) Report to the area where you were issued dosimetry to turn in your dosimetry, unless directed otherwise by your supervisor.

INDEX OF DRED PROCEDURES

There are three sets of procedures for DRED emergency response personnel. The first set of procedures are those for the DRED Emergency Planning Coordinator. This is the senior DRED official who is assigned to the EOC during an emergency situation. The second set of procedures are those implemented by a representative of the State Parks Service. This position is staffed from the IFO in Newington. The third set of procedures are those for the DRED Lifeguard supervisor. This position is filled at Hampton Beach.

The list of procedures is as follows:

1. Emergency Planning Coordinator
2. DRED IFO Representative
3. Lifeguard Supervisor

The procedures are augmented by two informational appendices. This list of appendices is as follows:

Appendix A DRED Properties Call List

Appendix B Protective Actions for Seasonal Beach Populations

2

1. New Hampshire Department of Resources and Economic Development

EMERGENCY RESPONSE PROCEDURES

for the

Seabrook Station Nuclear Power Plant

EMERGENCY PLANNING COORDINATOR PROCEDURES

2

This document provides a checklist of the responsibilities of the DRED Emergency Planning Coordinator in the event of an accident at the Seabrook Station Nuclear Power Plant. These duties should be discharged upon notification by NHCDA that there is an emergency at the plant that warrants a response by the State of New Hampshire and its emergency response organization. The duties correspond to four Emergency Classification Levels which are outlined in ascending order of serverity.

Note Time

UNUSUAL EVENT

1. DRED Emergency Planning Coordinator may be notified to stand by.

ALERT

1. Receive notification from NHCDA that an ALERT has been declared at the Seabrook Station Nuclear Power Plant. NHCDA will contact John Sargent, _____, or Robert Burton, _____.
2. Report to the State EOC at 107 Pleasant Street, Concord, NH. The EOC DRED Emergency Planning Coordinator shall report his availability to the NHCDA Agency Liaison Officer upon arriving at the EOC. _____
3. Send a representative from the State Parks Service to the IFO/EOF at Newington Station, Newington, N.H. to serve as the DRED IFO Representative. Call Richard McLeod, _____, James Lane, _____.

4. Review the list of DRED facilities that may need to be contacted if the emergency escalates (Appendix A). You may want to call these facilities to put them on stand-by. If IFO Representative is on duty at IFO, he will complete this review per his IFO procedures, and report results to you. _____

5. The State of New Hampshire has adopted procedures for protective action decision making for seasonal beach populations. The procedures involve consideration of closing/clearing of beach and park facilities during the peak summer period from May 15 through September 15. DRED plays a key role in any such precautionary actions. See Appendix B for special procedures during the peak summer period. Receive direction from NHCDA Director to implement Appendix B. _____

6. Standby for instructions from NHCDA. You will receive notification of a) termination of emergency status, or b) escalation of emergency status. If terminated, notify and release DRED personnel. If escalated, proceed with checklist. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from NHCDA that a SITE AREA EMERGENCY or a GENERAL EMERGENCY has been declared at Seabrook Station Nuclear Power Plant. Normally, this notification will be received by the DRED Emergency Planning Coordinator at his duty station in the EOC. If this notification is received at a location other than the EOC (i.e., during a rapidly escalating emergency), see that ALERT Steps 1-6 are completed. _____

2. If IFO representative is not at the IFO, contact officials at the DRED properties listed in the Appendix A

call list. Determine the status of these facilities and put them on stand-by. Provide this information to the NHCOA Operations Officer at the EOC.

3. Stand by for direction from NHCOA. Be prepared to order the closing/clearing of DRED properties.

4. Standby to provide information and to respond to direction by NHCOA staff. You will receive notification of a) termination of emergency status, or b) escalation of emergency status. If terminated, notify and release DRED personnel. If escalated, proceed with checklist.

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun.

2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer.

3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable.

4. Stand by to support other agencies or departments as necessary.

NOTE: The Recovery-Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

2. New Hampshire Department of Resources and Economic Development
EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant
IFO REPRESENTATIVE PROCEDURES

2

This document provides a checklist of the responsibilities of the DRED IFO Representative in the event of an accident at the Seabrook Station Nuclear Power Plant. These duties should be discharged upon notification by NHCOA that there is an emergency at the plant that warrants a response by the State of New Hampshire and its emergency response organization. The duties correspond to four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT

1. IFO Representative may be notified to stand by.

ALERT

1. Receive notification from DRED - Emergency Planning Coordinator that an ALERT has been declared at the Seabrook Station Nuclear Power Plant. DRED will contact Richard McLeod, or James Lane, or _____
2. Report to the State IFO at the Newington Power Station, Newington, N.H. The IFO Representative shall report his availability to the NHCOA IFO Controller upon arriving. _____
3. Review the list of DRED facilities that may need to be contacted if the emergency escalates (Appendix A). Initiate contact with each facility and inform them of your IFO telephone number and put them on standby to close/clear if subsequently ordered. Report results to IFO Controller and DRED EOC Representative. Notify Lifeguard Supervisor. _____

4. The State of New Hampshire has adopted procedures for protective action decision making for seasonal beach populations. The procedures involve consideration of closing/clearing of the beach facilities during the peak summer period from May 15 through September 15. DRED plays a key role in any such precautionary actions. See Appendix B for special procedures during the peak summer period.
5. Standby for instructions from NHCDA. Notification of a) termination of emergency status, or b) escalation of emergency status will be given to you by IFO Controller. If terminated, notify DRED personnel you have put on standby and release them to normal duty. If escalated, proceed with your checklist.

SITE AREA EMERGENCY

1. Receive notification from IFO Controller that a SITE AREA EMERGENCY has been declared at the Seabrook Station nuclear Power Plant. Ensure that ALERT Steps 1-6 are completed.
2. Inform officials at the affected DRED facilities listed in the Appendix A call list. Determine the status of these facilities and provide this information to the NHCDA IFO Controller and to the DRED Emergency Planning Coordinator at the EOC.
3. Stand by for direction from NHCDA. If the protective actions affecting Beach populations have been ordered, continue with the instructions in Appendix B. Maintain close contact with DRED personnel at the DRED facilities involved. Keep IFO Controller and DRED EOC Emergency Planning Coordinator informed.
4. Stand by to provide information and to respond to direction from NHCDA staff.

GENERAL EMERGENCY

1. Receive notification from IFO Controller that a GENERAL EMERGENCY has been declared at the Seabrook Station Nuclear Power Plant. Ensure that ALERT and SITE AREA EMERGENCY checklists items are completed. _____

2. Inform officials at the DRED facilities listed in the Appendix A call list. Determine the status of these facilities and provide this information to the NHCDA IFO Controller and to the DRED Emergency Planning Coordinator at the EOC. _____

3. Stand by for direction from NHCDA. If the Protective Actions affecting Beach populations have been ordered, continue with the instructions in Appendix B. Maintain close contact with DRED personnel involved. Keep IFO Controller and EOC Emergency Planning Coordinator informed. _____

4. Stand by to provide information and to respond to direction by NHCDA staff. _____

5. If an evacuation is recommended, inform officials at DRED facilities listed on Appendix A call list to close facilities as quickly as possible. _____

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

LIFEGUARD SUPERVISOR PROCEDURES

2

This document provides a checklist of the responsibilities of the DRED Lifeguard Supervisor in the event of an accident at the Seabrook Station Nuclear Power Plant. These duties should be discharged upon notification by NHCOA that there is an emergency at the plant that warrants a response by the State of New Hampshire and its emergency response organization. The duties correspond to four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT

1. Lifeguard Supervisor may be notified to standby. _____

ALERT

1. Receive notification from IFO representative at the IFO via telephone or radio. Note the telephone number of DRED IFO Representative _____ at the IFO. _____
2. Review beach situation; population, weather, life guard availability, equipment, i.e., radios, bullhorns, vehicles, etc., and make report to DRED Representative at the IFO. _____
3. Inform and preposition all personnel on duty to affect beach closing/clearing when told to do so. _____

4. All personnel should standby for further instructions. Those off-duty should be contacted and put on standby.

| 2

5. If protective actions affecting the beach are recommended by State of New Hampshire, implement procedures in Appendix B, DRED procedures.

SITE AREA EMERGENCY

1. Receive notification of escalation from IFO representative at the IFO. Ensure that all required ALERT actions have been completed. If Appendix B has been implemented, continue with those procedures.

2. Notify all personnel of escalation, use telephone, roster, radio, and all available means. If more personnel are required, inform IFO.

| 2

3. Implement beach area closing/clearing per Appendix B when told to do so.

Preposition personnel (with bullhorns, radios, and vehicles).

4. Note time of warning system (siren) activation.

5. Monitor progress of action underway, giving frequent reports to IFO Representative.

6. Standby for further instructions from IFO Representative. Notification of a) termination of emergency status, or b) escalation of emergency status will be given to you by the IFO Representative. If terminated, DRED personnel will be notified and released. If escalated, continue with your checklist.

| 2

GENERAL EMERGENCY

Note Time

1. Receive notification of escalation from DRED representative at IFO. Ensure that all required ALERT and SITE AREA EMERGENCY actions have been completed. If Appendix B actions have been implemented, continue with those procedures. _____

2. Notify all personnel of escalation, use telephone roster, radio, and all available means to call in personnel on standby. If more personnel are required, inform DRED Representative at the IFO. _____ 2

3. Implement beach closing/clearing per Appendix B. _____

4. Note time of warning system (siren) activation. _____

5. Monitor progress of action underway, giving frequent reports to IFO Representative. _____

6. Standby for further instructions from IFO Representative. Notification of a) termination of emergency status, or b) escalation of emergency status will be given to you by the IFO Representative. If terminated, DRED personnel will be notified and released. If escalated, continue with your checklist. _____ 2

APPENDIX A

Department of Resources and Economic Development
Properties Call List

<u>Name</u>	<u>Facility</u>	<u>Telephone</u>
1.	o Easton State Forest (No Camping) o Powwow River State Forest (No Camping) o Rock Rimmon State Forest (No Camping)	
2.	o Urban Forestry Center (No Camping) - Mary Reynolds - Tanya Jackson - Richard Jackson	or
3.	o Fort Constitution (No Camping) o Hampton Beach State Park (Beach/No Camping) o Odiorne Point (No Camping) o Rye Harbor State Park (No Camping) o Fort Stark (No Camping) o Wallis Sands State Park (Beach/No Camping) o Wentworth-Coolidge Mansion (No Camping) o Jenness Beach (Beach/No Camping) o Hampton Beach (Beach/No Camping) o North Hampton Beach (Beach/No Camping)	
4.	o Kingston State Park (Seasonal)	or
5.	o Portsmouth River o Rye Dock o Hampton Dock	or

NOTE: CALL THE PERSON ON DUTY AT EACH OF THESE LOCATIONS. NOTE THAT SOME OF THESE ARE SEASONAL FACILITIES THAT MAY NOT BE OFFICALLY OPENED TO THE PUBLIC AT CERTAIN TIMES OF THE YEAR.

APPENDIX A (Con't)
Department of Resources and Economic Development
Properties Call List

	<u>Name</u>	<u>Office</u>	<u>Telephone</u>
1.	John Flanders Director		
2.	John Sargent Alternate - Shift A		
3.	Robert Burton Alternate - Shift B		
4.	William Carpenter Alternate		
5.	Wilber LePage Alternate		

2

APPENDIX B

PROTECTIVE ACTIONS FOR SEASONAL BEACH POPULATIONS

PROTECTIVE ACTIONS FOR SEASONAL BEACH POPULATIONS

A. General Considerations

1. Precautionary actions affecting seasonal beach populations may be warranted at an early stage of an emergency before protective actions for the general population are warranted.
2. Radiological assessment data may not be available or useful when considering early precautionary action decisions for seasonal beach populations.
3. Precautionary actions for seasonal beach populations may include:
 - a. Closing beaches and other recreational facilities that attract seasonal populations and which are in close proximity to the plant, i.e., within an approximate 2 mile radius.
 - b. Implementation of access and traffic control at roadway points leading to these affected areas to monitor traffic and to advise people of actions taken.
 - c. Issuance of public announcements of actions taken through normal media channels.
 - d. Continued monitoring of traffic flow and local conditions in affected areas.

CAUTION

PRECAUTIONARY ACTIONS MAY BE CONSIDERED FOR THE
PERIOD MAY 15 THROUGH SEPTEMBER 15.

B. Precautionary and Protective Actions by Emergency Classification Level

1. ALERT

a. Actions

- (1) The New Hampshire Department of Resources and Economic Development (DRED) will be advised by the State EOC to close and clear all State beaches and park areas in Hampton Beach and in Seabrook Beach between Boars Head, to the North, and Route 286 (NH/MA border) to the South.
- (2) DRED will be advised to implement special patrols to advise state beach and park populations of closing, to assure that beaches and parks are cleared and to advise departing patrons to tune to a local radio station for information.
- (3) The public address systems on the beaches will be activated to announce closing and clearing.
- (4) State Police will establish access control (i.e., to facilitate movement of departing traffic and to control incoming traffic) at the following locations:
 - (a) intersection of Routes 51 and I-95 (close Exit 2 to eastbound traffic).
 - (b) intersection of Routes 107 and I-95 (close Exit 1)
- (5) The Hampton Police Department will establish traffic control points at:
 - (a) Ocean Boulevard (Route 1A) and Route 51
 - (b) Landing Road and Route 51
 - (c) Intersection of Route 51 and U.S. 1
 - (d) Other traffic control points within Hampton Beach as deemed necessary to facilitate the flow of traffic.

- (6) The Seabrook Police Department will establish traffic control points at:
 - (a) Ocean Boulevard (Route 1A and Route 286).
 - (b) Washington Road and Route 286.
 - (c) Intersection of Routes 107 and U.S. 1.
 - (d) The Seabrook Police Department will request the Salisbury Massachusetts Police Department to establish traffic control at Lafayette Road and Route 286.

- (7) Appropriate news releases will be issued through the Media Cent. at Newington Town Hall.

2. SITE AREA EMERGENCY WITHOUT DEGRADING PLANT CONDITIONS

a. Actions

- (1) The New Hampshire Department of Resources and Economic Development (DRED) will be advised to close beaches and state park areas in Hampton Beach and in Seabrook Beach between Boars Head, to the North, and Route 286 to the South.

- (2) DRED will be advised to implement special patrols to assure beaches and parks in affected communities are cleared, and to advise departing patrons to turn to an Emergency Broadcast System station for information.

- (3) The public address systems on the beaches will be activated to announce closing.

- (4) State Police will establish access control and to restrict access on the part of non-residents to Hampton Beach and to Seabrook Beach from the following locations:
 - (a) Intersection of Routes 51 and 1.

- (b) Intersection of Routes 51 and I-95 (close Exit 2 to eastbound traffic).
 - (c) Intersection of Routes 107 and 1.
 - (d) Intersection of Routes 107 and I-95 (close Exit 1 to eastbound traffic).
- (5) The Hampton Police Department will establish traffic control points and to restrict access on the part of non-residents to Hampton Beach at the following locations:
- (a) Ocean Boulevard (Route 1A) and Route 51.
 - (b) Landing Road and Route 51.
 - (c) Ocean Boulevard at Hampton Harbor Bridge (close bridge to ingressing traffic).
 - (d) Other traffic control points within Hampton Beach as deemed necessary to facilitate flow of traffic.
 - (e) Other traffic control points specified in Hampton Police Department procedures.
- (6) The Seabrook Police Department will establish traffic control points to restrict access on the part of non-residents to Seabrook Beach at the following locations:
- (a) Ocean Boulevard (Route 1A) and Route 286.
 - (b) Washington Road and Route 286.
 - (c) All other traffic control points specified in Seabrook Police Department procedures.
 - (d) The Seabrook Police will request the Salisbury Massachussets Police Department to restrict access on the part of non-residents to Route 286 from Route 1.
- (7) The appropriate EBS messages will be released.

3. SITE AREA EMERGENCY WITH DEGRADING PLANT CONDITIONS/GENERAL EMERGENCY

a. Actions

- (1) NHCDA will advise local EOCs and Massachusetts EOC of Governor's declaration of state of emergency.
- (2) The NHCDA will recommend evacuation of general public in the vicinity of Hampton Beach and Seabrook Beach from Ocean Boulevard and Boars Head to the North and Ocean Boulevard and Route 286 to the South.
- (3) State Police will establish access control points for 2 mile radius.
- (4) State Police will restrict access to Hampton Beach and to Seabrook Beach from the following locations:
 - (a) Intersection of Routes 51 and 1.
 - (b) Intersection of Routes 51 and I-95 (close Exit 2 to eastbound traffic).
 - (c) Intersection of Routes 107 and 1.
 - (d) Intersection of Routes 107 and I-95 (close Exit 1 to eastbound traffic).
- (5) The Hampton Police Department will establish traffic control points and to restrict entry to Hampton Beach at the following locations:
 - (a) Ocean Boulevard (Route 1A) and Route 51.
 - (b) Route 51 and Landing Road.
 - (c) Ocean Boulevard at Hampton Harbor Bridge (close bridge to departing and entering traffic, and route traffic North from the bridge).
 - (d) Other traffic control points within Hampton Beach as deemed necessary to facilitate flow of traffic.

- (e) All other traffic control points specified in Hampton Police Department procedures for high summer transient population.
- (6) The Seabrook Police Department will establish traffic control points to restrict access to Seabrook Beach at the following locations:
 - (a) Ocean Boulevard (Route 1A) and Route 286.
 - (b) Washington Road and Route 286.
 - (c) All other traffic control points specified in Seabrook Police Department procedures for high summer transient populations.
 - (d) Seabrook Police will request Salisbury Massachussets Police to restrict access to Route 286 from Route 1 and to facilitate flow of traffic West on Route 286 and South on Route 1.
- (7) The New Hampshire Department HHS will activate a Reception Center.
- (8) NHCOA will release appropriate EBS messages.

New Hampshire Fish and Game Department

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides a checklist of the responsibilities of this agency in the event of an accident at the Seabrook Station Nuclear Power Plant. These duties should be discharged upon notification by NHCDA that there is an emergency at the plant that warrants a response by the State of New Hampshire and its emergency response organization. The duties correspond to four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT and ALERT

The first two Emergency Classification Levels require no response by the New Hampshire Fish and Game Department.

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from the State EOC that a SITE AREA EMERGENCY or a GENERAL EMERGENCY has taken place at the Seabrook Station Nuclear Power Plant. NHCDA will contact Mason Butterfield
or David Hewitt
. In turn these people will notify the Director.
2. Send a responsible representative to the State EOC at 107 Pleasant Street. This representative should report his availability to the NHCDA Agency Liaison Officer upon arriving. Upon arriving assign an officer to report to the State IFO/EOF at Newington Station, Newington NH.

3. Be prepared to receive request from DPHS through NHCDA Director to control access to shell fish areas.
4. Stand by to provide information and to respond to direction by NHCDA staff. Duties may include providing backup assistance with access control, communications or traffic control.

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun.
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer.
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable.
4. Stand by to support other agencies or departments as necessary.

NOTE: The Recovery/Re-Entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

New Hampshire Fish and Game Department Call List

- | | <u>Office</u> | <u>Home</u> |
|---|---------------|-------------|
| 1. Major Mason Butterfield
Law Enforcement Division Chief
Shift A | | |
| 2. Lt. David Hewitt
Alternate - Shift B | | |
- NOTE: Fish and Game Duty Personnel can be contacted by radio or telephone from the State Police Communications Center if necessary.

Director Of Pupil Transportation Safety
EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures are implemented by the Director of Pupil Transportation Safety, or his designate, in the event of an accident at the power plant. These procedures describe actions to be taken in response to each of four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT

An UNUSUAL EVENT requires no response from Pupil Transportation Safety.

ALERT

1. Receive notification from New Hampshire Civil Defense Agency (NHCOA) and report to the State EOC. Upon arrival, sign in with the Agency Liaison Officer. _____

2. Assist the EOC Resources Coordinator in notifying bus providers. This consists of notifying those bus companies which normally transport students attending EPZ schools. Have them conduct a fleet inventory and driver availability poll. Record all current information. Determine if available buses are sufficient to transport all students in one (1) trip. _____

3. If requested, assist the EOC Resources Coordinator in surveying bus providers listed in the Emergency Transportation List (kept on file in the EOC) for current availability of buses and drivers. Record this on Attachment 1. _____

NOTE

Transportation resources normally used for EPZ school transport have not been included in the resource pool of buses that may be mobilized to the State Staging Areas. Buses will not make multiple routes for evacuation. Normal bus transport resources will make only one (1) trip, and will be augmented by state transportation resources upon request.

4. Ensure transportation resource logs and status boards are updated.

Note Time

SITE AREA EMERGENCY AND GENERAL EMERGENCY

1. RECEIVE NOTIFICATION OF SITE AREA EMERGENCY OR GENERAL EMERGENCY.
2. Assist the EOC Resources Coordinator in notifying bus providers (as described in Steps 2 and 3, above) of current status, and either place them on standby, or mobilize them, as directed by NHCDA.

NOTE

These buses are only the ones which normally service the schools (in the EPZ).

3. If bus resources are to be mobilized and school is in session, have the available drivers and buses report to their appropriate schools with adequate fuel in the buses. Determine the response time of these resources.
4. If requested, assist the EOC Resources Coordinator in mobilizing drivers and buses who are available from the Emergency Transportation List (kept on file in the EOC). Have them report to the appropriate State Staging Area with adequate fuel in the buses.
5. Determine if available buses, reporting directly to the schools, are sufficient to transport all students (and other school personnel needing transportation) with one (1) trip to the reception center. If not, request from either the IFD Local Liaison or the EOC Resources Coordinator additional buses/vans.

NOTE

Ensure normal school bus drivers are instructed to make only one (1) trip to the appropriate reception center. Provide directions to the reception center if needed.

6. Coordinate with the Department of Education representative to arrange the priority and schedule for the transport of students from schools in the host communities and other areas normally serviced by the State Staging Area buses. Refer to Attachments 2 and 3. _____
7. Contact the bus providers and direct them to send their buses to the affected schools. Coordinate with the EOC Resources Coordinator, if necessary. _____
8. Coordinate with the Department of Education representative to track the arrival of the buses at the schools and completion of student dismissal. _____
9. Ensure transportation resource logs and status boards are updated. _____

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE

The recovery/re-entry phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

ATTACHMENT 1

TRANSPORTATION LOG

BUS COMPANY (From
Emergency Transportation List)

LOCATION

CONTACT/PHONE

CURRENT AVAILABILITY

RESPONSE TIME

2

ATTACHMENT 2

SALEM

Host Community for Seabrook,
South Hampton, Newton, Kingston

RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emerg. Trans. List</u>	<u>ETA at School</u>	<u>Time to Complete Dismissal</u>
Salem High	Geramonty Dr.	Paul Johnson		1412				
Woodbury Jr. HS	Main Street			635				
William L. Barron School	Butler Street			426				
Mary A. Fisk School	Main Street							
Lancaster Memorial School	Millville Street			343				
North Salem Elementary School	Zion Hill Road			449				
Dr. Lewis F. Soule School	Play Camp Road			225				
Salem Boy's Club	Geramonty Drive	Stephen Cunningham		200-300	N/A	N/A	N/A	N/A

ATTACHMENT 2

DOVER

Host Community for Hampton Falls, Hampton, North Hampton,
Rye, Greenland, New Castle

RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Energy Trans. List</u>	<u>EIA at School</u>	<u>Time to Complete (Fiscal)</u>
Dover High School	Durham Road		1470				
Woodman Park School	Silver Street		477				
St. Francis Aquinas High School	Dover Point Road		340				
Dover Junior High School	Locust Street		432				
Horne Street School	Horne Street		388				
Garrison School	Morningside Drive		391				
Dover Recreation Center	Washington Street		150	•	•	•	•
Municipal Bldg Auditorium	Central Avenue		300	•	•	•	•
Dover Baptist Church Hall	Washington Street		200	•	•	•	•
St. Charles Church Basement	Central Avenue		200	•	•	•	•
St. John's Methodist Hall	Rutland Street		200	•	•	•	•
St. Mary's Church Hall	Gastout & Third Streets						
Economic Imp'g	Washington Street and Central Avenue		300	•	•	•	•
			200	•	•	•	•

ATTACHMENT 2
 DIVER (continued)

Host Community for Hampton Falls, Hampton, North Hampton,
 Rye, Greenland, New Castle

RECEPTION CENTER AND MASS CARE SHELTERS

Facility	Address	Telephone Number	Popula	Number of Buses Needed	Bus Company from Energy Trans. (115)	ETA at School	Time to Complete Dismissal
Loyal Order of Elks Hall	Durham Road		500	*	*	*	*
Dover # Brown Computer (20)	Fourth Street		100	*	*	*	*
Helene Hall	Tonghill Road		400	*	*	*	*
St. Jean's Hall	Central Avenue		100	*	*	*	*
St. Joseph's Church Hall	Central Avenue		200	*	*	*	*
St. Thomas' Church Hall	Hale Street		200	*	*	*	*
Back River Community Hall	Back River Road		50	*	*	*	*
Loyal Order of the Moose Hall	Chestnut Street		150	*	*	*	*
Simpson's Pavilion (unheated)	Back River Road		150	*	*	*	*
First Parish Church (2 halls)	Central Avenue		400	*	*	*	*

ATTACHMENT 2

MANCHESTER

Host Community for Kensington, Exeter, Stratham,
East Kingston, Newfields, Brentwood

RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility/Administrator</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emerg. Trans. List)</u>	<u>EIA at School</u>	<u>Time to Complete Dismissal</u>
Memorial High School Ray Downton	South Porter Street		1720				
Southside Junior H.S. Owen P. Conway	140 South Jewett Street		719				
Green Acres School John E. Devine	100 Aurora Avenue		525				
Highland-Goff's Full School Joseph Foreze	Goff's Falls Road		452				
Parker Varney School John M. White	223 James A. Pollock Drive		571				
Webster School Roger Grojeau	2519 Elm Street		626				
Hillside Junior High George T. Campbell	112 Reservoir Avenue		782				
Parkside Junior High Edward Wade	Parkside Avenue		582				
West High School Robert A. Baines	Notre Dame Avenue		1766				
Beech Street Community School Edward J. Ganen	333 Beech Street		700				

ATTACHMENT 2

MANCHESTER (continued)

Host Community for Kensington, Exeter, Stratham,
 East Kingston, Newfields, Brentwood
RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility/Administrator</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emerg. Trans. list)</u>	<u>ETA at School</u>	<u>Time to Complete Dismissal</u>
Gossler Park School Anastas S. Christo	99 Sullivan Street		572				
Jewett Street School Jean E. Sweeney	130 South Jewett Street		370				
Smyth Road School Rose E. Masavage	245 Bruce Road		305				
Central High School William A. Burns	207 Lowell Street		1967				
National Guard Armory	Canal Street		2600	N/A	N/A	N/A	N/A

ATTACHMENT 2

ROCHESTER

Host Community for Portsmouth

RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emerg. Trans. List</u>	<u>EIA at School</u>	<u>Time to Complete Dismissal</u>
Spaulding High School	Wakefield Street	Richard Hamilton		1113				
Spaulding Junior H.S.	Wakefield Street			739				
Allen School	Granite Street			397				
Chamberlain School	Chamberlain Street			375				
McClelland School	Brock Street			335				
New East Rochester School	Portland Street			316				
East Rochester Annex	Cocheco Street			126				
School Street School	School Street			124				
Maple Street School	Maple Street			89				
Gonic School	Railroad Avenue			153				
Rochester Catholic School	Bridge Street	Richard Carr		362				
Salvation Army	Autumn Street	Lt. Copeland		100	N/A	N/A	N/A	N/A
Rochester Day Care Facility	Charles Street	Brad Jordan		250	N/A	N/A	N/A	N/A

ATTACHMENT 3
SCHOOLS NORMALLY SERVICED BY STAGED BUSES

2

<u>SAI</u>	<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Requested</u>	<u>Bus Company from Energy Trans. List</u>	<u>ETA at School</u>	<u>Time to Complete Dismissal</u>
10	Hood Man, Jr. High		James R. Stevenson		843				
	Charles M. Floyd		Peter Smyrl		187				
	Grimmell		Peter Smyrl		366				
	South Range		Angelo E. Pantelli		563				
	Village		Mark Marandett		728				

ATTACHMENT 3
SCHOOLS NORMALLY SERVICED BY STAGED BUSES

| 2

<u>SAU</u>	<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emergency Trans. List)</u>	<u>ETA at School</u>	<u>Time to Complete Dismissal</u>
(London- derry)	Londonderry Sr. High		Edmond G. Thibodeau		1285				
	Londonderry Jr. High		Nancy D. Meyers		591				
	North Londonderry Elementary		Donald R. Jobin		511				
	Matthew Thornton Elementary		Robert J. Shea		543				
	South Londonderry Elementary		James E. Gratton		677				

ATTACHMENT 3
SCHOOLS NORMALLY SERVICED BY STAGED BUSES

12

<u>SAU</u>	<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emerg. Trans. List</u>	<u>ETA at School</u>	<u>Time to Complete Dismissal</u>
37	Bakersville		Philip J. Egan		337				
(Manchester)	Brown		Robert Duclos		338				
	Hallsville		William P. Shea		328				
	McConough		Nancy D. Moreschi		560				
	Wilson		Nancy E. Tessier		348				

ATTACHMENT 3
SCHOOLS NORMALLY SERVICED BY STAGED BUSES

<u>SAU</u>	<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emerg. Trans. List</u>	<u>ETA at School</u>	<u>Time to Complete Dismissal</u>
44	Nate High		Sheldon Damon		164				
(Milton)	Grammar		Linda Parkin		156				
	Milton Mills		Linda Parkin		82				

ATTACHMENT 3
SCHOOLS NORMALLY SERVICED BY STAGEC BUSES

| 2

<u>SAL</u>	<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Engrg. Trans. List</u>	<u>ETA at School</u>	<u>Time to Complete (Dismissal)</u>
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54	A. Turnative School (Rochester)		Daniel Baker		15				
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ATTACHMENT 3
SCHOOLS NORMALLY SERVICED BY STAGED BUSES

<u>SAJ</u>	<u>Facility</u>	<u>Address</u>	<u>Person to Contact</u>	<u>Telephone Number</u>	<u>Pupils</u>	<u>Number of Buses Needed</u>	<u>Bus Company from Emery, Evans, (3T)</u>	<u>EIA at School</u>	<u>Time to Complete Dismissal</u>
55	Middle		Robert Little		271				
(Hampstead)									
	Central		Robert Little		286				

ATTACHMENT 4

PUPIL TRANSPORTATION SAFETY ROSTER

STATE EOC

OFFICE

HOME

Mike Coltin
Shift A

Paul Lavoie
Shift B

Ken Lewis
Alternate

American National Red Cross
EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures are to be implemented by the American Red Cross in the event of an accident at the power plant. The procedures describe actions to be taken in response to each of four Emergency Classification Levels. Instructions are outlined in order of ascending severity.

Note Time

UNUSUAL EVENT

No action is required by Red Cross at the UNUSUAL EVENT level.

ALERT

1. American National Red Cross will receive notification that an ALERT has been declared at Seabrook Station from representatives of NHCCA. _____

2. Notify appropriate Red Cross personnel to respond to the potential emergency. (See Appendix A for call list). _____

3. Red Cross representatives, time permitting, review Appendix B general concept of RERP duties. _____

4. Stand by to receive additional information. Receive notification of a) termination of emergency status or b) escalation of emergency status to a higher level. If terminated, confirm receipt of message. If escalated, continue checklist. _____

SITE AREA EMERGENCY

Note Time

1. Receive notification from NHCOA that a SITE AREA EMERGENCY has been declared. Ensure that prerequisite ALERT procedures have been implemented. _____
2. Open ARC Disaster Headquarters outside EPZ radius. _____
3. Send a Red Cross representative to the State EOC (EOC Rep.) at 107 Pleasant Street in Concord. This representative will then serve as liaison between ARC and Senior State officials. EOC Rep. should check in with the NHCOA Agency Liaison Officer and await instructions and briefings. _____
4. The EOC Rep. should contact ARC Disaster Headquarters and inform them of the status of the emergency. _____
5. EOC Rep. stand by to receive additional information and continue communications. Receive notification of a) termination of emergency status, or b) escalation of emergency status. If terminated, Red Cross staff are notified and released. If escalated, proceed with checklist. _____

GENERAL EMERGENCY

1. EOC Rep. receive notification from NHCOA that a GENERAL EMERGENCY has been declared. (In the case of a rapidly developing emergency for which notification begins at the GENERAL EMERGENCY level, review the SITE AREA EMERGENCY checklist items before proceeding). Ensure that EOC is staffed by EOC Rep., with any necessary support, and the ARC Disaster Headquarters is fully staffed and operational. _____

2. Respond to requests for support from local Red Cross Chapters that have been mobilized in the Seacoast Area.
3. If requested send a representative to each Reception Center that is opened to act as a liaison between the Reception Center and Mass Care Centers operated by American Red Cross.
4. Stand by to monitor emergency status. Receive notification that a) emergency status has been terminated or b) respond to evacuation needs. If terminated without incident, release Red Cross staff. For required support contact the NHODA Operations Officer at the State EOC.

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

APPENDIX A

STATE EOC RED CROSS DISASTER TEAM CALL LIST

- | | <u>OFFICE</u> | <u>HOME</u> | |
|----|---|-------------|---------|
| 1. | Roger Pierce | | Shift A |
| 2. | David Snow | | Shift B |
| 3. | If unable to contact any of the above, call Eastern Operations Headquarters | | |

NHCDA maintains on file a roster of Red Cross Disaster Services Committee members to support Red Cross operations.

APPENDIX B

Description of Red Cross RERP Duties

In the event of an accident at the Seabrook Station Nuclear Power Plant, the American Red Cross is a key emergency response agency. It will bear primary responsibility for providing mass care in the event of an evacuation. Specific duties will include providing ARC liaison personnel to the State EOC, and at evacuation reception centers. Red Cross staff at the State EOC, and at reception centers will be responsible for serving as liaison between NHCEA and ARC and for coordinating Red Cross efforts with those of the New Hampshire State agencies. At the mass care shelters Red Cross will provide sufficient staff and resources for registering the arriving evacuees and handling feeding and shelter operations.

Troop A New Hampshire State Police
EMERGENCY RESPONSE PROCEDURE
for the
Seabrook Station Nuclear Power Plant

2

This document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station. Procedures describe actions to be taken by the dispatcher, the Troop A IFO Representative, the Duty Supervisor(s), and individual Troopers, according to each of the four Emergency Classification Levels, which are outlined in ascending order of severity. The following is a listing of the procedures and procedure appendices.

1. Dispatcher
2. Troop A IFO Representative
3. Duty Supervisor(s)
4. Trooper

Appendix A Radiological Equipment Inventory and Operational Check

Appendix B Procedure for Issuing Dosimetry and KI

Appendix C Access Control Instruction

Appendix D Traffic Control Instructions

1. New Hampshire State Police Troop A
Dispatcher Procedure

This document provides checklist procedures to be followed in the event of an emergency condition at Seabrook Station. These procedures describe action to be taken according to the four emergency classification levels.

UNUSUAL EVENT

Note Time

No action is required by Troop A, however, the Troop may be notified as a precautionary measure.

ALERT

1. Receive notification from State Police Communications Center, Concord, that an ALERT has been declared at Seabrook Station. Notify Troop Commander or his representative at once.
2. Verify ALERT status with State Police Communications Center, in Concord, NH, by radio or telephone call back (telephone
3. Review locations and availability of Troop A staff. Monitor status of the nuclear incident.
4. Request required support through Station Police Headquarters Communications as directed.
5. Place towing services listed in Attachment 1, Appendix E, on standby.
6. Terminate ALERT status or escalate to higher Emergency Classification Level.

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from State Police Communications Center that a SITE AREA EMERGENCY or a GENERAL EMERGENCY has been declared at Seabrook Station. Notify Troop Commander or his representative at once.
2. Verify SITE AREA EMERGENCY or GENERAL EMERGENCY status with State Police Communications Center, Concord, NH, by radio or telephone call back (telephone

3. In a rapidly accelerating emergency which begins at SITE AREA EMERGENCY or GENERAL EMERGENCY LEVEL, ensure that ALERT check-list step 3 has been completed. _____
4. Prepare for recommendation to staff traffic and access control points as requested by the Troop A IFO Representative. _____
5. Dispatch available Troopers to Emergency Planning Zone traffic and access control points, as directed by the Troop Commander at the IFO/EDF or the Duty Supervisor at Troop A Headquarters. _____
6. Maintain normal communications as well as communications with the IFO. _____
7. When requested, dispatch nearest available towing services according to the procedure in Appendix E. _____
8. Upon notification from the Troop A IFO Representative, terminate emergency status. _____

2. New Hampshire State Police Troop A
Troop A IFD Representative Procedure

This document provides checklist procedures to be followed in the event of an emergency condition at Seabrook Station. These procedures describe action to be taken according to the four emergency classification levels.

UNUSUAL EVENT

Note Time

No action is required; however, Troop A may be notified as a precautionary measure.

ALERT

1. Receive notification from Troop A Dispatcher that an ALERT has been declared at Seabrook Station. _____
2. Report to the IFD/EOF at Newington Station, Newington, NH. Upon arrival, report availability to the NHCOA and DOT representatives. In addition, establish communications with the State Police Liaison at the State EOC. _____
3. Review locations and availability of all state police personnel with EOC state police representative. Monitor status of nuclear incident. _____
4. If access control is recommended for Hampton and Seabrook beaches, ensure that the local police have staffed their points. If local police are unable to respond, provide personnel to staff the beach access control.

NOTE: A LISTING OF THE ACCESS CONTROL POINTS FOR HAMPTON AND SEABROOK BEACHES IS PROVIDED IN THE TRAFFIC MANAGEMENT MANUAL.

5. Terminate ALERT status or escalate to higher Emergency Classification Level. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

Note Time

1. Receive notification that a SITE AREA EMERGENCY or GENERAL EMERGENCY has been declared at Seabrook Station. _____
2. In a rapidly accelerating emergency which begins at the SITE AREA EMERGENCY or GENERAL EMERGENCY level, ensure that ALERT checklist Steps 2 and 3 have been completed (i.e., review availability of all state police personnel then report to IFO/EOF at Newington Station). _____
3. If protective actions are being implemented, establish the necessary traffic and access control points. Maps describing the location and set up of each point are contained in the Traffic Management Manual. _____
4. If access control is recommended for Hampton and Seabrook beaches, ensure that the local police have staffed these points. _____

NOTE: A LISTING OF THE ACCESS CONTROL POINTS FOR HAMPTON AND SEABROOK BEACHES IS PROVIDED IN THE TRAFFIC MANAGEMENT MANUAL.

5. Coordinate with the IFO Controller to determine if there is a need to provide assistance to municipalities that are unable to respond to the emergency. Inform Troop A Duty Supervisor(s) and request the following support:

- a) Dispatch a unit to the town to maintain security and to report on local road and traffic conditions. Relay these reports to the responsible IFO Local Liaison. _____

NOTE: FOR MUNICIPALITIES WITH BEACH AREAS, CONSIDER DISPATCHING A SEPARATE UNIT TO MONITOR CONDITIONS ALONG THE BEACH. IF NECESSARY, PROVIDE PERSONNEL TO MAN BEACH ACCESS CONTROL POINTS.

- b) Prepare to establish traffic control points for the municipality. Locations and descriptions for traffic control points in each town are provided in the Traffic Management Manual. Coordinate with the Department of Transportation to obtain the cones and barricades required to establish the traffic control points. _____

6. If additional personnel and equipment are required, contact the State Police EOC Liaison to initiate state police alerting procedures to call in Troopers from other parts of the state. Request that these Troopers report to Troop A Headquarters, Epping, NH, to receive their assignments and emergency equipment. If you require further assistance, contact the State EOC representative to request support from other State resources. _____
7. Forward any requests for additional towing/wrecker services through the IFO Resources Coordinator to the EOC Resources Coordinator. _____
8. Coordinate with NHCDA and the State Police EOC representative to schedule relief and delivery of information to State Police Emergency personnel. _____
9. Make emergency worker exposure reports to the Assistant IFO Controller. Coordinate with the IFO Controller when necessary to obtain DPHS permission for State emergency workers to exceed 5R. _____
10. Provide periodic updates to the field personnel through the Duty Supervisors on the emergency conditions at the site. Ensure that they are informed of any radioactive releases and if the Director, DPHS has authorized the use of KI. _____
11. Provide instructions to the Duty Supervisors on where to tell the field personnel to report at the end of their assignment. _____
 - a) If no radioactive release has occurred, the field personnel should return to Troop A Headquarters to turn in their dosimetry/KI and record forms.
 - b) If a radioactive release has occurred, the field personnel should report to the monitoring/decontamination areas at the nearest available reception center. Request that they turn in their dosimetry/KI and record forms to the State personnel at these locations.
12. Change Emergency status to Recovery/Re-Entry upon direction from NHCDA. _____

RECOVERY/RE-ENTRY

Note Time

1. Receive notification from Agency Liaison Office that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, and other resources, and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-Entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

3. New Hampshire State Police Troop A
Duty Supervisor(s) Procedure

This document provides checklist procedures to be followed in the event of an emergency condition at Seabrook Station. These procedures describe action to be taken according to the four emergency classification levels.

UNUSUAL EVENT

Note Time

No action required.

ALERT, SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from the Dispatcher. _____
2. Report to the State Police Troop A Headquarters, Epping, NH. _____
3. Review locations and availability of Troop A staff. Report status to the Troop A IFO Representative. _____
4. Inventory and operationally check radiological equipment in accordance with Appendix A. _____
5. Request additional dosimetry equipment and KI as necessary from the IFO/EDF. _____
6. Issue dosimetry/KI to all Troopers assigned duties in the EPZ according to Appendix B. _____

NOTE: IT MAY BE NECESSARY TO MAKE SPECIAL ARRANGEMENTS TO DELIVER DOSIMETRY TO ANY TROOPER WHO HAS DISPATCHED DIRECTLY TO A TRAFFIC OR ACCESS CONTROL POINT BEFORE BEING ABLE TO RETURN TO TROOP A HEADQUARTERS TO RECEIVE HIS EQUIPMENT.

7. Dispatch Troopers to traffic and access control points as directed by the Troop A IFO Representative. Ensure that each Trooper has a Traffic Management Manual which describes the location and set-up of each access and traffic control point in the EPZ. _____

NOTE: A COPY OF THE TRAFFIC MANAGEMENT MANUAL IS KEPT IN EACH TROOP A CRUISER. IN ADDITION, A SUPPLY OF THE MANUALS IS KEPT AT TROOP A HEADQUARTERS FOR THOSE TROOPERS WHO MAY BE CALLED IN TO ASSIST FROM OTHER PARTS OF THE STATE.

8. If a radioactive release is expected or is in progress:
- a) Instruct all emergency workers to begin reading their dosimeters at 15 minute intervals. _____
 - b) Begin making hourly reports to the Troop A IFO Representative of the number of workers reporting exposure of 175mR, 1R, 2R, 3R, 4R and 5R respectively. _____

9. When informed by the IFO Director, DPHS, to use KI, ensure all emergency workers, under the supervision of Troop A, are notified to begin taking KI. _____

NOTE: IF ANY EMERGENCY WORKER REPORTS ANY SIDE EFFECTS OR REACTIONS FROM KI, INSTRUCT THE WORKER TO DISCONTINUE USE OF KI AND TO LEAVE THE AFFECTED AREA.

10. If an emergency worker reports an exposure of:
- a) 175mR on his CDV-138, instruct the worker to begin reading their CDV-730 and report in when the CDV-730 indicates an 1R exposure. _____
 - b) 1R, 2R, 3R, 4R on his CDV-730:
 - (1) Consult with the Troop A IFO Representative to determine if the worker is necessary for the response effort. _____
 - (2) If the worker is not required for the response, instruct the worker to leave the affect area. _____
 - (3) If worker is required to support the response, request the replacement of the exposed worker. _____
 - (4) If no replacement is available assign the worker a new exposure action level of 2, 3, or 4R. _____

c) 5R or greater on his CDV-730:

(1) Log the emergency workers name, SSN, and the date and time of the report. _____

(2) Notify the Troop A IFO Representative. _____

NOTE: If an emergency worker is critical to the response and a replacement is not available, the IFO Controller may request DPHS permission to allow the worker to receive an exposure of up to 20R. _____

11. Maintain exposure records for all emergency workers. Make periodic reports on emergency worker exposure to the Troop A IFO Representative. _____

12. Contact the Troop A IFO Representative to determine the location(s) to which the field personnel should report at the end of their assignment. _____

1/2

4. New Hampshire State Police Troop A
Trooper Procedure

This document provides checklist procedures to be followed by State Police Troopers in the event of an emergency condition at Seabrook Station. These procedures describe action to be taken according to the four emergency classification levels.

UNUSUAL EVENT

Note Time

No action required.

ALERT, SITE AREA EMERGENCY, GENERAL EMERGENCY

1. Report to the Duty Supervisor at Troop A Headquarters in Epping, NH _____
2. Ensure that you are issued donometry/KI and that you are provided a copy of the Traffic Management Manual which has descriptions of the traffic and access control points for the municipalities in the Emergency Planning Zone. _____
3. If dispatched to a traffic control point, follow the instructions in Appendix C. _____
4. If dispatched to an access control point, follow the instructions in Appendix D. _____
5. If dispatched to provide assistance to municipalities that are unable to respond to the emergency, maintain a security patrol and report to Duty Supervisor on local road and traffic conditions. _____
6. Contact the Duty Supervisor if you require any assistance. _____
7. At the end of your assignment, report to the location designated by the Duty Supervisor. _____

APPENDIX A

RADIOLOGICAL EQUIPMENT

INVENTORY AND OPERATIONAL CHECK

Note Time

1. Verify the number of items required, as listed in Attachment 1, Radiological Equipment Inventory, are accurate. _____
2. Record any changes in estimates for required equipment in the appropriate column of Attachment 1. _____
3. Count the number of each item listed on Attachment 1. _____
4. Perform operational checks on those items so designated by Figure 1. Instructions on how to perform the checks are provided as follows:
 - a. CDV-750, Attachment 2;
 - b. Self-reading dosimeters, Attachment 3;

Any item which fails an operational check shall be considered defective and not counted as available for use.
5. Record the quantity of each item listed on Attachment 1, available for the Troop A use, in the available column on Attachment 1. _____
6. Determine unmet need for each item by subtracting the number available from the number required. Record this number in the "unmet" column on Attachment 1. _____
7. Report unmet need to the Troop A IFO Representative. _____
8. Prepare dosimetry for issue to emergency workers. A dosimetry unit consists of the following:
 - a. (1) CDV - 730/Dosimeter Corp. 622
 - b. (1) CDV - 138/Dosimeter Corp. 862 Dosimeter (0-200mR)
 - c. (1) Thermoluminescent Dosimeter (TLD)
 - d. (1) Dosimetry-KI Report Form
 - e. Bottle of Potassium Iodide (KI)_____

APPENDIX A

ATTACHMENT 1

RADIOLOGICAL EQUIPMENT INVENTORY

Item	(1) OP Check	EOC/CD Staff	Other	Req'd	Total Available	Unmet
CDV-730/Dosimeter Corp. 622 (0-20R) Dosimeters	Yes					
CDV-138/Dosimeter Corp. 862 (0-200mR) Dosimeters	Yes					
CDV-742 (0-200R) Dosi- meters	Yes					
Thermoluminescent Dosimeter (TLD)	No					
CDV-750 Dosimeter Charge	Yes					
Bottles KI Tablets	No					
Appropriate Instructions and log Forms	Yes					

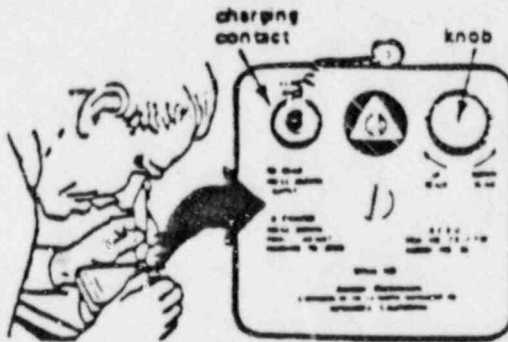
Notes:

(1) If operational check is required, see attachments for instructions.

APPENDIX A
ATTACHMENT 2
OPERATIONAL CHECKS FOR
THE CDV-750 DOSIMETER CHARGER

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eyepiece on charging contact of charger (see Figure 1).

Figure 1



3. Apply downward pressure and you should see a meter scale and a vertical line while looking through the dosimeter. If no line is visible, rotate the control knob, located in the upper right hand corner (Figure 1), until a line appears.
4. Set line to or near zero (see Figure 2) by turning control knob (see Figure 1).

Figure 2



5. The charger is considered operational if the light sources for reading dosimeters is working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

APPENDIX A
ATTACHMENT 3
OPERATION CHECK/ZEROING
SELF-READING DOSIMETERS

2

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a vertical line, while looking through the dosimeter (see Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER:

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure, but when charging the dosimeter, set line slightly below zero.
7. If the reading is below zero, repeat the procedure, but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If a dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes, then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

APPENDIX B

PROCEDURE FOR ISSUING DOSIMETRY AND KI

ACTIONS

1. Verify that dosimetry is divided into units consisting of:

- a. 1 COV-730 or DCA-622 (0-20R self-reading dosimeter);
- b. 1 COV-138 (0-200mR self-reading dosimeter);
- c. 1 Thermoluminescent Dosimeter (TLD);
- d. 1 Bottle of Potassium Iodide (KI);
- e. 1 Dosimetry-KI Report Form (Attachment 1);
- f. 1 Potassium Iodide Acknowledgement Form (Attachment 3);
- g. 1 Emergency Workers Information Sheet (Attachment 4).

Each emergency worker receives one unit as described above.

2. Have all the individuals complete the top section of the Dosimetry-KI Report Form (see Attachment 1).
3. While the individual is completing the top section of the Dosimetry-KI form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with the instructions in Appendix A, Attachment 3.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (see Attachment 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (see Attachment 2).
6. Have the emergency worker complete the Potassium Iodide Acknowledgement Form (see Attachment 3) as specified.
7. Have the staff members verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff member should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (see Attachment 2).
9. Record the appropriate information on the Dosimetry Log Form (see Attachment 2).
10. Provide each individual a copy of Exposure Control and KI information sheet (see Attachment 4).

DOSIMETRY—KI REPORT FORM

(Please print legibly)

Emergency Worker's Name: _____

Social Security Number: _____

Home Address: _____

Emergency Worker's Organization: _____

Town/City: _____

Emergency Worker's Signature: X

MISSION NO. DESCRIPTION	DATE	CD V-730 or DCA-622 (0-20R)			CD V-138 (0-200mR)		
		SERIAL NO.	BEFORE AFTER	MISSION TOTAL	SERIAL NO.	BEFORE AFTER	MISSION TOTAL
1.			R	R		mR	mR
			R			mR	
2.			R	R		mR	mR
			R			mR	
3.			R	R		mR	mR
			R			mR	
4.			R	R		mR	mR
			R			mR	
5.			R	R		mR	mR
			R			mR	
			TOTAL	R		TOTAL	mR

TLD (thermoluminescent dosimeter)

Serial No. of TLD _____

Issued	DATE/TIME	PERSON/ ORGANIZATION
		By: _____
Turned In		To: _____

READING OF TLD

m/r: _____

Date Reading: _____

RSP # _____

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-138 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below.)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading: _____

Signature of Monitor: X

	POTASSIUM IODIDE		RECORD
	Date	Time	
Day 1			1 tablet/130 mg
Day 2			1 tablet/130 mg
Day 3			1 tablet/130 mg
Day 4			1 tablet/130 mg
Day 5			1 tablet/130 mg
Day 6			1 tablet/130 mg
Day 7			1 tablet/130 mg
Day 8			1 tablet/130 mg
Day 9			1 tablet/130 mg
Day 10			1 tablet/130 mg

KI INSTRUCTIONS: Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day. If you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

DOSIMETRY—KI REPORT FORM DISTRIBUTION: Complete this form and forward the original copy with the TLD through emergency management channels to DPHS. If the self-reading dosimetry indicates total exposure of 5 R or more, expedite delivery to DPHS. DPHS will forward to the individual and to the Town or City Civil Defense Director the TLD reading as well as an explanation of the reading. Copy 2 is retained by the Town or City Civil Defense Agency. Copy 3 is retained by the individual.

APPENDIX B
ATTACHMENT 3
POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

12

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection for the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioactive iodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____
DATE _____

APPENDIX B
ATTACHMENT 4
EMERGENCY WORKER INFORMATION

a. Dosimetry:

- (1) Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
- (2) In no case should your TLD be used by another person.
- (3) You should read your self-reading dosimeters at least once every thirty minutes.

b. Dosimetry-KI Report Form:

- (1) Keep the form in your possession at all times;

c. Potassium Iodide Acknowledgement Form:

- (1) Ensure you understand all the instructions on the form.

d. Radiation Exposure Control:

- (1) If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
- (2) If your CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
- (3) If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
- (4) The maximum amount of whole body exposure a worker is allowed to receive without permission of DPHS is 5 Roentgen, however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. In extreme situations, DPHS may authorize exposures for State emergency workers of up to 20R. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total

dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor.

e. Potassium Iodide (KI):

- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio Iodines in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not loose it or discard it.

- (8) When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
- (9) If you experience any side effects, report them immediately.
- (10) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.

f. Termination of Assignment

At the end of your assignment, report back to the location designated by your Duty Supervisor. Record the final reading of your dosimeter in the after block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the mission total block. Report mission completion and the total mission exposure to your supervisor. Stand by for further instructions from your supervisor.

- (2) If you are being relieved of your assignment by another individual then:
 - (a) Turnover all logs, procedures and equipment except dosimetry/KI to your relief.
 - (b) Notify your supervisor of the turnover.
 - (c) Report to the location designated by your Duty Supervisor.

APPENDIX C

ACCESS CONTROL INSTRUCTIONS

Note Time

1. When notified, receive an access control assignment from the Duty Supervisor. A list of the access control points around the EPZ is included in the Traffic Management Manual. _____

2. Before leaving for the access control point, ensure that you have the following equipment: _____

_____ Log Sheets	_____ Flares
_____ Dosimetry	_____ Flashlight with Extra Batteries
_____ Traffic Management Manual	

NOTE: IF ANY BARRICADES OR TRAFFIC CONES ARE REQUIRED TO ESTABLISH ACCESS CONTROL, CONTACT THE DUTY SUPERVISOR TO REQUEST THE TROOP A IFO REPRESENTATIVE TO PROVIDE THE NECESSARY EQUIPMENT.

3. Upon arriving at the access control point, report to the Duty Supervisor that you have reached your destination. Standby on the side of the road until notified that access control should be implemented. _____

4. When notified to implement access control, establish a check-point to prevent unauthorized entry to the controlled area. _____

5. If it is before or during an evacuation:

a. Allow entry of:

- 1) Federal, State and local emergency response personnel with reasonable identification of the agency they represent.

APPENDIX C

ACCESS CONTROL INSTRUCTIONS (Cont'd)

Note Time

- 2) Emergency response vehicles with specific missions and destinations (i.e., buses, ambulances, tow trucks).
- 3) Members of the press with press credentials (unless otherwise specified).
- 4) Employees of the utilities responding to the plant, who have appropriate identification.
- 5) Area residents with a bona fide need to enter the area. This includes:
 - Residents returning to shelter in their homes.
 - Residents returning to their homes to prepare for an evacuation after an evacuation recommendation.

Residents must show appropriate identification (e.g., driver's license) before being allowed into the area.

NOTE: ENTRY OF TRANSIENTS AND COMMERCIAL TRAFFIC IS TO BE DENIED. WHEN IN DOUBT, A DECISION TO ALLOW ENTRY MAY BE CHECKED WITH THE DUTY SUPERVISOR.

- b. Time permitting, expedite the flow of traffic leaving the controlled area but not at the expense of access control functions.
- c. If you have any requests for information by the public, refer them to the local EBS Station (WXXQ-97.5 FM) for news and instruction.

ACCESS CONTROL INSTRUCTIONS (Cont'd)

Note Time

6. With a completion of an evacuation, an exclusion area may be established. An exclusion area is an area which may be subject to radiological contamination. If an exclusion area has been established more stringent controls for entry need to be enforced. Only allow entry to an exclusion area for the following:

a. Allow entry of:

- 1) Persons with an Exclusion Area Pass (see Attachment 1) issued by DPHS at the IFO/EOF.

NOTE: IF ANYONE NEEDS AN EXCLUSION AREA PASS, INSTRUCT THEM TO OBTAIN IT AT THE IFO AT THE NEWINGTON STATION IN NEWINGTON, NH.

2) Emergency workers on emergency assignments who:

- Have been approved to enter the controlled area by the IFO. You will be notified by your Duty Supervisor of this approval.
- Have the required dosimetry and the capability for direct or indirect radio communications with the IFO/EOF.

NOTE: WHEN IN DOUBT, A DECISION TO ALLOW ENTRY MAY BE CHECKED WITH THE DUTY SUPERVISOR.

- c. Keep a log of the people entering and leaving the controlled area (see Attachment 2).
- d. Instruct anyone entering the controlled area to leave via the same access control point.
- e. Ensure that anyone leaving the controlled area reads self reading dosimeters (SRD's) immediately. Provide them with the following instructions.

- 1) If they have a reading on their SRD's, instruct them to report to a Monitoring/Decontamination Facility at the nearest available Reception center.
 - 2) If they do not have a reading on their SRD's, instruct them to report to the IFO at the Newington Station, Newington, NH to turn in their Exclusion Area Pass and their dosimetry equipment.
-
7. Read your dosimetry according to the instructions provided to you by the Duty Supervisor. Immediately contact your Duty Supervisor if you exceed any of the radiation exposure limits delineated in the instructions.
 8. Forward any requests for towing services to Troop A Dispatcher. Provide explicit directions for the location of the incident.
 9. Stay at the access control position until relieved. At the end of your assignment:
 - a. Sign the log for the time you leave.
 - b. Report to the location designated by the Duty Supervisor to turn in your equipment.

ATTACHMENT 1

SAMPLE EXCLUSION AREA PASS

(Front)

STATE OF NEW HAMPSHIRE - RADIOLOGICAL INCIDENT

E X C L U S I O N A R E A P A S S

PASS NUMBER _____

NAME _____ ISSUE DATE/TIME _____

ADDRESS _____ EXPIRATION DATE/TIME _____

PURPOSE OF ENTRY _____

This pass entitles the above-named person to (limited - unlimited)
entry to the following facility: _____

Signed: _____

Title _____

(Back)

DOSIMETER LOG

MAXIMUM ALLOWED: _____ mR TOTAL TO DATE _____ mR

TIME	DOSIMETER READING (mR)	
	ENTERING	DEPARTING

ATTACHMENT 2

ACCESS CONTROL LOG

Access Control Location: _____

NAME/ADDRESS OF PERSONS ENTERING	REASON FOR ENTRY	TIME IN	TIME OUT	CONTROL PERSONNEL

APPENDIX D

TRAFFIC CONTROL INSTRUCTIONS

Note Time

1. When notified, receive a traffic control assignment from the Duty Supervisor. _____
2. Before leaving Troop A Headquarters for the traffic control location, ensure that you have the following equipment: _____
 - a. Log Sheets
 - b. Dosimetry and Dosimetry/KI Report Form
 - c. Flares
 - d. Flashlight with extra batteries
 - e. Traffic Management Manual
3. If barricades and/or traffic cones are required for traffic control, contact the Duty Supervisor to request the Troop A IFO Representative at the IFO to provide the necessary equipment. _____
4. Upon arriving at the traffic control point:
 - a. Notify the IFO that you have reached your assigned location. _____
 - b. Implement traffic control according to the instruction in the Traffic Management Manual. _____
 - c. Notify the Duty Supervisor in the IFO if you require any further assistance. _____
 - d. Read your dosimetry according to the instructions provided to you by the Duty Supervisor. Immediately contact your Duty Supervisor if you exceed any of the radiation limits delineated in these instructions. _____

APPENDIX D

TRAFFIC CONTROL INSTRUCTIONS

Note Time

5. Forward any requests for towing services to Troop A Dispatcher. Provide explicit directions for the location of the incident. _____
6. Stay at the traffic control position until you are relieved. When you are released at the end of your shift: _____
 - a. Note the time you are relieved in your log.
 - b. Report to the location designated by the Duty Supervisor to turn in your equipment.

1/2

APPENDIX E

Towing Services for Seabrook Station

Requests for towing services will be relayed from road patrols traffic control and access control points, or town police needing assistance. These may involve the need for wrecker service to clear disabled vehicles from evacuation routes or to assist motorists stranded by mechanical breakdowns or lack of fuel.

When such a request is received, take the following steps:

1. From the attached listing, determine the nearest towing/wrecker service and its related local EOC or staging area.
2. Contact the selected tow truck operator by telephone. (NOTE: If unable to locate a service capable of responding, notify the State Police IFO Representative immediately and request state assistance).
3. Advise the wrecker operator as follows:

Ensure that his vehicle is fully fueled and that he has an additional quantity of fuel available in containers to assist stranded motorists.

Direct the operator to go first to the nearest local EOC or staging area to receive dosimetry before responding to the emergency call.

Direct the operator to maintain a written log of his assignments and activities, and to return to his garage when the assignment is completed.

4. When directed to complete the evacuation of all emergency workers from the EPZ, instruct tow truck operators to report to the nearest Reception Center and turn in dosimetry and records.

APPENDIX E

ATTACHMENT 1

<u>Wrecker Services</u>	<u>Telephone No.</u>	<u>Nearest EOC/ Staging Area</u>
Mitchell's Exxon Newington		Portsmouth State Staging Area
Lambert's Auto Salvage Rochester		Portsmouth State Staging Area
Watts Garage Seabrook		Seabrook EOC
Dupont's Exxon Dover		Portsmouth State Staging Area
National Wrecker Greenland		Greenland EOC
Jack's Towing Service Plaistow		Newton or Kingston EOC
Bob's of Portsmouth Portsmouth		Portsmouth State or Local Staging Area
E & E Auto Center Epping		Brentwood State Staging Area
Durham Mobil Durham		Portsmouth State Staging Area or Newfields EOC
Russell K. Thomas Plaistow		Newton or Kingston EOC

APPENDIX E
ATTACHMENT 1 (cont'd.)

Lovejoy's Towing
Hampton

Hampton EOC

McCoy's Alignment
Exeter

Exeter EOC

Circle Motors
Seabrook

Seabrook EOC

Estabrook's Garage
Newton

Newton EOC

1
2

New Hampshire Department of Agriculture

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides a checklist of the responsibilities of the Department in the event of an accident at the Seabrook Station Nuclear Power Plant. These duties should be discharged in the event the Department is contacted by NHCDA to respond to an emergency at the plant. Procedures describe actions to be taken according to each of four Emergency Classification Levels, which are outlined in ascending order of severity.

UNUSUAL EVENT

No response by Department of Agriculture is expected.

ALERT

Note Time

1. Receive notification from State EOC that an ALERT has been declared at Seabrook Station Nuclear Power Plant. NHCDA or its representative will contact Dr. Charles Putnam at (business), (home), or Roy Howard, Director, Division of Weights and Measures at (business) or (home). _____
2. Put a responsible representative on standby to report to the State EOC. The representative should collect agency records of livestock and agricultural farms and food preparation centers in the Ingestion Pathway EPZ. _____
3. Call Commissioner of Department of Agriculture to inform him of emergency status. (Stephen H. Taylor, business or home). _____
4. Call the Dairy Extension Agent for Rockingham County and ask him to stand by as a reference source. Also call Rockingham County Extension Agent and ask him to stand by as a reference source (see Attachment 1 for telephone numbers). _____

5. Stand by for direction from DPHS. Be prepared to advise DPHS on location and number of food production and distribution facilities within 50 miles of the power plant. Determine from DPHS the type of anticipated release (particular or gaseous) and effects of the release in the ingestion pathway. _____
6. Be prepared to issue orders, on recommendation of DPHS, regulating food handling, preparation and storage (e.g. order dairy cows be put on stored feed). Contact each facility to be regulated. Record nature of the order, date, and time, and name of person acknowledging the order. _____
7. Prepare to handle duties on a 24-hour, extended basis. _____
8. Stand by to provide information and to respond to direction by DPHS staff. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from State EOC that a SITE AREA EMERGENCY or a GENERAL EMERGENCY has taken place at Seabrook Station Nuclear Power Plant. NHCDA or its representative will contact Dr. Charles Putnam at _____
(business), _____ (home), or Roy Howard, Director - Division of Weights & Measures at _____
(business) or _____ (home). If this is initial notification, complete actions 4 through 8 under ALERT. _____
2. Send a responsible representative to the State EOC at 107 Pleasant Street, Concord. The representative should bring agency records on livestock and agricultural farms and food preparation centers in the EPZ. This representative should report his availability to the senior official of the Division of Public Health Services (DPHS) and to the NHCDA Agency Liaison Officer. _____
3. Call Commissioner of Department of Agriculture to inform him of emergency status. (Stephen H. Taylor _____ busi-
ness, or _____ home). _____

4. Call the Dairy Extension Agents and the Agriculture Extension Agents for Belknap, Hillsboro, Merrimack, and Strafford Counties and ask them to stand by as a reference source (see Appendix A for telephone numbers).

5. Receive requests for support for implementation of preventive or emergency protective actions within the Ingestion Exposure EPZ upon request by the Director, DPHS.
6. Contact personnel listed in Attachment 1 and Attachment 2 as required to support notification of agricultural facilities of actions to be taken and to support DPHS environmental sampling activities as requested by the Director, DPHS. Refer to Appendix D, Volume 2 of the NHRERP for a listing of agricultural facilities within the Ingestion Exposure EPZ.

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun.

2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Lisison Officer.

3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable.

4. Stand by to support other agencies or departments as necessary.

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

ATTACHMENT 1

DEPARTMENT OF AGRICULTURE

EMERGENCY RESPONSE ORGANIZATION CALL LIST

Office

U.S. Dept. Agriculture:

Peter M. Thompson,
FAC Vice Chairperson,
Emergency Programs

N.H. Dept. Agriculture:

1. Belknap County:

Bruce Marriott,
Ag. Extension Agent
John C. Porter,
Dairy Extension Agent

2. Hillsboro County:

Perley D. Colby,
Ag. Extension Agent
John Conway,
Dairy Extension Agent

3. Merrimack County:

David Seavey,
Ag. Extension Agent
John C. Porter,
Dairy Extension Agent

4. Rockingham County:

Nancy Adams,
Ag. Extension Agent

Bill Zwiegbaum
Dairy Extension Agent

5. Strafford County:

Calvin E. Schroeder,
Ag. Extension Agent
Bill Zwiegbaum,
Dairy Extension Agent

ATTACHMENT 2
DEPARTMENT OF AGRICULTURE PROCEDURE

Additional Personnel Available to Assist with Notification of the Agriculture
Community Within the Ingestion Exposure EPZ.

Animal and Plant Health Inspection Service

Dr. David Kluesener

Com:

FTS:

Res:

Cooperative Extension Service

Peter J. Horne

Com:

FTS:

Res: (Weekdays)

(Weekends)

Farmers Home Administrator

Robert T. McDonald

Com:

FTS:

Res:

Food and Nutrition Service

Sharon A. Burgess

Com:

FTS:

Res:

Food Safety and Inspection Service

Philip A. Ray

Com:

FTS:

Res:

Forest Service

James Gottsacker

Com:

FTS:

Res:

Rural Electrification Administration

Richard P. Smigliani

Com:

Res:

Soil Conservation Service

David L. Mussulman

Com:

FTS:

Res:

Statistical Reporting Service

Beverly A. LaCroix

Com:

FTS:

Res:

Subject Matter Specialists

Forestry	Stanley Knowles
Fruits	William G. Lord
General Livestock	F. Carlton Ernst
Horses	Nancy Devel
Horticulture	Owen Rogers
Ornamentals	Charles Williams
Plant Pathology	William E. McHardy
Poultry	Thomas Danko
Turf	John Roberts
Vegetables	Otho S. Wells

STATE CONSERVATION DISTRICTS

Belknap County

Soil Conservation Service

Richard R. DeMark - Dis. Conservationist

Hillsboro County

Soil Conservation Service

Thomas G. Chrisenton - Dis. Conservationist

Merrimack County

Soil Conservation Service

Arthur H. Luce - Dis. Conservationist

Rockingham County

Soil Conservation Service

James F. Hayden - Dis. Conservationist

Strafford County

Soil Conservation Service

James F. Hayden - Dis. Conservationist

STATE ASCS DISTRICTS

Belknap and Carroll County

Paul Nichols, Executive Director

Hillsboro County

Richard Crane, Executive Director

Merrimack County
Donald Stockwell, Executive Director

Rockingham and Strafford County
Kathleen Grimes, Executive Director

USDA FMHA COUNTY SUPERVISORS

Belknap County
Greg MacPherson

Hillsboro County
Paula Mason

Merrimack County
David Bronson

Rockingham County
James P. Thompson

Strafford County
Theodore W. Bigos

APPENDIX A

NEW HAMPSHIRE DEPT. OF AGRICULTURE STAFFING LIST

	<u>Office</u>	<u>Home</u>
<u>State EOC</u>	- Dr. Charles Putnam Shift A	
	- Roy Howard Shift B	
<u>Support Staff</u>	Dr. Clifford McGinnis	
	Stephen Taylor	
	Murray McKay	
	Dr. David Kluesener	
	Dr. Peter Horne	
	Nancy Adams	
	William Zweigbaum	

Index for
New Hampshire Division of Human Services Procedures

There are two sets of procedures for Division of Human Services (DHS) emergency response personnel. DHS is responsible for staffing and managing the Reception Centers. The first set of procedures are for the Coordinator of Emergency Services. This is the senior Division Official who is assigned to the State EOC during an emergency situation. The second set of procedures are implemented by the Emergency Services Unit (ESU) Leaders who manage the Reception Centers. Reception Center Managers, under direction of and in coordination with the ESU Leaders, manage Reception Center operations and ESU staff. An ESU consists of a team of Department of Health and Human Services personnel who staff the Centers.

Procedures are listed under the following headings:

1. Coordinator Emergency Services
2. Emergency Services Unit Leaders

The procedures are augmented by four informational appendices. The list of appendices are as follows:

Appendix A: Notification Call List

Appendix B: Description of Division of Human Services RERP Duties

Appendix C: Host Community School Contacts

Appendix D: Reception Center Registration Form

1. New Hampshire Division of Human Services

Coordinator Emergency Services

EMERGENCY RESPONSE PROCEDURES

for the

Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures are to be implemented by the Division of Human Services, Coordinator Emergency Services in the event of an accident at the power plant. The procedures describe actions to be taken in response to each of four Emergency Classification Levels. Instructions are outlined in order of ascending severity.

Note Time

UNUSUAL EVENT

No action is required by the Division at the UNUSUAL EVENT level.

ALERT

1. The Division will receive notification that an ALERT has been declared at Seabrook Station from representatives of NHCOA. This notification will come after the State EOC at 107 Pleasant Street, Concord, NH, has been staffed. _____
2. Notify Emergency Services Unit (ESU) Leaders to stand by. Review availability of Division staff to respond to the potential emergency. (See Appendix A for call list). _____
3. Division representatives, time permitting, review Appendix B, general concept of RERP duties. _____

4. Standby to receive additional information. Receive notification of a) termination of emergency status or b) escalation of emergency status to a higher level. If terminated, confirm receipt of message, notify ESU Leaders, release ESU staff. If escalated continue checklist.

SITE AREA EMERGENCY

1. Receive notification from NHCIA that a SITE AREA EMERGENCY has been declared.
2. Notify ESO Leaders of a SITE AREA EMERGENCY.
3. Report to the State EDC at 107 Pleasant Street, in Concord, NH. Coordinate activities with other state officials. Check in with the senior NHCOA Agency Liaison Officer and await instructions and briefings.
4. Notify ESU Leaders by phone. Inform them that you have arrived at the EDC. Ask them to stand by for assignment to Reception Centers.

NOTE: IN THOSE AREAS WHERE IT CAN BE PROJECTED WITH REASONABLE PROBABILITY THAT SPECIFIC RECEPTION CENTERS WILL BE OPENED IF EVACUATION IS RECOMMENDED, APPROPRIATE ESUs WILL BE DIRECTED TO REPORT TO THE SITE(S) AND TO STANDBY.

5. Standby to receive additional information and continue communications. Receive notification of a) termination of emergency status, or b) escalation of emergency status. If terminated, the Division staff are notified and released. If escalated, proceed with checklist.

GENERAL EMERGENCY

Note Time

1. Receive notification from NHCOA that GENERAL EMERGENCY has been declared. (In the case of a rapidly developing emergency for which notification begins at the GENERAL EMERGENCY level, review the SITE AREA EMERGENCY checklist items before proceeding.) _____
2. Notify ESU Leaders of the GENERAL EMERGENCY and have them activate the Reception Centers. _____
3. Provide additional support to field as needed (supplies, supplemental staff, etc.). _____
4. Keep EOC Operations Officer advised of Reception Center status. _____
5. Standby to monitor emergency status. Receive notification that, a) the emergency status has been terminated, or b) Human Services should be ready to respond to evacuation needs. If terminated without incident, release the Division staff. For required support inform the NHCOA Operations Officer at the EOC in Concord, NH. _____

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to recovery/re-entry efforts as applicable. _____
4. Standby to support other agencies or departments, as necessary. _____

NOTE: The Recovery/Re-Entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

2. New Hampshire Division of Human Services:

Emergency Services Unit Leaders

EMERGENCY RESPONSE PROCEDURES

for the

Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures are to be implemented by the Division of Human Services Emergency Services Unit Leaders in the event of an accident at the power plant. The procedures describe actions to be taken in response to each of four Emergency Classification Levels. Instructions are outlined in order of ascending severity.

UNUSUAL EVENT

Note Time

No action is required by the Division at the UNUSUAL EVENT level.

ALERT

1. Receive notification from Coordinator Emergency Services. _____
2. Notify Emergency Services Unit (ESU) members, check unit readiness. Advise Coordinator Emergency Services. _____
3. Time permitting, review Appendix B, general concept of RERP duties. _____
4. Standby to receive additional information. Receive notification of a) termination of emergency status, or b) escalation of emergency status. If terminated, confirm receipt of message, release ESU staff. If escalated, continue checklist. _____

SITE AREA EMERGENCY

Note Time

1. Receive notification from Coordinator Emergency Services. _____
2. Prepare to activate Reception Centers. _____

NOTE: IN THOSE AREAS WHERE IT CAN BE PROJECTED WITH REASONABLE PROBABILITY THAT SPECIFIC RECEPTION CENTERS WILL BE OPENED IF EVACUATION IS RECOMMENDED, APPROPRIATE ESUs WILL BE DIRECTED TO REPORT TO THE SITE(S) AND TO STANDBY.

3. Contact Host Community School Officials for access to Reception Centers (see Appendix C). Coordinate Reception Center activation with Red Cross representatives. _____
4. Advise Coordinator Emergency Services in State EOC of units readiness to open the Reception Center. _____
5. Stand by to receive additional information. Receive notification of a) termination of emergency status, or b) escalation of emergency status. If terminated, confirm receipt of message, release ESU staff. If escalated proceeds with checklist. _____

GENERAL EMERGENCY

1. Receive notification from Coordinator Emergency Services. _____
2. Notify Reception Center Managers to activate centers. Instruct them to inform Red Cross representatives of activation. _____

3. Upon arrival at the Reception Center, assure ESU personnel set-up stations (in accordance with the Facility Layouts in Appendix B of the Host Community Plans) for:

- o Registration
- o Message/Location Center
- o Student Registration/Parent Pick-up
- o Information and Recreation
- o Volunteers
- o Phones

4. Advise Coordinator Emergency Services at State EOC of Reception Center operation status.

5. Meet with the Host Facilities Coordinator and other State and local supervisory personnel to assess facility set-up and resources, to confirm a means of onsite communications, and to resolve any unmet needs.

6. Standby to receive additional information. Receive notification that a) the emergency status has been terminated, or b) the Division should be ready to respond to evacuation needs. If terminated, phase out activities at Reception Centers.

APPENDIX A

DIVISION OF HUMAN SERVICES - STATE OFFICE

NOTIFICATION CALL LIST

2

<u>State EOC Representatives</u>	<u>Office</u>	<u>Home</u>
Mary Mongan, Commissioner/DHHS Shift A		
Richard A. Chevrefils, Director/DHS Shift B		
Clifton Stickney Alternate		
William N. Colburn, Coordinator, Emergency Services Shift A		
Joseph Arcidiacono Alternate		

Reception Centers: NHCDA maintains a roster of Div. of Human Services Support Staff who would operate Reception Centers.

1/2

The following chart reflects staffing for the four Reception Centers by the Department of Health and Human Services (DHHS). Each host community Reception Center is assigned a Primary and Support Emergency Services Unit (ESU) from selected district offices. Staffing lists for these units follow the chart. The chart also lists additional supplementary staff assigned to each host community Reception Center. Supplementary staff will be available as needed.

1/2

NEW HAMPSHIRE YANKEE

STAFFING AVAILABILITY FOR RECEPTION CENTERS

HOST AREA	STAFF ASSIGNED TO PRIMARY UNITS		STAFF ASSIGNED TO SUPPORT UNITS		SUPPLEMENTARY STAFF AVAILABLE FOR ASSIGNMENT	
	DISTRICT OFFICE	NO. OF STAFF	DISTRICT OFFICE	NO. OF STAFF	DISTRICT OFFICE	NO. OF STAFF
ROCHESTER	Rochester	10	Berlin	7	Rochester	49
			Conway	4	Berlin	25
			Littleton	4	Conway	11
					Littleton	<u>29</u>
		<u>(10)</u>		<u>(15)</u>		<u>(114)</u>
DOVER	Portsmouth	6	Laconia	9	Portsmouth	54
					Laconia	31
					Dover	<u>6</u>
		<u>(6)</u>		<u>(9)</u>		<u>(91)</u>
SALEM	Salem	6	Nashua	9	Salem	17
					Nashua	<u>40</u>
		<u>(6)</u>		<u>(9)</u>		<u>(57)</u>
MANCHESTER	Manchester	15	Keene	10	Manchester	82
			Concord	6	Keene	37
					Concord	57
					Claremont	<u>32</u>
		<u>(15)</u>		<u>(16)</u>		<u>(208)</u>
	All DOs	(27)	All DOs	(49)	All DOs	(470)

ROCHESTER RECEPTION CENTER STAFFING - N.H. YANKEE

E.S.U. Primary Unit - Rochester District Office, DHHS

(Office Telephone:)

Name/Title

FEARON, Susan (TR 4/25)
Child Support

FLANAGAN, Cathy (TR 3/27)
Clerk Interviewer

HARRIS, Mary (Alternate Unit Leader)
Supervisor, AS (TR 3/27)

GRIMES, Mickie
Secretary Typist I

KIMBALL, Beth (Unit Leader)
Secretary Typist I

LABRIE, Eileen
Child Support Enf. Officer

LIBBY, Marie
Clerk II

MAYNARD, Joanne
Supervisor IV

QUINT, Lisa (TR 3/27)
Edit/Review Clerk

SMITH, Eileen (Alternate)
WIN Reg. Wkr.

ROCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Berlin District Office, DHHS

(Office Telephone:)

Name/Title

BROFMAN, Bruce (TR 3/27)

S.W. III, DCYS

CROTEAU, Francis (Unit Leader)

Supervisor, AP (TR 3/27)

GALLAGHER, Frances (TR 3/27)

Case Tech. I

JUTRAS, Doris (TR 3/27)

Case Tech. Trainee

LAMONTAGNE, Shirley (TR 3/27)

Clerk Interviewer, AP

LESCADRE, Dorothy (TR 3/27)

Case Tech. I

LORDEN, Joseph (TR 3/27)

S.W., AS

ROCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Conway District Office, DHHS
(Office Telephone:)

Name/Title

CHANDLER, Hannelore (TR 3/27)
Case Tech. I

GOODWIN, Brenda (TR 3/27)
Case Tech. I

LEVESQUE, Glen L. (Unit Leader)
Supervisor, AP (TR 3/27)

RAYDER, Richard
Case Tech. II

ROCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Littleton District Office, DHS
(Office Telephone:)

Name/Title

ELDER, Robert (Unit Leader) (TR 3/26)
S.W. II

GRIMES, Rhonda
Case Tech. I

MASSARENE, Kaarina
S.W. III

VEILLEUX, Cindy (TR 3/26)
Case Technician

DOVER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Primary Unit - Portsmouth District Office, DHHS
(Office Telephone:)

Name/Title

ARNO, Patricia (TR 4/25)
Social Worker II

BAZZOCCHI, Enes (TR 4/25)
Supervisor, AP

BURTT, Carol
Case Tech. I

CLOUGH, Sally
Clerk Interviewer

KHAN, Abigail (TR 4/25)
Social Worker

PRIDHAM, Debora (TR 4/25)
Case Tech. II

DOVER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Laconia District Office, DHHS
(Office Telephone:)

Name/Title

BALDWIN, Wendy

Case Tech. Trainee

CLARK, Joanne (Unit Leader)

Case Tech. II (TR 4/25)

HUGHES, David (TR 3/27)

Social Worker II (Adult Services)

McCORMACK, Patricia

S.O. QA - still on team

PARTRIDGE, Helen (TR 3/27)

Social Worker III (DCYS)

POIRE, Therese

Case Tech.

SPEARMAN, Nancy (TR 4/25)

Social Worker III (DCYS)

SWETT, Ann (TR 4/25)

Social Worker Cons. (DCYS)

WOODARD, Frances

Sec. Typist II (DCYS)

SALEM RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Primary Unit - Salem District Office, DHHS
(Office Telephone:)

Name/Title

BOUTIN, Claudia
Case Tech. I, DHS

CHEESEMAN, Janet (Unit Leader)
Case Tech. I, DHS (TR 4/25)

COLLUPY, Betty
Clerk Interviewer, DHS

MORRIS, Marci
Social Worker II, DCYS

NASON, Virginia Ann
Clerk Interviewer, DHS

STOTT, Marilyn
Sec. Typist I, DHS

SALEM RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Nashua District Office, OHHS
(Office Telephone:)

Name/Title

BERGERON, Frances
Case Tech. Trainee

DICHARD, Priscilla (TR 3/28)
Edit & Review Clerk

GARNER, Marcia
Social Worker II

LAPORTE, Muriel (TR 3/28)
Case Tech. Trainee

MARSTON, Jean (Unit Leader) (TR 3/28)
Supervisor, AP

MORGAN, Alison
Social Worker II, DCYS

ROBBINS, Elizabeth (TR 3/28)
Case Tech. II

THOMAS, Anne (TR 3/28)
Social Worker I

WHITFIELD, Joan
Asst. Supervisor, DCYS

MANCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Primary Unit - Manchester District Office, DHHS

(Office Telephone:)

Name/Title

BOUCHER, Diane
Clerk Interviewer/OES

CANTARA, Cathy
Case Tech. I/OES

COGNAC, Gabrielle
Social Worker Tr./DCYS

D'AMOURS, Rene (TR 3/28)
Assistant Supervisor/OES

DESAULNIERS, Donna
Case Tech. Tr./OES

FAIRWEATHER, Ethel
Social Worker I/DCYS

GRENIER, Jean
Case Tech. Tr./OES

HAWES, William (Unit Leader)
Supervisor/OES (TR 3/28)

HILL, Bill
Support Enf. Officer I

MANCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Primary Unit - Manchester District Office, DHHS

(Office Telephone:)

(Cont.)

Name/Title

LEMAY, Karen
Clerk Interviewer/OES

NAULT, Colleen (TR 3/28)
Case Tech. I/OES

PIERCE, Annette
Case Tech. Trainee/OES

ROUSSEAU, Carol (TR 3/28)
Case Tech. I/OES

THORNTON, Jeanie (TR 3/28)
S.W. III/AS

TUMULO, Valerie (TR 3/28)
Case Tech. I/OES

MANCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Keene District Office, DHMS

(Office Telephone:)

Name/Title

AUSTIN, Kathleen (TR 3/26)
Case Tech. I (Alternate Leader)

BALL, Esther (TR 3/26)
Edit & Review Clerk

CARTER, Neal
S.W., DCYS

FEUER, Janice (TR 3/26)
S.W. II, DCYS (Center Coordinator)

GINGUE, Suzanne (Alt. Center Coordinator)
Case Tech. I

KERCEWICH, Thursa (Unit Leader)
Account Steno II (TR 4/25)

LAVIGNE, Joseph (TR 3/26)
Case Tech. I

MCLAUGHLIN, Hilda (TR 3/26)
S.W. II, OAES

MISEK, Wendy (TR 3/26)
Case Tech.

TYLER, Patricia (TR 3/26)
Case Tech. I (Alternate Leader)

MANCHESTER RECEPTION CENTER STAFFING - NH YANKEE

E.S.U. Support Unit - Concord District Office, DHHS
(Office Telephone:)

Name/Title

BAUER, Brad
Asst. Supv., DCYS

BENTON, Gail
Case Tech. I

CURTIS, Shirley (Alternate) (TR 3/26)
Clerk II

KENISON, Linda (TR 3/26)
S.W. III

WATSON, Judy (Alternate)
Clerk Steno III

WAYMENT, Harold (TR 4/25)
S.W. I, DCYS

Telephone Call List - RERP

New Hampshire Yankee

American Red Cross (Manchester Chapter)

1800 Elm Street

Manchester, NH 03104

Janice C. Riedel, Director, Safety Services/Disaster

American Red Cross

430 N. Canal Street

Lawrence, MA 01840

Jack Carroll, Executive Director

American Red Cross

P.O. Box 3211

Rochester, NH 03867

Phyllis Hayward, Executive Director

(Roch.)

(also covers Dover)

(Dover)

APPENDIX B

DESCRIPTION OF DIVISION OF HUMAN SERVICES RERP DUTIES

In the event of an accident at the Seabrook Station Nuclear Power Plant, the Division is a key emergency response agency. It will bear responsibility for providing support in the event of an evacuation. Specific duties will include staffing the State EOC and the Reception Centers. Division staff at the EOC will be responsible for receiving direction from NHCDA, and for coordinating efforts with those of the Red Cross and other New Hampshire State agencies. The Division will bear primary responsibility for operating the Reception Centers. At the Reception Centers, the Division must provide sufficient staff and resources for the following functions:

1. Registration

All persons entering the Reception Center, for whatever reason, must be registered on Form 1050. This includes persons seeking information only or making a pick-up of relatives or friends. There will be a separate registration station for bussed-in students, utilizing a school roster for registration.

Only those members of a household group who are actually present in the Reception Center at the time of registration will be entered on the form. If other members of a household arrive separately, they will be registered separately.

The serial number on the Medical Emergency Triage Tag (METTAG) must be entered on the Registration Form (1050) in the upper left hand corner.

Remember! Only those persons whose METTAG is stamped and has the BLACK STRIP ONLY are to be allowed into the Reception Area.

Registrants wishing to track relatives/friends, or leave messages for them, will be directed to the Message Exchange and Locating Service.

The Registrar's copy of Form 1050 will be sent to Message Exchange and Locating for attachment to the Rendezvous hard copy; also, the Red Cross copy if there is no referral to Red Cross.

2. Message Exchange and Locating Service

The Reception Centers will be the designated locations for evacuated persons to meet other people. Such remote rendezvous may include parents meeting children that have been evacuated directly from school; working spouses who work outside the EPZ meeting non-working spouses that have been evacuated; and friends, neighbors, and relatives meeting each other to confirm that evacuations have been successfully completed. This function, which overlaps with registration, includes designating and providing waiting areas for groups, families, and individuals, as well as providing a filing system to help in locating and reuniting displaced persons.

This center will provide facilities for leaving brief written messages for registered evacuees, such as requests for telephone calls, forwarding addresses, or other brief pertinent notes. (The message center will not provide for live communication between evacuees and remotely located persons).

Persons inquiring about the location of relatives/friends will be directed to this station to find out if (a) the individual(s) they seek have registered, and/or (b) to determine if any messages have been left for the inquirer.

Those wishing to leave a message will be directed to do so in the waiting area. Lined 3" x 5" cards will be provided for this purpose. Writers should clearly print the name of the person to whom the message is directed on the top line and sign their name at the end of the message. Messages will be deposited in a basket furnished for this purpose, and these will be continually picked up by a "runner" who will return them to the Message Desk for alpha filing.

A phone line for incoming calls will be installed at the Message Center for receiving inquiries from outside friends and relatives. Two-way telephone communication by evacuees from this phone will not be permitted.

Message Exchange and Locating Service will be based on the "hard copy" of the Form 1050 which will be forwarded promptly from the Registrars or Red Cross directly to this station. These cards will be filed "alpha."

The message center may be operated directly by the Human Services Department personnel, or by volunteers and other emergency response workers under the direction of DPHS staff.

There will be a separate Message Exchange and Locating Service for Students only (those arriving by bus). It will be located with the Student Pick-up Station and Student Registration.

3. Student Pick-up

All students arriving by bus will come with a student roster identifying the school of origin. A copy of this roster will be provided to the student pick-up person.

In the event of a contaminating incident, the Division of Public Health Services Supervisor will dispatch monitoring personnel to the Student Entrance Area to check students for contamination.

Upon arrival, students will be assigned to separate classrooms, each with their classmates as far as possible. The classroom monitors will have in hand the roster for their respective group; also, a copy will be left at the student pick-up station.

Persons wishing to pick up students will go to Student Pick-up Station and identify themselves, the student(s), and their relationship. The student pick-up controller will send an escort (this may be a volunteer) to the appropriate classroom to bring the student(s) back to the Pick-up Station. Every student being released from the room to an escort will be checked off the Monitor's roster. At the Pick-up Station, the Controller will decide on the actual release of the student. The person to whom release is made will complete a Student Release Form. All copies of this form will be forwarded to the Student Message/Information Center for filing.

If at the time of pick-up, the responsible adult states that congregata care is needed, the responsible adult will be given a Form 1050 and be directed to the Red Cross representative for assignment to congregata care. The Red Cross representative will keep their copy of Form 1050, and return the hard copy (with pertinent information) to the Student Message Center. From this point on, that student and any accompanying adult become the responsibility of the Red Cross.

4. Information/Recreation

This station will be concerned with keeping evacuees informed as to the status of the event which triggered the evacuation and related matters. This may be accomplished by (1) direct briefings (reading prepared statements received from state EOC), or (2) making TVs and Radios available.

TVs and Radios may also provide diversion to evacuees waiting for forward movement. Reading materials, playing cards, etc., should be provided.

Persons waiting for registration or transportation will be directed to the waiting area. Therefore, much of the activity of the Information and Recreation Station will take place there. The other areas of operation will be classrooms where the students are waiting for pick-up or other action.

5. Volunteers

This Station is responsible for the control and assignment of volunteers to those areas of need as identified by the Reception Center Manager. Sources of volunteers will have been identified to the greatest extent possible, prior to an event. Local resource persons (local Welfare staff, etc.) will be called upon to locate and solicit volunteers.

In addition to staffing the several Stations, volunteers will be needed to serve as escorts for students (see Student Pick-up) and as "runners" between stations. They may also serve as Sortars.

A form will be used for tracking volunteers.

6. Phone Room

Phone operators will serve as the communication link between the Coordinator Emergency Services (CES) at the State EOC and the Reception Center Manager. One line must be dedicated to this purpose.

There will also be separate lines for incoming calls from relatives, friends, and others seeking information about evacuees. These phones will be located at the Message Center. (The number to call will be distributed to the public via EBS).

This communication function is critical to the successful operation of the entire center and should not be delegated to non-Departmental persons.

7. Medical Services References

Many evacuees leaving the Plume Exposure EPZ will lose access to medical facilities and personnel they normally use. Others may require prescription medications or supplies that have been left behind or which have run out since departure from residences in the EPZ. The Reception Center must provide a reference service to see that evacuees are introduced to alternate sources of medical service. The reference service will be handled by New Hampshire Division of Public Health Services (DPHS) staff in coordination with the Host Community.

8. Congregate Care Reference

It is likely that most of any population evacuated from an EPZ will be self-sufficient. They will temporarily relocate to the homes of friends or relatives that live outside the EPZ. A fraction of the evacuating population, however, may seek temporary public feeding and shelter at Congregate Care Centers. The Reception Center will direct these people to available Mass Care Centers. The DPHS will provide for the reference service, and the American Red Cross (ARC) will provide the mass care shelters. The ARC will have representatives at the Reception Centers to act as liaisons between the Reception Centers and mass care shelters.

9. Monitoring and Decontamination

Prior to permitting evacuees entrance to a Reception Center, local personnel under direction of DPHS will provide radiation monitoring and decontamination services. The monitoring will be provided to ensure that contaminated personnel and goods are identified and properly handled. Contaminated personnel and goods will be identified and segregated prior to entry to the Reception Center proper. Decontamination will include showers, change of clothes, and, if necessary, special decontamination procedures for personnel. Decontamination for goods, equipment, and vehicles will include washing, cleaning, and quarantine. The Division of Public Health Services (DPHS) will bag and tag all personal property found to be contaminated. These contaminated articles will be maintained in a locked room for decontamination following the emergency.

10. Traffic and Crowd Control

It is possible that a large number of cars and people will seek access to each Reception Center. As a result, law enforcement officers will be needed to supervise arriving and departing traffic and parking. Likewise, police officers will be needed to expedite the pedestrian traffic to appropriate service areas in the Reception Center. Should the Reception Center become crowded, police officers will be on hand to maintain order. The traffic and crowd control function will be handled by the local police departments.

11. Reception Center Manager

It is necessary to have a manager for each Reception Center. The Manager will see that the Reception Center is put on standby and opened when necessary. The manager will see that adequate facilities and equipment are present. Also, the manager will see that each of the preceding functions assigned to the Department of Health and Human Services is being properly provided. The manager will be the person responsible for communicating with other elements of the New

Hampshire Emergency Response Organization. - These communications will include status reports to the State Emergency Operations Center and requests for any support needed to keep the Reception Center operating smoothly. The position of Reception Center Manager will be filled by a Department of Health and Human Services employee.

Several State agencies are available to support the Reception Center activities. The following agencies will have representatives at the IFQ/EOF:

1. Division of Public Health, Emergency Medical Services can provide:

Ambulance service support
Medical facility references

2. New Hampshire National Guard can provide:

Traffic control
General manpower
Transportation resources
Security

3. State Highway Department can provide:

Transportation resources
Traffic control resources
Communications resources

Other general support services can be requested through the NHODA staff at the EOC as required.

12. Host Facilities Coordinator

The Host Facilities Coordinator serves as the link between the Host Community Emergency Response Organization at the local EOC and the Reception and Decontamination Centers. A local Host Community appointee, the Host Facilities Coordinator, will establish communications with the Local EOC and will confirm an onsite means of communications between Reception and Decontamination Supervisory Personnel. The Host Facilities Coordinator will assist onsite personnel by helping to resolve unmet needs and by coordinating decision-making on facility operation and set-up when input is required from various agencies.

APPENDIX C
HOST COMMUNITY SCHOOL CONTACTS

New Hampshire Yankee

<u>Reception Center</u>	<u>Facility Contact</u>	<u>Work Phone</u>	<u>Home Phone</u>
Dover High School Durham Road	Richard Rothenburg Principal James Bickford Head Custodian		
Manchester Memorial High School So. Porter Street (Fire Dept. has keys to school, if needed; call 669-2256 (Emerg. only 911)	Raymond Downton Principal		
Spaulding High School (Rochester)	Robert Bouchard Principal		
Salem High School Geremonty Drive	Richard DeSimone Principal Stephen Bankel Vice Principal		

APPENDIX D

Reception Center Registration Form

GRANITE STATE BUSINESS FORMS, INC. Dover, N.H. 03046 (603)852-4480

STAMPED METTAG NUMBER

RECEPTION CENTER REGISTRATION/LOGGING
(PLEASE PRINT)

1050

<p>1. HEAD OF HOUSEHOLD</p> <p>_____ LAST NAME FIRST MI</p> <hr/> <p>2. HOME ADDRESS (PRE-EMERGENCY):</p> <p>_____ NO./STREET/RFD</p> <p>_____ CITY STATE ZIP</p> <hr/> <p>3. LIST ALL PERSONS LIVING IN YOUR HOME: (REGISTRANT FIRST, IF NOT HEAD OF HOUSEHOLD)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">LAST NAME</th> <th style="width:30%;">FIRST NAME</th> <th style="width:10%;">AGE</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	LAST NAME	FIRST NAME	AGE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>4. TEMPORARY SHELTER LOCATION</p> <p>_____ COMMUNITY SHELTER NAME ARRIVAL DATE</p> <hr/> <p>_____ NO./STREET/RFD</p> <p>_____ CITY STATE ZIP</p> <p>(_____) _____ REFERRED TO RED CROSS <input type="checkbox"/></p> <p>TEL. NO.</p> <hr/> <p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REGISTRAR DATE</p>
LAST NAME	FIRST NAME	AGE														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

FOUR-PART FORM WITH COPIES FOR:

REGISTRAR

N.H. DOW 7/84

RED CROSS OR REGISTRAR

N.H. DOW 7/84

REGISTRANT

N.H. DOW 7/84

RENDEZVOUS

N.H. DOW 7/84

New Hampshire National Guard

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures are implemented by the Adjutant General in the event of an accident. These procedures describe action to be taken in response to each of four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT

An UNUSUAL EVENT requires no response from New Hampshire National Guard.

ALERT

1. In the event of an ALERT at Seabrook Station NHCOA will notify the staff of New Hampshire National Guard of the emergency status. The Adjutant General will be the primary contact; Chief of Staff will be the alternate. (See call list in Appendix A for roster.) _____
2. Time permitting, Appendix B, describing Radiological Emergency Response duties, should be reviewed. _____
3. Establish NHARNG EOC. _____
4. POMS Officer (or alternate) report to State EOC at the NHCOA offices, 107 Pleasant Street, Concord, NH. _____

5. The contact person at National Guard should stand by to receive additional information. Receive notification of a) termination of emergency status, or b) escalation of emergency status from NHCOA. If escalated, proceed with checklist.
-

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. In the event of a SITE AREA EMERGENCY or GENERAL EMERGENCY, New Hampshire National Guard will be notified by NHCOA. The Adjutant General will be the primary contact; Chief of Staff will be the alternate.
 2. Upon receiving notification the National Guard Officer will initiate the emergency response call list. (See Appendix A).
 3. PQMS Officer (or an alternate) should be sent to the State EOC to act as EOC Liaison Officer. This officer should report his availability to the NHCOA Agency Liaison Officer upon arrival.
 4. At the request of the Director, NHCOA, an Operations Officer should be sent to the State's IFO/EOF at Newington Station, Newington, NH, to act as IFO/EOF Liaison Officer. This officer should report his availability to NHCOA upon arrival.
 5. Other key members of the National Guard emergency response organization (Appendix A) should be asked to report to the senior officer at the NHARNG EOC for assignments as necessary.
 6. Liaison Officers stand by to receive and respond to requests for aid and directions from NHCOA at the EOC and the IFO/EOF.
-

7. If Liaison Officers are directed to provide assistance within the EPZ, they are to direct personnel to report to the State IFO/EDF or to the state staging areas to obtain Dosimetry, KI, and appropriate log forms.

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun.
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer.
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable.
4. Stand by to support other agencies or departments as necessary.

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

APPENDIX A

NEW HAMPSHIRE NATIONAL GUARD EMERGENCY RESPONSE ORGANIZATION CALL LIST

	<u>Office</u>	<u>Home</u>
1.	MG Lloyd M. Price Adjutant General	
2.	Cpl. Frances Merrill Shift A	
3.	LTC Ted Kehr Shift B	
4.	Col. Herbert Geary Alternate	
5.	National Guard EOC	

Personnel Resources include:

	<u>Current Strength</u>
Army National Guard, 3rd Battalion, 197th Field Artillery	384
Army National Guard, 1st Battalion, 172nd Field Artillery	429
Air National Guard, Pease AFB	929

APPENDIX B

GENERAL DESCRIPTION OF NATIONAL GUARD DUTIES

Source: NHRERP

The National Guard has major support responsibilities in three areas. First, the National Guard is available to provide State Police with assistance at the EPZ access control points as requested by NHCDA. This will be necessary if the emergency is protracted and State Police need to be relieved. Additionally, a situation may develop at an access control point that would require reinforcement of State Police personnel.

Second, the National Guard is responsible for making its equipment available to the emergency response organization during an emergency response. This includes providing support for:

- o Aerial Monitoring
- o Communications,
- o Decontamination,
- o Emergency medical transportation,
- o Mass transportation/evacuation,
- o Road clearance, and
- o Air transportation.

Third, if the emergency continues for a prolonged period of time, the National Guard is responsible for mobilizing its reserves as may be needed to relieve emergency response personnel of other agencies.

The NH National Guard activities are directed by the Adjutant General or by the Adjutant General's designee. Requests for support will be through the NHCDA Operations Officer from the State EOC.

EMERGENCY CLASSIFICATION SYSTEM

Purpose

The purpose of this section is to describe the Emergency Classification System which is used in this RERP to initiate emergency response.

Rationale for Classifications

Emergencies are described by four Emergency Classification Levels in order of increasing severity - UNUSUAL EVENT, ALERT, SITE AREA EMERGENCY, and GENERAL EMERGENCY. The rationale for the four Emergency Classification Levels is to provide by declaration of UNUSUAL EVENT or ALERT Emergency Classification Levels early and prompt notification of minor incidents at the power plant which could lead to more serious consequences in the event of subsequent operator error or equipment failure. Alternately, the incident may be indicative of more serious conditions which are not yet fully realized.

Emergency Classification Levels

1. UNUSUAL EVENT

An UNUSUAL EVENT is the least severe of the Emergency Classification Levels. Declaration of this classification level indicates that an incident which may lead to a potential degradation of the level of safety at the nuclear power plant has taken place. This classification level indicates that no releases of radioactive material requiring off-site response are expected unless further degradation of plant safety systems occurs.

2. ALERT

Declaration of an ALERT indicates events in progress which involve an actual or potential, substantial degradation of the level of safety at the nuclear power plant. Any radioactive releases associated with this

classification level are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels. No off-site protective actions are required during an ALERT.

3. SITE AREA EMERGENCY

A SITE AREA EMERGENCY indicates an incident which involves actual or likely major failures of plant functions needed for the protection of the public. Radiological releases, if any, are not expected to exceed the EPA Protective Action Guideline exposure levels except near the site boundary. During a SITE AREA EMERGENCY, the State's emergency response organization is fully mobilized and protective actions for the public may be implemented.

4. GENERAL EMERGENCY

A GENERAL EMERGENCY involves substantial degradation or melting of the reactor's radioactive core with potential for loss of containment integrity. Releases are expected to exceed the EPA Protective Action Guideline exposure levels beyond power plant site boundary area. Of the four Emergency Classification Levels, a GENERAL EMERGENCY is most severe, and the likelihood of implementing protective actions is substantially increased.

New Hampshire Water Supply and Pollution Control Commission

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides a checklist of the responsibilities of the Commission in the event of an accident at the Seabrook Station Nuclear Power Plant. These duties should be discharged in the event the Commission is contacted by NHCOA to respond to an emergency at the plant. These procedures describe action to be taken in response to each of four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT and ALERT

No response by the Commission is expected.

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification from State EOC that a SITE AREA EMERGENCY or a GENERAL EMERGENCY has taken place at Seabrook Station Nuclear Power Plant. NHCOA or its representative will contact Chief of the Water Supply Division, or, in his absence the Director's Sanitary Engineer. A call list for the Commission is attached as Appendix A.
2. Send a responsible representative to the State EOC at 107 Pleasant Street, Concord. The representative should bring agency records on water supply areas in the EPZ. This representative should report his availability to the senior official of the Division of Public Health Services (DPHS) and to the NHCOA Agency Liaison Officer. Call the Director of the Water Supply and Pollution Control Commission to inform him of emergency status.

3. Stand by for direction from DPHS. Be prepared to advise DPHS on location and number of surface water supply facilities within 50 miles of the power plant. _____
4. Be prepared to issue orders regulating use of surface water supplies. Contact each facility to be regulated. Record nature of the order, date and time, and name of person acknowledging the order. _____
5. Prepare to handle duties on a 24-hour, extended basis. _____
6. Stand by to provide information and to respond to direction by DPHS staff. _____

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

APPENDIX A

NEW HAMPSHIRE WATER SUPPLY AND POLLUTION CONTROL COMMISSION

CALL LIST

<u>STATE EOC</u>	<u>Office Phone</u>	<u>Home Phone</u>
1. Bernard Lucey Chief Water Supply Division Shift A		
2. Thomas Andrews Sanitary Engineer Shift B		
3. Harry Stewart Sanitary Engineer Alternate		
4. William Healy Executive Director Alternate		

SUPPORT STAFF:

NHCDCA maintains a roster of N.H. Water Supply and Pollution Control staff who would support emergency response conditions.

United States Coast Guard

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant Seabrook, New Hampshire. These procedures are implemented by USCG Captain of the Port in the event of an accident. The procedures describe actions to be taken in response to each of four Emergency Classification Levels. Instructions are outlined in ascending order of severity.

NOTE: The use of the term Captain of the Port (COTP) in this document refers to the Captain of the Port or his designee.

Note Time

UNUSUAL EVENT

1. The New Hampshire Civil Defense Agency (NHODA) will notify USCG that an UNUSUAL EVENT has been declared. NHODA will notify the Captain of the Port during normal business hours, or, during off-hours, the Senior Petty Officer of the Watch. NHODA will use the telephone as the primary means of contact with the Marine Safety Office, Boston or First Coast Guard District Operation Center at . The NAWAS land lines to District Operations Center provide a back-up system for contacting U.S. Coast Guard.

To the extent possible, NHODA will describe the events that led to the declaration of an UNUSUAL EVENT.

2. If notification arrives during off-duty hours, Senior Petty Officer of the Watch will notify the Captain of the the Port.

3. The Captain of the Port may verify the Initial Notification of UNUSUAL EVENT by calling the NHCDA Duty Officer at _____
4. USCG standby to receive additional information. Receive notification of (a) termination of emergency status, or (b) escalation of emergency status to a higher Emergency Classification Level. If terminated, confirm message and notify USCG personnel who were informed of UNUSUAL EVENT status. If escalated, continue checklist. _____

ALERT

1. NHCDA will notify USCG that an ALERT has been declared. NHCDA will notify the Captain of the Port during normal business hours, or, during off-duty hours, the Senior Petty Officer of the Watch. NHCDA will use the telephone as the primary means of contact with Marine Safety Office Boston, MA _____ or the First Coast Guard District Operations Center at _____

. The NAWAS land lines to the District Operations Center provide a back-up system for contacting USCG. _____

NHCDA will describe the events leading to the declaration of the ALERT. _____

2. If notification occurs during off-duty hours, Senior Petty Officer of the Watch will notify Captain of the Port. _____
3. The Captain of the Port may verify the notification of ALERT by calling NHCDA Duty Officer at _____
4. The Captain of the Port will contact the First Coast Guard District Operations Center to advise the watch- _____

stander of the ALERT and to request that the Operations Center review the status of resources available for emergency response near Seabrook Station. The Operations Center will review the availability of small boats and crews at:

2

a. Merrimack Station

or

b. Gloucester Station

or

c. Portsmouth Station

or

If resources are insufficient for emergency response activity, instruct the Group Office to direct stations to call in personnel for assignment. Instruct First Coast Guard District Operations Center to notify Captain of the Port if the stations cannot respond to the emergency. Notify NHCDA at _____

2

- 5. USCG standby to receive additional information. Receive notification of (a) termination of emergency status, or (b) escalation of emergency to higher Emergency Classification Levels. If terminated, confirm the message and notify USCG personnel who have been notified. If escalated, continue checklist.

SITE AREA EMERGENCY and GENERAL EMERGENCY

- 1. NHCDA will notify USCG that a SITE AREA EMERGENCY or GENERAL EMERGENCY has been declared. NHCDA will notify the Captain of the Port during normal business hours, or during off-duty hours the Senior Petty Officer of the Watch. NHCDA will use the telephone as the primary means of contact with the Marine Safety Office, Boston, MA or the First Coast Guard District Operations Center at _____

2

The NAWAS land lines to the District Operations Center provide a back-up system for contacting USCG.

To the extent possible, NHODA will describe the nature of the events leading to the declaration of a SITE AREA EMERGENCY or GENERAL EMERGENCY.

2. If notification occurs during off-duty hours, Senior Petty Officer of the Watch will notify Captain of the Port and Port Operations Officer. The Senior Petty Officer of the Watch will then notify the Command Duty Officer.

3. The Captain of the Port may verify the notification of SITE AREA EMERGENCY by calling NHODA Duty Officer at _____

4. The Senior Petty Officer of the Watch assumes responsibilities for the Captain of the Port until he, or his designee, arrives during off-duty hours and ensures that the checklist is continued.

5. The Captain of the Port will contact the First Coast Guard District Operations Center to advise the watchstander of the SITE AREA EMERGENCY. The Captain of the Port will confirm the status of resources available for emergency response near Seabrook Station and will provide the First District Operations Center the names of the individuals proceeding to the Incident Field Office (IFO). _____

6. Report to the senior NHODA official at the IFO at Newington Station, Newington, NH. A Captain of the Port (COTP) Representative may be assigned this duty. _____

7. The COTP Representative at the IFO will initiate action, as circumstances direct, to advise the mariner of the hazard and control vessel traffic. _____

8. The COTP Representative will contact the First Coast Guard District Operations Center and advise it of the need for small boats and crews. Instruct the First Coast Guard District Operations Center to activate available crews from Gloucester Station, Merrimack River Station, and Portsmouth Harbor Station by calling their respective group offices. These crews will enforce safety. First District Operations Center will ensure that small boats dispatched for this purpose have emergency response equipment kits aboard. _____
9. Ensure that once on scene, the small boats will change operational control to you at the IFO. Upon arrival in the area, the boats, will come up on VHF Channel 22 and advise of their presence on station. _____
10. The COTP Representative will coordinate activities with the NHCDA Staff at the IFO and will monitor the effectiveness of steps taken. _____
11. The COTP Representative will arrange for additional support should the incident response be prolonged and staff relief be required. The COTP Representative will arrange through the First Coast Guard District Operations Center for the relief of small boat crews. _____
12. Upon termination of the emergency status, advise and release all personnel. _____

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____

2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-Entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

Appendix A

U.S. COAST GUARD EMERGENCY RESPONSE CALL LIST

1. Captain of the Port
Marine Safety Office
Boston
Alternate - Petty Officer on Duty
2. Coast Guard District Operations
Center - Duty Officer
Boston
3. Port Operations Officer

|
2

|
2

All Coast Guard Stations are staffed on a 24-hour basis.

Division of Boating Safety

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This brief document provides checklist procedures to be followed in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures are implemented by the Supervisor of Navigation in the event of an accident. These procedures describe actions to be taken in response to each of four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT

An UNUSUAL EVENT requires no response from Division of Boating Safety personnel.

ALERT

1. In the event of an ALERT at Seabrook Station, NHCDA will notify the staff of the Division of Boating Safety. The Supervisor of Navigation will be the primary contact; the Assistant Supervisor will be the alternate. (See call list in Appendix A.)
2. The Supervisor of Navigation, or his alternate, should review the availability of personnel and equipment for responding to an emergency. The Assistant Supervisor, or an alternate for him, should be notified. If deemed appropriate, Boating Safety personnel may be brought to standby for assignment to the Coast area.
3. The contact person at Boating Safety should stand by to receive additional information. Receive notification of (a) termination of emergency status, or (b) escalation of

emergency status from NHCDA. If the event is terminated, all personnel should be released from standby status. If emergency escalates, proceed with checklist.

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. In the event of a SITE AREA EMERGENCY or a GENERAL EMERGENCY, the Division of Boating Safety will be notified by NHCDA. The Supervisor of Navigation will be the primary contact; the Assistant Supervisor of Navigation will be the alternate.

2. Upon receiving notification, the Supervisor of Navigation should notify the Assistant Supervisor, or an alternate, of the emergency status. The Assistant Supervisor, or his alternate, should be dispatched to the IFO/EDF, at Newington Station, Newington, NH., to supervise the activities of Boating Safety field personnel and to coordinate with other emergency response agencies at the IFO/EDF. This Boating Safety representative should check in with senior NHCDA representative at the IFO/EDF upon arrival.

3. The Supervisor of Navigation, or his alternate, should contact Boating Safety personnel in Laconia. Two or more boats should be directed to proceed to Ben's Marina at Great Bay to stand by for radio instructions from the IFO/EDF. Each boat operator should be instructed to take fully fueled boats and Seabrook Station response kits which include coastal charts and dosimeters for boat crews.

4. The Supervisor of Navigation, or his alternate, should proceed to the State EOC at 107 Pleasant Street in Concord. This representative will coordinate the activities of Boating Safety personnel with other State agencies at the EOC and with the U.S. Coast Guard personnel at the IFO/EOF. The Supervisor of Navigation should make his presence known to the NHCOA Agency Liaison Officer upon arriving at the EOC. _____
5. Supervisor of Navigation should track the deployment of Boating Safety personnel. Report arrival at destinations and availability for assignments of Boating Safety personnel to the NHCOA Emergency Operations Officer at the EOC. _____
6. Boating Safety personnel stand by to receive information and respond to requests for aid and directions from NHCOA. Be prepared to notify and evacuate boaters in coastal harbor areas as necessary. Stand by until emergency is terminated. _____

RECOVERY/RE-ENTRY

1. Received notification from Agency Liaison Office that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

2

APPENDIX A

DIVISION OF BOATING SAFETY EMERGENCY RESPONSE CALL LIST

	<u>Office</u>	<u>Home</u>
1. Tom McCabe Supervisor of Navigation Shift A	or S.P	ger
2. Robert Danos (temporary) Director, Safety Services Alternate Shift B		

|
2

NOTE: Boating Safety Division personnel are seasonal employees. Current personnel rosters are maintained by the Division Supervisor.

Department of Education
Emergency Coordinator
EMERGENCY RESPONSE PROCEDURES
for the Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of an emergency at the Seabrook Station Nuclear Power Plant. The procedures describe actions to be taken according to each of the four emergency classification levels in order of severity.

Note Time

UNUSUAL EVENT

No action required

ALERT

1. Receive notification from New Hampshire Civil Defense Agency. _____
2. Refer to call list at Attachment I. Contact superintendents of schools within the EPZ and of schools within the host communities, and confirm that they have been notified. _____
3. Notify the Commissioner of Education. _____
4. Report to the State EOC at Civil Defense Agency headquarters at 107 Pleasant Street, Concord, N.H., sign in with the Agency Liaison Officer. _____
5. Receive briefing on emergency conditions, determine status of precautionary actions under consideration, and review with Director, NHCEA and Governor's representative the following potential precautionary actions for EPZ schools: _____
 - a. School cancellation
 - b. Early dismissal
 - c. Cancellation of extra-curricular school activities

6. Contact superintendents of EPZ schools, advise of emergency conditions, and review potential precautionary actions. _____
7. Inform Commissioner of Education of emergency conditions and status of EPZ schools with regard to potential for implementing precautionary actions. _____
8. Stand by for notification of termination or escalation of emergency conditions. _____

SITE AREA EMERGENCY

1. When notified of Site Area Emergency, assure that response actions for Alert emergency classification level have been completed. _____
2. Notify Commissioner of Education of escalation of emergency classification level. _____
3. Receive briefing on emergency conditions and review with Director of NHCDA and Governor's representative precautionary actions for the schools: _____
 - a. Cancellation of school sessions
 - b. Early dismissal
 - c. Cancellation of extra curricular activities
4. Determine recommendations for precautionary actions for schools. Contact superintendents of EPZ schools, and notify them of precautionary recommendations. _____
5. Notify superintendents of host community schools, advise of emergency conditions, and make arrangements for utilization of host community schools for reception and mass care facilities (see Attachment 2). _____

NOTE: COORDINATE THIS ACTION WITH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND RED CROSS REPRESENTATIVE IN THE EOC.

6. Coordinate with the Pupil Transportation Safety representative and EOC Resource Officer to assure that host community schools can be made available as reception and mass care facilities without affecting transportation resources for EPZ schools. _____
7. Coordinate staging of bus transportation resources for potentially affected EPZ schools with Pupil Transportation Safety representative and EOC Resources Officer. _____
8. Standby for notification of termination or escalation of emergency conditions. _____

GENERAL EMERGENCY

1. When notified of General Emergency, assure that response actions for Alert and Site Area Emergency emergency classification levels have been completed. _____
2. Notify the Commissioner of Education of escalation of emergency classification level. _____
3. Receive briefing on emergency conditions and review with Director, NHCDA and Governor's representative recommendations for precautionary or protective actions for schools: _____
 - a. Cancellation of EPZ school sessions
 - b. Early dismissal of schools
 - c. Sheltering in the schools
 - d. Evacuation of schools to host communities
4. Determine recommendations for precautionary or protective actions for the schools. Contact superintendents of EPZ schools and notify them of precautionary or protective action recommendations. Advise them of actions taken to support implementation of protective actions.

NOTE: IT IS IMPORTANT THAT ACTIONS AFFECTING SCHOOLS BE CONSISTENT THROUGHOUT THE EPZ COMMUNITIES. THEREFORE, A CONFERENCE CALL AMONG OFFICIALS OF THE FIVE POTENTIALLY AFFECTED SAU's IS ADVISABLE FOR THIS PURPOSE.

5. Notify superintendents of host community schools and make arrangements for making host community schools available for reception and mass care facilities.

NOTE: COORDINATE THIS ACTION WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND RED CROSS REPRESENTATIVES IN THE EOC.

6. Coordinate with the Pupil Transportation Safety representative and EOC Resources Officer to assure that host community schools can be made available as reception and mass care facilities without affecting transportation resources for EPZ schools.
7. Coordinate staging of bus transportation resources for affected EPZ schools with the Pupil Transportation Safety representative and the EOC Resources Officer.
8. Standby for termination of deescalation of emergency conditions or change of protective action recommendation.
9. Coordinate with PTS on the priority and schedule for the transport of students from schools normally serviced by the staged buses.
10. Standby for termination or deescalation of emergency conditions or change of protective action recommendation.

3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Stand by to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

9. Coordinate with PTS on the priority and schedule for the transport of students from schools normally serviced by the staged buses.
10. Standby for termination or deescalation of emergency conditions or change of protective action recommendation. _____

ATTACHMENTS:

1. CALL LIST OF EPZ AND HOST COMMUNITY SAU SUPERINTENDENTS
2. LIST OF HOST COMMUNITY AND MASS CARE FACILITIES.

ATTACHMENT 1

CALL LIST FOR STATE DEPARTMENT OF EDUCATION AND SUPERINTENDENTS OF EPZ
AND
HOST COMMUNITY SCHOOLS

A. Department of Education

	<u>Office</u>	<u>Home</u>
1. Charles Marston Commissioner - Shift A		
2. Neil Andrews Alternate - Shift A		
3. Douglas Brown Shift B		
4. Paul Kilmiske Alternate - Shift B		

B. EPZ Schools

1. Norman Katner	SAU #21
2. Wayne Gerson	SAU #16
3. Timothy Monahan	Portsmouth
4. Harry Ryerson	SAU #17
5. Dan Durgin	SAU #50

C. Host Community Schools

1. Paul D. Johnson	Salem
2. Gerald Daley	Dover
3. Richard Henderson	Manchester
4. Richard Hamilton	Rochester

ATTACHMENT 2

SALEM RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility</u>	<u>Address</u>	<u>Person to Contact*</u>	<u>Telephone Number</u>	<u>Capacity</u>
1. Woodbury Junior H.S.	Main Street			1,158
2. William T. Barron School	Butler Street			326
3. Mary A. Fisk School	Main Street			251
4. Lancaster Memorial School	Millville Street			326
5. North Salem Elementary School	Zion Hill Road			326
6. Dr. Lewis F. Soule School	Play Camp Road			295
7. Salem Boy's Club	Geremonty Drive	Stephen Cunningham		200-300
8. Salem High School (Reception Center)	Geremonty Drive			3,375

NOTE: Rockingham Park (Telephone: could also be used to host up to 4,000 campers)

* Person to contact initially for all public schools (facilities 1-6 and 8) is the School Superintendent: Paul Johnson,

ATTACHMENT 2

DOVER RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility</u>	<u>Address</u>	<u>Shower/ Toilet</u>	<u>Telephone Number</u>	<u>Capacity¹</u>
1. Woodman Park School	Silver Street	yes/yes		600
2. St. Thomas Aquinas High School	Dover Point Road	yes/yes		1200
3. Dover Junior High Sch.	Locust Street	yes/yes		600
4. Horne Street School	Horne Street	yes/yes		500
5. Garrison School	Morningside Drive	yes/yes		250
6. Dover Recreation Center ²	Washington Street	yes/yes		150
7. Municipal Building Auditorium	Central Avenue	no/yes		300
8. Dover Baptist Church Hall	Washington Street	no/no		200
9. St. Charles Church Basement	Central Avenue	no/yes		200
10. St. John's Methodist Hall	Rutland Street	no/2 baths		200
11. St. Mary's Church Hall	Chestnut & Third Streets	yes/yes		300
12. Masonic Temple	Washington Street & Central Avenue	no/yes		200
13. Loyal Order of Elks Hall	Durham Road	no/4 baths		500
14. Dover Hebrew Temple Hall	Fourth Street	no/no		100
15. Hellenic Hall	Longhill Road	no/yes		400
16. St. Jean's Hall ²	Central Avenue	no/yes		100
17. St. Joseph's Church Hall	Central Avenue	no/yes		200
18. St. Thomas' Church Hall	Hale Street	no/yes		200
19. Back River Community Hall	Back River Road	no/yes		50
20. Loyal Order of the Moose Hall	Chestnut Street	no/yes		150
21. Simpson's Pavilion ² (unheated)	Back River Road	no/yes		150
22. First Parish Church (2 halls)	Central Avenue	no/yes		400
23. Dover High School ² (Reception Center)	Durham Road	yes/yes		2500

Si ent)

-
1. Capacities estimated by Dover Emergency Program Manager
 2. Denotes no cafeteria

ATTACHMENT 2

MANCHESTER RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility/Administrator</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Capacity</u>
1. Southside Junior H.S. Owen P. Conway	140 South Jewett Street		1,100
2. Green Acres School John E. Devine	100 Aurora Ave.		550
3. Weston School Roger A. Guillenette	1066 Hanover Street		400
4. Highland-Goff's Fall School Josph Forseze	Goff's Falls Road		350
5. Parker Varney School John M. White	223 James A. Pollock Dr.		650
6. Webster School Roger Grojeau	2519 Elm Street		457
7. Hillside Junior H.S. George T. Campbell	112 Reservoir Ave.		1,692
8. Parkside Junior H.S. Edward Wade	Parkside Avenue		335
9. West High School Robert A. Baines	Notre Dame Ave.		993
10. Beech Street Community School Edward J. Ganen	333 Beech Street		700
Gossler Park School Anastas S. Christo	99 Sullivan Street		650
11. Jewett Street School Jean E. Sweeney	130 South Jewett Street		450

12. Smyth Road School Rose E. Masavage	245 Bruce Road	500
13. Central High School William A. Burns	207 Lowell Street	828
14. National Guard Armory	Canal Street	2,600
15. Memorial High School (Reception Center)	South Porter Street	1,500

ATTACHMENT 2

ROCHESTER RECEPTION CENTER AND MASS CARE SHELTERS

<u>Facility</u>	<u>Address</u>	<u>Person to Contact*</u>	<u>Telephone Number</u>	<u>Capacity</u>
1. Spaulding H.S. (Reception Center)	Wakefield Street			2,312
2. Spaulding Junior H.S.	Wakefield Street			1,875
3. Allen School	Granite Street			625
4. Chamberlain School	Chamberlain Street			550
5. McClelland School	Brock Street			500
6. New East Rochester School	Portland Street			525
7. East Rochester Annex	Coheco Street			200
8. School Street School	School Street			200
9. Maple Street School	Maple Street			200
10. Gonic School	Railroad Avenue			200
11. Rochester Catholic School	Bridge Street	Sister Mary Walsh		500
12. Salvation Army	Autumn Street	Captain Floyd Thayer		100
13. Rochester Day Care Facility	Charles Street	Mary Burch		250

* Person to contact for all public schools (facilities 1-9 and 13) is Dr. Richard Hamilton (Superintendent), (office),

EMERGENCY MEDICAL SERVICES (EMS) COORDINATOR

EMERGENCY RESPONSE PROCEDURE FOR THE
SEABROOK NUCLEAR POWER PLANT

This document provides a checklist to be followed by the EMS Coordinator in the event of an emergency condition at Seabrook Station.

The EMS Coordinator is responsible for coordinating and obtaining ambulance providers from outside of the Seabrook Station EPZ to support evacuation of health care facilities and other EPZ residents who need ambulance transportation. The EMS Coordinator will coordinate this effort with the NHCEA Resources Coordinator from the EOC. He will also support EPZ EMS activities.

EMS services from within the EPZ will be under the control of the established EMS Dispatch Center for Region III. Resources needed to supplement the resources of Region III will be requested by the EMS Dispatch Center, and in coordination with the EMS Coordinator.

UNUSUAL EVENT

The EMS Coordinator duties begin at the ALERT emergency classification level.

ALERT

Note Time

1. Receive notification from NHCEA Liaison of the ALERT status at Seabrook Station and report to the State EOC. Report to the EOC Operations Officer. _____
2. Notify the primary Region III EMS Coordinator (Appendix A) of declaration of ALERT status. If unavailable, notify the alternate.
3. Notify the outside EPZ ambulance providers listed in Appendix B, advising them of the ALERT, and place them on standby. Determine the number of ambulances each ambulance provider has available for evacuation assistance. Record current figures on Appendix B. _____

4. Inform the NHCOA Resources Coordinator when ambulance providers have been notified and placed on standby, and of the number of available ambulance and personnel. _____
5. Review EMS transportation resource requirements for EPZ towns and for health care facilities (i.e., risk facilities) within the Emergency Planning Zone (Appendix C). Compare demands to available resources. To resolve any deficiencies, contact services in Appendix J, Volume 2, for additional resources and record numbers available to resolve deficiencies on Appendix D. _____
5. Standby for notification of escalation of the emergency classification level, de-escalation or termination of the emergency. If the emergency is de-escalated or terminated, notify the Region III EMS Coordinator, and request they notify all ambulance companies located within the EPZ. _____

SITE AREA EMERGENCY

1. Receive notification of SITE AREA EMERGENCY. _____
2. Receive direction from NHCOA Resources Coordinator when ambulance vehicles and personnel should report to the Rockingham County Staging Area. Confirm that the staging area is prepared to receive ambulance resources. _____
3. Notify the outside EPZ ambulance providers (Appendix B) of the emergency classification. Request that they have ambulances and all available personnel report to the State Staging Area at the Rockingham County Complex in Brentwood, NH. _____

NOTE: Ambulance providers may be asked to send extra personnel with their vehicles if possible. Ambulance company personnel not assigned to their own company's vehicles may be used to assist with special requests for transportation assistance in those municipalities which were unable to respond to the emergency.

4. Notify the NHCOA Resources Coordinator when ambulance providers have been instructed to report to the staging area. _____
5. Receive from the NHCOA Resources Coordinator the number of ambulances and personnel needed for evacuation of both health care facilities and persons needing ambulance transport in the community. _____
6. Receive from the NHCOA Resources Coordinator the number of mobility-impaired individuals (not needing an ambulance) requiring assistance. _____

NOTE: Ambulance company personnel will be available upon local request and dispatched from the State Staging Area by the Ambulance Coordinator to the towns in vans or buses (including converted buses) to assist those individuals who are mobility-impaired. This will be coordinated between the NHCOA Resource Officer and the EOC EMS Coordinator as requests come in for the IFO Resource Officer. Once the Ambulance Coordinator has been given the proper dispatch order, record this activity on Appendix E. Ensure that enough personnel remain with mobility-impaired to assist off-loading at reception facility.

7. If resources are insufficient to meet requirements, coordinate with the NHCOA Resources Coordinator and with EMS Region III on the use of EMS resources which are not part of the staging area pool. _____
8. Remain informed of status reports from the Staging Area Manager or Staging Area Ambulance Coordinator on the arrival of ambulances and personnel at the Rockingham County Staging Area and record this information on Appendix D. _____

- 9. Record status report information (i.e., arrival time) on Appendix D. _____
- 10. Consider dispatching ambulances and personnel from the Rockingham County Staging Area to local staging areas. Coordinate this decision with the NHODA Resources Coordinator. _____

NOTE: If ambulances and personnel are to be dispatched to local staging areas, the NHODA Resources Coordinator will advise the State Staging Area Manager of the number of vehicles and personnel to be sent, including their dispatch priority.

- 11. Standby to respond to requests for information or support. Record any requests received on Appendix E. _____
- 12. Standby for notification of de-escalation or termination of emergency status. _____
- 13. If the emergency is de-escalated or terminated, notify EMS Region III (Rockingham County Dispatch) and outside EPZ ambulance providers previously contacted (Appendix B). _____
- 14. Ensure that all checklists and logs are submitted to the EOC Operations Officer. _____

GENERAL EMERGENCY

- 1. Receive notification of GENERAL EMERGENCY. _____
- 2. Ensure necessary SITE AREA EMERGENCY Procedures have been implemented (i.e., EMS personnel and vehicles ready at staging area). _____
- 3. If the Protective Action Recommendation (PAR) is for the communities to evacuate, confirm the actual ambulance vehicle and personnel requirements with the NHODA Resources Coordinator. _____

4. Discuss with the Director (DPHS) and the NHCOA Resource Coordinator the need to evacuate any health care facilities (based on health care facility protective action recommendations). _____
5. Coordinate with NHCOA Resources Coordinator on resources necessary to carry out the decision and priority for assignment of resources. _____
6. Confirm the completion of health care facility evacuations and other evacuation activities requiring ambulance support. _____

NOTE: After the arrival and check-in of ambulances at host health care facilities and Reception Centers, ambulance personnel should service and restock their vehicles as appropriate and return to the Rockingham County Staging Area unless told otherwise.

7. Remain informed of status reports from the Staging Area Manager or Staging Area Ambulance Coordinator on the arrival of ambulances and personnel back at the Rockingham County Staging Area and record this information on Appendix D. _____
8. Standby to respond to requests for information or support. Record any requests received on Appendix E. _____
9. Standby for notification of de-escalation or termination of the emergency. _____
10. If the emergency is de-escalated or terminated, notify EMS Region III Coordinator and outside EPZ ambulance providers previously contacted (Appendix B). _____

NOTE: If notified of initiation of recovery/re-entry phase, refer to necessary/re-entry operational procedures.

11. Ensure that all checklists and logs are submitted to the EOC Operations Officer. _____

RECOVERY/RE-ENTRY

1. Receive notification from Agency Liaison Officer that the recovery/re-entry phase of the emergency has begun. _____
2. Determine your present and future needs in terms of equipment, man power, other resources and inform the Agency Liaison Officer. _____
3. Continually update the Agency Liaison Officer relative to your recovery/re-entry efforts as applicable. _____
4. Standby to support other agencies or departments as necessary. _____

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

APPENDIX A
EMS PERSONNEL ROSTER

EMS Coordinator
(Region III)

Wilma Low

Randy Hall

Staging Area Ambulance
Coordinator
(Rockingham County)

Call Rockingham
County Dispatch

EOC Coordinator

John Muir
Chief, Bureau of EMS

Marcia Houck

APPENDIX B

AMBULANCE PROVIDERS OUTSIDE EPZ

(With Existing Letters of Agreement)

Company	Contact	Number of Ambulances Under Agreement	Number of Ambulances Currently Available	Response Time to Brentwood Staging Area
American Ambulance Loudon, NH	Roy Maston/ Jorda Ulery	6 1 Wheelchair Van		1 hour
Berlin Emergency Medical Svcs., Inc. Berlin, NH	David Dubey	2		3 hours
Care Ambulance Service Lowell, MA	24 hr. dispatch	4 13 Wheelchair Vans		1.5 hours
Golden Cross Ambulance, Inc. Claremont, NH	Richard Girard	8		2.5 hours
Medical Transfers, Inc. W. Ossipee, NH	Carroll Cty Sheriff's Office Wayne Aleska	2		1.5 hours
New Hampshire National Guard	Through the NH EOC	6-12		0.5-3 hours
North Conway Ambulance N. Conway, NH	Ken Kiesman Conway Police	1		1.5 hours
NRH-State Medical Concord, NH	Neil Hurd or Leslie King	4 2 Wheelchair Vans		40 minutes
O'Brien Ambulance, Inc. Beverly, MA	Kevin O'Brien	1 1 Wheelchair Van		1 hour
Twin Rivers Ambu- lance Service, Inc. Tilton, NH	Pricilla Beaulieu	2		1 hour
National Ambulance 2309 Columbia Circle Merrimack, NH	Ralph Lucier	5		
Stewart's Ambulance Center Harbor, NH	Robert Stewart	4		

APPENDIX C

EMS TRANSPORTATION RESOURCE REQUIREMENTS

HOST HEALTH CARE FACILITIES

MUNICIPALITY	FACILITY	TRANSPORTATION NEEDS				HOST FACILITIES
		1 AMBULANCE	SCHOOL BUS FOR 2 EVAC. BEDS	SCHOOL BUS FOR 3 AMBULATORY	COACH 3 BUS	
Brentwood	Rockingham County Nursing Home	0	11	3	2	VA Hospital, Manchester Hillsborough Co. Home, Grafton, Merrimac Co. Home, Gerrish Strafford Co. Home, Dover
Exeter	Exeter Hospital	5* *They Pro- pose 3 Ambulance 2 Helicopter	2	0	2	Concord Hospital, Concord Catholic Medical Ctr., Manchester Hampstead Hospital, Hampstead
	Exeter Healthcare	0	6	0	1	McKerley Medical Care, Concord
	Goodwin's Nursing Home	0	1	0	2	Clipper Home, Wolfeboro
	Eventide Home	0	1	0	1	McKerley Health Care Center, Derry
Hampton	Seacoast Health Center	0	2	0	2	Maple Leaf Health Care, Manchester Villa Crest, Manchester
Portsmouth	Portsmouth Hospital	13	3	0	1	Wentworth-Douglass Hospital, Dover York Hospital, York, Maine Parkland Medical Center, Derry Clipper Home of Rochester
	Clipper Home	0	1	2	1	
	Parrott Ave. Home	0	1	0	0	Strafford County Home, Dover
	Edgewood Centre	0	2	2	1	Rochester Manor Nursing Home, Rochester Strafford County Home, Dover
	Wentworth Home	0	2	1	0	Epsom Manor, Epsom
Rye	Webster at Rye	0	2	0	1	Dover House Health Care, Dover

1 Two (2) patients per vehicle.
 2 Ten (10) patients per converted bus.
 3 Forty (40) persons per vehicle.

ROCKINGHAM COUNTY SHERIFF'S DEPARTMENT

EMERGENCY RESPONSE PROCEDURES FOR SEABROOK STATION

ROCKINGHAM COUNTY COMPLEX IN BRENTWOOD

EMERGENCY RESPONSE PROCEDURES FOR SEABROOK STATION

ROCKINGHAM COUNTY SHERIFF'S DEPARTMENT
STATE TRANSPORTATION STAGING AREA PROCEDURE

A. DISCUSSION

This procedure outlines the actions necessary to establish and operate the Rockingham County State Transportation Staging Area in response to an emergency condition at the Seabrook Station. This staging area is one of two State Transportation Staging Areas and is located at the Rockingham County Complex in Brentwood. This facility will serve as the first reporting and gathering place for buses, ambulances and personnel which will be used to support evacuation of assigned towns of the Seabrook Station Emergency Planning Zone (EPZ) on a priority basis. Buses from this staging area will be used to evacuate towns in the western part of the EPZ which include Stratham, Newfields, Exeter, Brentwood, East Kingston, Kingston, Kensington, South Hampton and Newton. Ambulance vehicles and support personnel from this staging area will serve the entire EPZ.

Buses, ambulances and personnel will be dispatched to assigned towns on a priority basis to assist in the evacuation of individuals without transportation, the mobility-impaired and special facilities which include schools, day care centers, hospitals and nursing homes.

For those members of the public that require specialized transportation, but do not require extensive medical attention, school bus conversion kits will be made available to support evacuation of special facilities and home-bound persons. These school buses will be "converted" by outfitting the vehicles with specially designed bed boards that attach horizontally to the top of the school bus seat backs, allowing persons not able to sit upright to be laid upon the bed board so that they may be securely strapped in place while in transit to a reception health care facility.

Since those bed boards can be installed or removed in any school bus within a matter of minutes, they are stored in sufficient number at each special facility. Attendants and other personnel at these special facilities receive periodic training, as part of an ongoing training program in the installation and use of these bus conversion kits.

In order to provide for those members of the public who are home bound and require this form of assistance, and to further provide for special facilities, additional bed boards are stored at both of the state staging areas. Bus coordinators receive similar training in the installation and use of these conversion kits.

B. PURPOSE

The purpose of this procedure is to provide specific guidance for the direction of transportation support staging activities in preparation for the potential evacuation of the EPZ towns. Buses are provided to support the EPZ towns of Stratham, Newfields, Exeter, Brentwood, East Kingston, Kingston, Kensington, South Hampton and Newton. Ambulances are provided for transportation support from this location for all EPZ towns. It should be noted that transportation resources already located within the EPZ are left intact for use by local personnel.

At this location, emergency workers (e.g., bus drivers, ambulance drivers) will be issued dosimetry and KI and dispatched into the EPZ.

For those municipalities that are unable to respond for whatever reason to an emergency at the Seabrook Station, the State of New Hampshire will provide the resources necessary to protect the lives and property of the residents of that municipality. 1/2

If such a situation should arise, the state staging area responsibilities include:

1. Assigning a deputy and other support personnel to a local EOC/staging area to coordinate bus and ambulance transportation support.
2. Assigning support and emergency medical personnel to converted buses and ambulances and dispatching them to a local staging area from which they may be dispatched to provide assistance and transportation (if needed) for those mobility-impaired persons.
3. Providing directions which will be received from the IFO to be used by personnel responding to evacuate special needs persons at home. The NHCDA Resources Coordinator will be kept advised of any specific requests.

C. ORGANIZATION AND STAFFING/RESPONSIBILITIES

The NHCDA Resources Coordinator in the State EOC is responsible for directing the overall transportation support effort. As such, he is responsible for the notification of state staging area personnel as well as the notification and mobilization of field personnel and vehicles.

The Rockingham County Sheriff's Department is responsible for supervising the state staging areas. The operation at Brentwood requires a minimum of eighteen (18) individuals. A State Staging Area Supervisor is responsible for directing the response actions taken by state staging area personnel. This includes both the Brentwood and Portsmouth state staging areas and their operation.

The NHCDA Resources Coordinator in coordination with the Emergency Medical Service and Pupil Transportation representatives will establish priorities for the dispatch of transportation resources. The IFO Resources Coordinator will forward transportation support requests received from each municipality to the EOC Resources Coordinator and the State Staging Area Supervisor.

The staging area staff, under the direction of the State Staging Area Supervisor will include, at a minimum, for each state staging area, a Staging Area Manager and his assistant, a Communications Officer, a Radiological Officer and an assistant, a Bus Coordinator and two assistants for bus processing, an Ambulance Coordinator and two assistants for ambulance processing (for Brentwood only), four staff personnel to be used as necessary, and two fuel dispensing personnel. An organization chart showing the relationship of these personnel is shown in Figure 1.

Other personnel that may be involved in state staging area operations include PSNH, New Hampshire Yankee, State and local Civil Defense volunteers, and excess bus drivers (to function as staging area assistants and as additional manpower at local staging areas in the event a municipality is unable to respond for whatever reason), Sheriff's Department Deputies and Special Deputies (to manage local staging areas in the event a municipality is unable to respond) and outside-EPZ emergency medical personnel (to provide assistance in evacuating the mobility-impaired). The State Transportation Staging Area Roster is located in Appendix A.

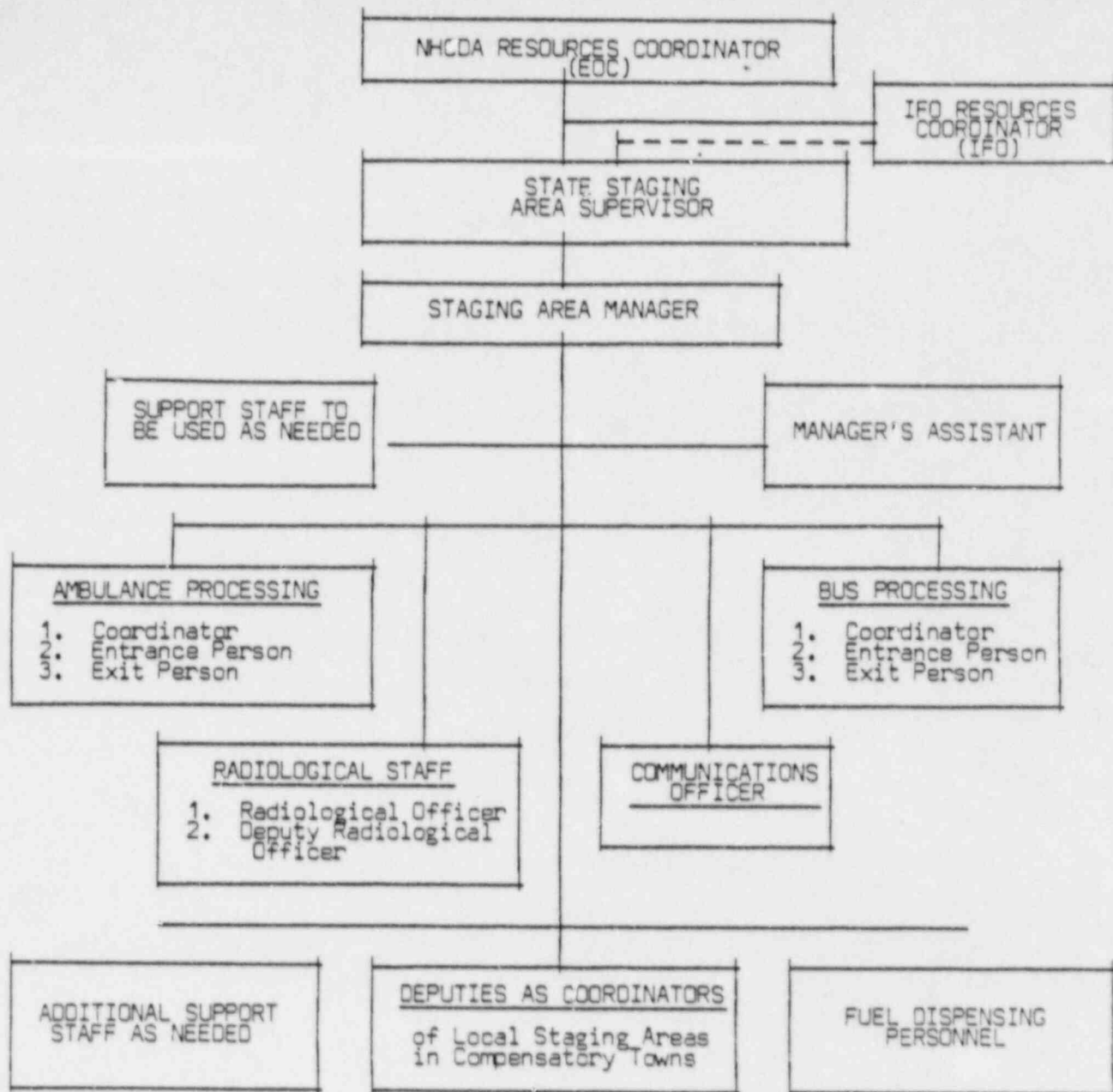


FIGURE 1

D. STAGING AREA ACTIVATION

The State Transportation Staging Areas may be activated at the ALERT classification by staging area management and supporting staff. For those ALERT classifications that include events having an actual or potential substantial impact on the level of plant safety, the decision will be made in the State EOC to partially activate both state staging areas. Partial activation under these conditions includes the notification and mobilization of the State Staging Area Supervisor, the Staging Area Manager, the Communications Officer, the Radiological Officer, the Ambulance Coordinator, the Bus Coordinator and three staff members. This action is taken to ensure, for example, that any required resources are available, self-reading dosimetry is zeroed and readied for distribution, and trams unable to respond for whatever reason are identified so that provisions for compensatory actions may be made. Notification to activate will be made by the NHCDA Resources Coordinator to the Rockingham County Sheriff's Dispatch Center, which, in turn will notify the staging area management personnel.

Under the SITE AREA EMERGENCY classification, the NHCDA Resources Coordinator will direct the notification and mobilization of transportation support resources. The NHCDA Resources Coordinator will notify the State Staging Area Supervisor when vehicles and personnel are enroute to the staging area.

E. OPERATIONAL PROCEDURES

Below are checklist procedures to be followed by the State Staging Area Supervisor and the Staging Area Manager located at the Rockingham County State Transportation Staging Area. These procedures describe actions to be taken by both individuals in response to each of the four Emergency Classification Levels.

STATE STAGING AREA SUPERVISOR

UNUSUAL EVENT

Staging area duties begin at the ALERT Emergency Classification Level (ECL).

ALERT

If under the ALERT classification level, the State Transportation Staging Areas are to be activated:

Note Time

1. Receive notification from the NHODA Resources Coordinator (through the Rockingham County Sheriff's Dispatcher) to partially activate the State Transportation Staging Areas and to report to the staging area at the Rockingham County Complex. _____

2. Referring to Appendix A, notify the staging area staff to report to their respective staging area (notify through the Rockingham County Dispatcher if desired). Staffing notifications for each staging area include:
 - a. The Staging Area Manager; _____
 - b. Radiological Officer; _____
 - c. Communications Officer; _____
 - d. Bus Coordinator; _____
 - e. Ambulance Coordinator (for Rockingham County Complex only); _____
 - f. Two Fuel Dispensing Personnel (one gasoline, one diesel); and _____
 - g. Three Support Staff _____

3. Establish communications with the NHCOA Resources Coordinators in the State EDC and IFO. _____
4. Maintain status of staging area activation and report that status to the NHCOA Resources Coordinator at the EDC. _____
5. Determine from the NHCOA Resources Coordinator if any towns are unable to respond for whatever reason. _____
6. Remain in standby mode until notified of change in classification. _____
7. If the event extends for a protracted period of time, make provisions for a relief shift. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Ensure that all steps under ALERT classification are performed. _____
2. Direct Staging Area Manager to have additional support staff notified. _____
3. Verbally report to the NHCOA Resources Coordinators (in the EDC and IFO) when each Staging Area Command Post has been established. _____
4. Follow the direction of the NHCOA Resources Coordinator in the EDC regarding the implementation of protective actions and direct allotted resources depending on conditions. _____

RECOVERY/RE-ENTRY

1. Receive notification from State EDC Resources Coordinator that the recovery/re-entry phase of the emergency has begun. _____

2. Determine your present and future needs in terms of equipment, manpower, other resources and inform the NHCDA Resources Coordinator.
3. Continually update the NHCDA Resources Coordinator relative to your recovery/re-entry efforts as applicable.
4. Standby to support other agencies or departments as necessary.

2

NOTE: The Recovery/Re-entry Phase of the emergency does not mean that the emergency has terminated. It is a method by which the situation is returned to a pre-emergency condition. Positions established during emergency response will remain active until recovery/re-entry has been completed.

STAGING AREA MANAGER

UNUSUAL EVENT

Staging area duties begin at the ALERT Emergency Classification Level (ECL).

ALERT

If under the ALERT classification level, the State Transportation Staging Areas are to be activated:

Note Time

1. Receive notification of the event from the State Staging Area Supervisor (through the Rockingham County Sheriff's Dispatcher) to activate and report to the staging area at the Rockingham County Complex. _____
2. Establish a Staging Area Command Post at the Administration Building - Second Floor, of the Rockingham County Complex. _____
3. Assign staging area personnel (see Appendix A) as they arrive to perform the following tasks:
 - a. Communications Officer to establish landline communications with the State EOC and to check operation of telefax machine to ensure any requests sent from the IFO will be received. _____
 - b. Radiological Officer to implement Appendix G. _____
 - c. Bus and Ambulance Coordinators to ensure proper placement of materials and equipment (forms, directional signage, vehicle barriers, etc.) consistent with the Staging Area Layout (see Appendix B.) _____
4. If additional personnel requirements are identified, make the request to the State Staging Area Supervisor. _____

- 5. Make necessary preparations for call out of additional staff that would be needed in case of event escalation. _____
- 6. Remain on standby status until notification of a change in classification. _____
- 7. Perform actions as directed by the State Staging Area Supervisor. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

- 1. Notify additional support staff and have them report to the Rockingham County Complex (See Appendix A). _____
- 2. Verbally report to the State Staging Area Supervisor when a staging area command post at the Administration Building - Second Floor, of the Rockingham County Complex has been established and is operational. _____
- 3. Instruct the Communications Officer to:
 - a. Ensure landline communications with the State EOC IFO, and to check operation of the telefax machine which will receive special transportation requests from the IFO). _____
 - b. Notify the Rockingham County Nursing Home Administrator of staging area activation so nursing home employees can move personal cars to the new jail parking lots. _____
- 4. Assign staging area personnel to their staging area positions (See Appendix B, Staging Area Layout).
Positions are:
 - a. Bus Processing (3 total)
 - 1. Bus Entrance (1) _____
 - 2. Bus Exit (1) _____
 - 3. Coordinator (1) (at main bus parking area to assist in deployment) _____

- b. Ambulance Processing (3 total)
 - 1. Ambulance Entrance (1) _____
 - 2. Ambulance Exit (1) _____
 - 3. Coordinator (1) (at main ambulance parking area to assist in deployment) _____

- c. Radiological Staff (2 total)
 - 1. Bus Entrance (1) _____
 - 2. Ambulance Entrance (1) _____

- d. Communication Officer (1 total)
 - 1. Command Post (1) (Administration Building) _____

- e. Assistant and Support Staff (5 total)
 - 1. Assistance to command post with Manager (1) _____
 - 2. Support staff to support the operation where needed (4) _____

- f. Staging Area Manager (1 total)
(at the command post) _____

- g. Support Personnel
(to be assigned where needed) _____

- 5. If additional personnel are needed, inform the Supervisor. _____

- 6. Direct the Radiological Officer to ensure dosimetry has been issued to all staging area personnel. _____

- 7. Ensure proper placement of personnel and equipment (directional signage, vehicle barriers, etc.) is consistent with Staging Area Layout (see Appendix B). _____

- 8. Await notification from the Supervisor that transportation resources will be dispatched to the staging area. _____

9. Direct Bus and Ambulance Coordinators, as vehicles arrive at entrances to ensure the:

a. Issuance of dosimetry ready for distribution in coordination with the Radiological Officer. _____

b. Issuance of Seacoast Area maps to each vehicle. _____

c. Check vehicle for fuel level. If any tanks are below 3/4, direct these vehicles to drive over to fuel truck and fill up their tanks. _____

1/2

d. Assignment of a number to each vehicle in the order of arrival. _____

e. Recording of the Transportation Staging Area Log (see Appendix D) including:

1) Assigned vehicle number. _____

2) Type of Vehicle (school bus, commercial bus, van, ambulance, wheelchair vans, etc. - log sheets will allow use of abbreviations. _____

3) Bus/Ambulance Company and the Bus/Ambulance Company Vehicle number, if possible. _____

4) Driver's last name and first initial. _____

5) Dosimetry package number(s) of vehicle personnel. _____

6) For Emergency Medical Service vehicles, record the number of "extra" personnel which arrived with vehicle. _____

NOTE: Excess bus drivers may be used in supporting traffic volume coordination, if necessary.

f. Periodically, in "batch form", radio to staging area command post:

1) Number and type (school bus vs. van-type bus) of buses. _____

2) Number of ambulances and EMS personnel. _____

3) Bus company or ambulance provider. _____

g. Outfit identified special needs school buses with bed boards (stored at staging area) as directed. _____

NOTE: Coach buses should be staged separately from other vehicles as they may be requested to support nursing home evacuation.

NOTE: Any tow trucks that stop in to the state staging area should be issued dosimetry and released. No coordination of tow trucks is anticipated at the state staging area.

10. Direct the Communication Officer to:

a. Receive radio messages at intervals from bus and ambulance entrance points and record (in Appendix C):

1. Number and type of buses. _____

2. Number of ambulances and emergency medical personnel. _____

3. Bus company or ambulance provider, and _____

o Provide the Supervisor status reports on vehicle and personnel arrival. _____

o Receive notification from the Supervisor to dispatch buses and ambulances to local staging areas, recording vehicle numbers and assignments (in Appendix C). _____

11. Request the Supervisor to specify which towns will need compensatory actions. _____
12. Notify the Communications Officer that he is to expect telefax requests from IFD for those persons at home requesting and needing ambulance evacuation and will forward any request to the Supervisor.
13. Upon direction of the State Staging Area Supervisor, implement the following actions:
 - a. Dispatch a Deputy with an assistant(s) to the local staging area with the proper kit of local maps. Instruct the Deputy to activate the local staging area in accordance with Appendix F, Local Transportation Staging Area Procedure. _____
 - b. Ensure the Deputy and assistant(s) are issued dosimetry by the Radiological Officer. _____
14. Direct The Communications Officer to radio Bus/Ambulance Coordinators of the number of buses/ambulances to dispatch and their destinations and to have the Bus/Ambulance Coordinators have those vehicles report to the Bus/Ambulance Exit Areas. _____
15. Direct the Bus and Ambulance Coordinators to ensure that:
 - a. Maps for each vehicle showing the route from the Rockingham County Staging Area to the local staging area are provided, and _____
 - b. Each driver dispatched is told to service his vehicle and return to the state staging area after completion of his entire assignment. _____

- c. A kit of local maps which should be given to the Deputy at the local staging area (if he had not already obtained the kit). _____

- 16. Direct the Bus and Ambulance Coordinators to have:
 - a. Bus/ambulance exit area personnel release buses and ambulances after recording the appropriate information in Appendix D and ensuring that all vehicles have:
 - 1. Maps to local staging areas, and _____
 - 2. Any special information or directions. _____
 - 3. For special needs vehicles, directions to homes of persons requiring ambulance evacuation (ambulances will check-in at local staging area), and _____
 - b. At frequent intervals have volunteers bring log sheets to the command post from bus/ambulance entrance and exit areas. _____

- 17. During a GENERAL EMERGENCY, be prepared to receive Protective Action Recommendations (PARs) from the State Staging Area Supervisor. _____
 - a. If the PAR is to shelter, shelter all emergency workers within the Rockingham County Complex. _____
 - b. If the PAR is to evacuate, be prepared to dispatch buses and ambulances to local staging areas, if this had not been performed at SITE AREA EMERGENCY. _____

- 18. Provide the Supervisor with status reports on vehicle and personnel dispatch to local staging areas. _____

- 19. When instructed by the Supervisor to deactivate the staging area: _____
 - a. Release remaining vehicles and drivers at the staging area upon return of dosimetry and other equipment. _____

 - NOTE: Ensure that you are able to account for the disposition of all vehicles that entered the transportation staging area.

 - b. Instruct the staff to restore the staging area to its former use. _____

 - c. Collect all logs and message forms from the staff. _____

 - d. Instruct the staff to account for and return equipment and dosimetry. _____

 - e. Inform the Supervisor when the staging area has been completely deactivated. _____

- 21. Any inquiries from the media should be referred to the Media Center. _____

- 22. Following the closing of the staging area, prepare a final report to include:
 - a. Names and addresses of all staff.

 - b. Vehicle and personnel tallies and all written records.

 - c. Message logs.

Forward this information to the NHCOA as directed by
the State EDC Resources Officer.

APPENDIX A

ROCKINGHAM COUNTY SHERIFF'S DEPARTMENT

STATE STAGING AREA NOTIFICATION LIST

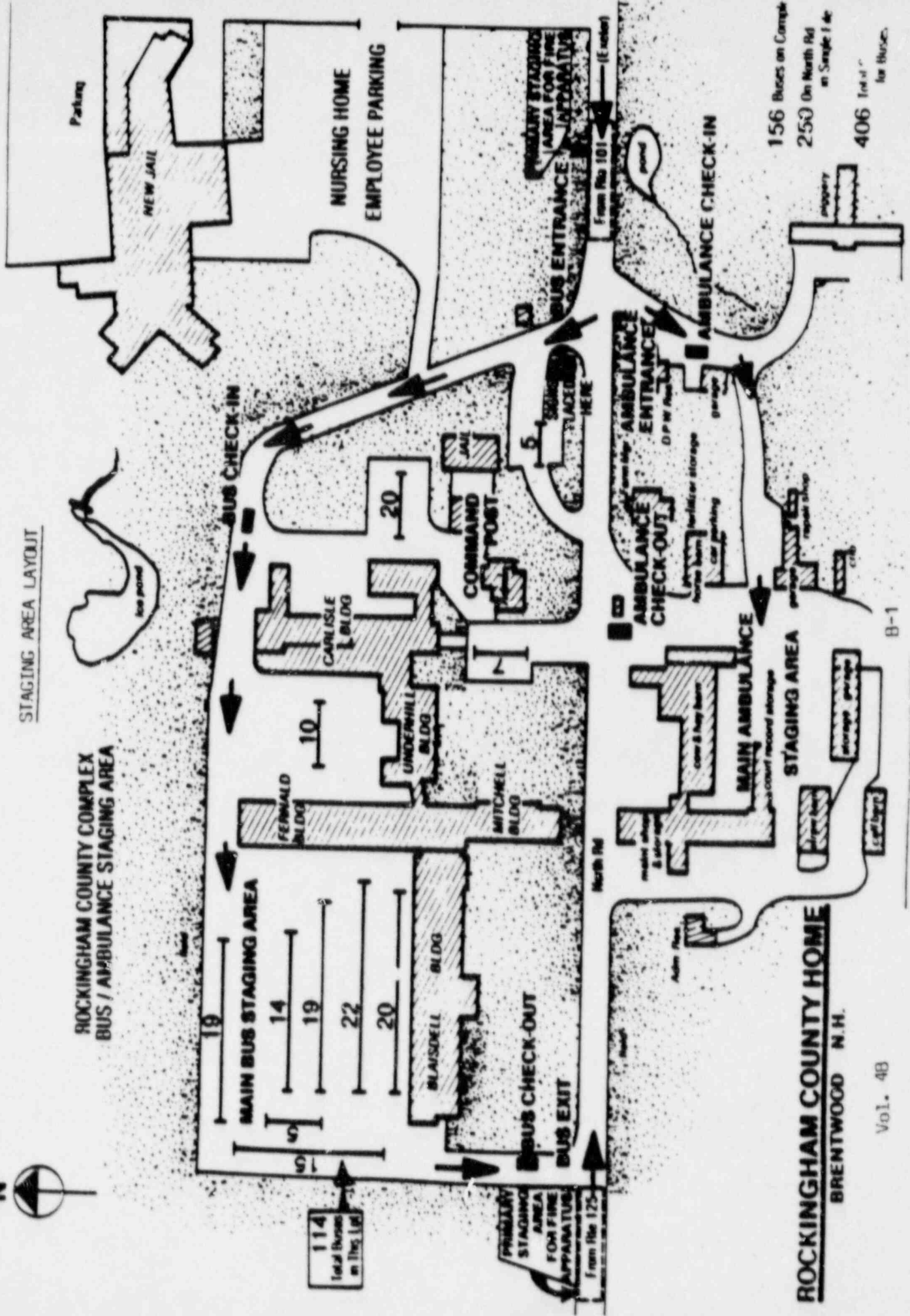
- 1) Rockingham County Dispatch Center
Staffed 24-hours
- 2) Sheriff Charles F. Vetter
Primary - Shift A
- 3) Deputy Alvin Bissell
Alternate - Shift B

Current staffing rosters for special deputies are maintained at the Rockingham County Dispatch Center

STAGING AREA LAYOUT



ROCKINGHAM COUNTY COMPLEX
BUS / AMBULANCE STAGING AREA



114
Total Buses
in This Lot
From file 175

156 Buses on Complex
250 On North Rd
in Sample file
406 Total
for Buses

ROCKINGHAM COUNTY HOME
BRENTWOOD N.H.

APPENDIX E

DEPUTY SIGN-OUT SHEET*

(For Tracking Deputies and Map Kits)

Deputy (Last name first) PRINT	Local Map Kit (List Town)	Time Kit/Deputy Dispatched

* This form is to be used in logging out Deputy dispatched to local staging area to direct compensatory actions.

APPENDIX F

LOCAL TRANSPORTATION STAGING AREA PROCEDURE

Name: _____

Date: _____

If a municipality is unable to respond whatever the reason, the Rockingham County Sheriff's Deputies will serve as Local Transportation Staging Area Coordinators and will follow this procedure. The local staging area would be activated at SITE AREA EMERGENCY on a town-by-town basis as specified by the State Staging Area Supervisor.

A. ACTIONS

Note Time

1. When assigned to activate a local staging area:
 - a. You must have at least one assistant (to be assigned by the Staging Area Manager). _____
 - b. If you have not been provided with dosimetry, obtain from the Radiological Officer. Ensure dosimetry has been issued to your assistant(s). _____
 - c. Obtain the local town's map kit to include:
 1. Bus route maps (for picking up residents without transportation). _____
 2. Maps from the local staging area to special facilities (schools, day care centers, hospitals and nursing homes). _____
 3. Maps from the local staging area to the reception center. _____
 - d. Obtain communications (radio) equipment from state staging area staff for two-way contact with the IFO (if not already provided). _____

1/2

APPENDIX F
(Continued)

LOCAL TRANSPORTATION STAGING AREA PROCEDURE

Note Time

2. Proceed to and activate the local staging area by establishing contact with the IFO upon arrival (via mobile radio). As a back-up, find the nearest telephone which could be used if radios fail. _____

NOTE: THE IFO WILL SERVE AS YOUR PRIME RADIO CONTACT. ALL OPERATIONS RELATING TO THE LOCAL STAGING AREA WILL BE COORDINATED AND CONTROLLED THROUGH THE IFO.

3. Prepare to receive buses and ambulances by:
- a. Preparing log sheets and map kits for distribution (all maps will be well-labeled and kept together for each facility). _____
 - b. Setting up bus routing dispatch and bus parking area. _____
 - c. Assigning tasks to assistant(s) (distributing maps, completing log sheet). Support personnel coming with lead buses could serve as additional assistants. _____
4. Note bus and ambulance arrival and record on Bus and Ambulance Master Dispatch Logs (see Attachments 1 and 2). _____
5. Make ready facility-specific or bus routing maps based on the information received from the IFO. _____

NOTE: Health care facilities will evacuate to designated host health care facilities. Strip maps to these facilities will be provided at the risk health care facility.

APPENDIX F
(Continued)

LOCAL TRANSPORTATION STAGING AREA PROCEDURE

Note Time

6. As special facility buses/ambulances arrive, give them the appropriate:
 - a. Special Facility maps. _____
 - b. Reception Center maps and dispatch them to their assignments. _____

7. Record on the Bus/Ambulance Master Dispatch Logs the remaining information which includes:
 - a. Staging area arrival time. _____
 - b. Assigned vehicle number from rear window (record in the "Dispatched Column"). _____

8. At intervals report to IFO status of vehicle arrivals and departures. _____

APPENDIX F
(Continued)

LOCAL TRANSPORTATION STAGING AREA PROCEDURE

Note Time

9. For buses arriving to pick up individuals without automobiles (bus routing), coordinate this operation as follows:
 - a. Assign one bus to each of the bus routes shown for the municipality (see map kit).

 - b. Instruct the drivers assigned to make a circuit of the assigned bus route picking up people at the designated pick-up points indicated on the bus route map as well as any individuals along the route who signal to them that they need a ride.

 - c. Have the bus return to the local staging area after it has made a complete circuit.

 - d. If the returning buses are only partially full, transfer the passengers to another bus waiting at the local staging area. Instruct the buses picking people up to make another circuit of their assigned routes. Once the bus at the local staging area is full, dispatch it to the host facility.

 - e. Advise drivers to monitor fuel and assist with refueling if needed.

APPENDIX F
(Continued)

LOCAL TRANSPORTATION STAGING AREA PROCEDURE

Note Time

- f. If the returning buses are full, then:
 - 1. Immediately dispatch the bus to the reception center. _____
 - 2. Instruct the driver to return to the state staging area once he is done at the reception center. _____
 - 3. Assign another bus to complete that route. _____
 - 10. Repeat steps 9 (a-f) until all bus routes have been covered or until buses are no longer receiving any passengers. _____
 - 11. Advise the IFD when bus routing has been completed. _____
 - 12. For ambulances or specially converted buses arriving to transport special needs persons living at home, record:
 - a. The address(es) they are responding to (place in Special Facility column of Ambulance Log). _____
 - 13. Radio the IFD of ambulance/specially converted buses arrival and departure information. _____
- NOTE: Ambulances and specially converted buses will have directions to the homes of persons needing special assistance. _____

APPENDIX F
(Continued)

LOCAL TRANSPORTATION STAGING AREA PROCEDURE

- | | <u>Note Time</u> |
|--|------------------|
| 14. Notify the IFO of any resource needs (i.e., personnel problems, lack of equipment, etc.). | _____ |
| 15. Continue local staging area operations until notified by the IFO to leave the area. | _____ |
| 16. Upon deactivation, return to the Rockingham County State Transportation Staging Area and turn in all logs to the Staging Area Manager. | _____ |

APPENDIX F

(Continued)

ATTACHMENT 2

AMBULANCE BUS MASTER LOG

Special Facility (or home)	Ambulances Required	ETA to Staging Area	Arrived at Area	Dispatched to Facility (by assigned number)	Enroute to Reception Center or Host Health Care Facility

APPENDIX G

RADIOLOGICAL OFFICER PROCEDURE

Name _____

Date _____

The Radiological Officer at the state staging area is responsible for issuing radiological monitoring equipment, dosimetry and potassium iodide, and for ensuring that associated emergency worker exposure records are maintained.

The following is a checklist of the minimum actions the Radiological Officer is required to undertake during a radiological emergency at the Seabrook Station.

<u>Actions</u>	<u>Note</u>	<u>Time</u>
1. Upon arrival at the state staging area, access the equipment storage area and set up your work station in the command post.	_____	_____
2. Compare supplies of equipment against inventories. Notify the IFQ/EOF of any shortages.	_____	_____
3. Direct support staff to set up work station, start "zeroing" dosimetry in accordance with Attachment 1, and prepare dosimetry and KI for distribution.	_____	_____
4. Issue dosimetry to all staging area staff in accordance with Attachment 2.	_____	_____
5. Keep the Staging Area Manager advised of the status of the operation.	_____	_____
6. Upon the arrival of emergency workers, direct and coordinate the issuance of dosimetry and KI in accordance with Attachment 2.	_____	_____
7. If a radioactive release is expected or is in progress:		
a. Instruct all personnel at the staging area to begin reading their dosimetry at 15-minute intervals.	_____	_____

APPENDIX G
(Continued)

RADIOLOGICAL OFFICER PROCEDURE

<u>Actions</u>	<u>Note Time</u>
b. Begin making hourly reports to the IFO/EOF of the number of workers reporting exposures of 175mR, 1R, 2R, 3R, 4R and 5R, respectively.	_____
c. Upon request from State officials at the IFO, carry out monitoring of the outside area around the EOC using the CDV 700. Report the findings to the IFO.	_____
8. When informed by the IFO of Director, DPHS, authorization, ensure all emergency workers are notified to begin taking KI.	_____
NOTE: If any emergency worker reports any side effects or reactions from KI, instruct the workers to discontinue use of KI and to leave the affected area.	
9. If a protective action is recommended for the staging area, implement sheltering precautions for the staging area.	_____
10. If an emergency worker reports an exposure of:	
a. 175mR on his CDV-138, instruct the worker to begin reading their CDV-730 and report in when the CDV-730 indicates an IR exposure.	_____
b. 1R, 2R, 3R, 4R on his CDV-730:	
1. Consult with the Staging Area Manager to determine if the worker is necessary for the response effort.	
2. If the worker is not required for the response, instruct the worker to leave the affected area.	
3. If worker is required to support the response, request the Staging Area Manager to replace the exposed worker.	

APPENDIX G
(Continued)

RADIOLOGICAL OFFICER PROCEDURE

<u>Actions</u>	<u>Note Time</u>
4. If no replacement is available, assign the worker a new exposure action level of 2, 3, 4 or 5R.	_____
c. 5R or greater on his COV-730:	
1. Log the emergency worker's name, SSN and the date and time of the report.	
2. Notify the IFO/EOF of the exposure.	_____
3. Instruct the worker to report to the appropriate decontamination center.	_____
.NOTE: IF AN EMERGENCY WORKER IS CRITICAL TO THE RESPONSE AND A REPLACEMENT IS NOT AVAILABLE, THE IFO CONTROLLER MAY REQUEST DPHS PERMISSION TO ALLOW THE WORKER TO RECEIVE AN EXPOSURE OF UP TO 20R.	
11. Maintain exposure records for all emergency workers.	_____
12. Collect all bottles of remaining KI tablets after a determination has been made to discontinue ingestion, or after 10 tablets have been taken, whichever comes first.	_____
13. Collect dosimetry and completed Dosimetry-KI Report Form from each emergency worker if their need for dosimetry has been discontinued and there has been no release, and forward all forms to the DPHS IFO RHTA. Otherwise, direct personnel to report to the assigned decontamination center.	_____

APPENDIX G
(Continued)

RADIOLOGICAL OFFICER PROCEDURE

Actions

Note Time

14. If you are required to leave the staging area, appoint the next available person in your line of succession to staff your position. Inform the Staging Area Manager of this change. _____

15. Submit copies of emergency worker exposure records, survey records (if applicable) and TLDs to NH Division of Public Health Services following the emergency. _____

16. Submit this checklist and all messages to the Staging Area Manager. _____

ATTACHMENT 1RADIOLOGICAL EQUIPMENTINVENTORY AND OPERATIONAL CHECK

1. Verify the number of items required, as listed in TAB 1, Radiological Equipment Inventory, are accurate. _____
2. Record any changes in estimates for required equipment in the appropriate column of TAB 1. _____
3. Count the number of each item listed on TAB 1. _____
4. Perform operational checks on those items so designated by Figure 1. Instructions on how to perform the checks are provided as follows:
 - a. COV - 750, TAB 2,
 - b. Self-reading dosimeters, TAB 3,

Any item which fails an operational check shall be considered defective and not counted as available for use.
5. Record the quantity of each item listed on TAB 1, available for the staging area's use, in the available column on TAB 1. _____
6. Determine unmet need for each item by subtracting the number available from the number required. Record this number in the "unmet" column on TAB 1. _____
7. Report unmet need to the Staging Area Manager. _____
8. Prepare dosimetry for issue to emergency workers. A dosimetry unit consists of the following:
 - a. (1) COV-730/Dosimeter Corp. 622 (staff only)
 - b. (1) COV-138/Dosimeter Corp. 862 Dosimeter (0-200mR) (staff only)
 - c. (1) Thermoluminescent Dosimeter (TLD)
 - d. (1) Dosimetry-KI Report Form
 - e. Bottle of Potassium Iodide (KI)

ATTACHMENT 1

RADIOLOGICAL EQUIPMENT INVENTORY

Item	(1) OP Check	Staging Area Staff	Other	Req'd	Total Available	Unmet
CDV-730/Dosimeter Corp. 622 (0-20R) Dosimeters	Yes					
CDV-138/Dosimeter Corp. 862 (0-200mR) Dosimeters	Yes					
CDV-742 (0-200R) Dosi- meters	Yes					
Thermoluminescent Dosimeter (TLD)	No					
CDV-750 Dosimeter Charge	Yes					
Bottles KI Tablets	No					
Appropriate Instructions and Log Forms	No					

Notes:

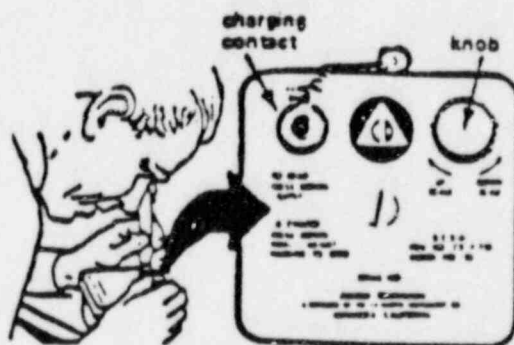
(1) If operational check is required, see Tabs for instructions.

TAB 2
ATTACHMENT 1
OPERATION CHECKS FOR
THE CDV-750 DOSIMETER CHARGER

Attachment 1
Page 3 of 7

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eyepiece on charging contact of charger. (See Figure 1).

Figure 1



3. Apply downward pressure and you should see a meter scale and a vertical line while looking through the dosimeter. If no line is visible, rotate the control knob, located in the upper right hand corner (Figure 1), until a line appears.
4. Set line to or near zero (Figure 2) by turning control knob (Figure 1).

Figure 2



TAB 2

(Continued)

5. The charger is considered operational if the light sources for reading dosimeters are working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

TAB 3
ATTACHMENT 1
OPERATION CHECK/ZEROING
SELF-READING DOSIMETERS

Attachment 1

Page 5 of 7

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a vertical line, while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



- NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER:
- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR
 - (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR
 - (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.
3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
 4. Remove the dosimeter from the charging contact. Read the dosimeter.
NOTE: WHEN READING DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.
 5. If the dosimeter reading is zero, continue to Step 8.
 6. If the reading is above zero, repeat the procedure; but when charging the dosimeter, set line slightly below zero.
 7. If the reading is below zero, repeat the procedure; but when charging the dosimeter, set line slightly above zero.

TAB 3

(Continued)

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If a dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes, then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 4
ATTACHMENT 1
OPERATIONAL CHECK
FOR THE COV-700 SURVEY METER

1. Visually check the meter for signs of physical damage. _____
 2. Ensure the selector switch is in the "off" position. _____
 3. Open case and install batteries. Return instrument to case. _____
 4. Turn the selector switch to the "X10" position. _____
 5. Connect the headphones to the audio jack. _____
 6. Open the probe shield and put on the headphone. _____
- NOTE: ENSURE THE COV-700 HAS BEEN ALLOWED TO WARM UP FOR AT
LEAST 30 SECONDS BEFORE BEGINNING STEP 7.
7. Hold the probe's open window area against the operational check source on the side of COV-700. The meter should read between 1.5 and 2.5 mR/hr. An increase in the rate of clicks should be heard in the headphone. _____
 8. If the meter reads too low, install new batteries and re-check the instrument. If no clicks are audible in the headphone, replace the headphones and re-check the instrument. _____

ACTIONS

1. Verify that dosimetry is divided into units consisting of:
 - a. 1 CDV-730 or DCA-622 (0-20R self-reading dosimeter);
 - b. 1 CDV-138 (0-200mR self-reading dosimeter);
 - c. 1 Thermoluminescent Dosimeter (TLD);
 - d. 1 Bottle of Potassium Iodide (KI);
 - e. 1 Dosimetry-KI Report Form (Figure 1);
 - f. 1 Potassium Iodide Acknowledgement Form (TAB 1);
 - g. 1 Emergency Workers Information Sheet (TAB 3).

Each emergency worker receives one unit as described above.

2. Have all the individuals complete the top section of the Dosimetry-KI Report Form (Figure 1).
3. While the individual is completing the top section of the Dosimetry-KI form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with TAB 2.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (Figure 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (Figure 2).
6. Have the emergency worker complete the Potassium Iodide Acknowledgement Form (Enclosure 1) as specified.
7. Have the staff members verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff member should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (Figure 2).
9. Record the appropriate information on the Dosimetry Log Form (Figure 2).
10. Provide each individual a copy of Exposure Control and KI information sheet (Enclosure 3).

DOSIMETRY—KI REPORT FORM

Vol. 48

(Please print legibly)

Emergency Worker's Name: _____

Social Security Number: _____

Home Address: _____

Emergency Worker's Organization: _____

Town/City: _____

Emergency Worker's Signature: X

MISSION		CD V-730 or DCA-622 (0-20R)			CD V-138 (0-200mR)			
NO.	DESCRIPTION	DATE	SERIAL NO.	BEFORE AFTER	MISSION TOTAL	SERIAL NO.	BEFORE AFTER	MISSION TOTAL
1.				R			mR	
				R	R		mR	mR
2.				R			mR	
				R	R		mR	mR
3.				R			mR	
				R	R		mR	mR
4.				R			mR	
				R	R		mR	mR
5.				R			mR	
				R	R		mR	mR
				TOTAL	R		TOTAL	mR

TLD (thermoluminescent dosimeter)

Serial No. of TLD: _____

Issued	DATE/TIME	PERSON/ ORGANIZATION
		By: _____
Turned In		To: _____

READING OF TLD

m/rem _____

Date of Reading _____

RSP # _____

G-13

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-138 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below.)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading: _____

Signature of Monitor: X

DOSIMETRY—KI REPORT FORM DISTRIBUTION: Complete this form and forward the original copy with the TLD through emergency management channels to DPHS. If the self-reading dosimetry indicates total exposure of 5 R or more, expedite delivery to DPHS. DPHS will forward to the individual and to the Town or City Civil Defense Director the TLD reading as well as an explanation of the reading. Copy 2 is retained by the Town or City Civil Defense Agency. Copy 3 is retained by the individual.

Rev. 2/9/86

POTASSIUM IODIDE		RECORD
Date	Time	Amount Taken
Day 1		1 tablet/130 mg
Day 2		1 tablet/130 mg
Day 3		1 tablet/130 mg
Day 4		1 tablet/130 mg
Day 5		1 tablet/130 mg
Day 6		1 tablet/130 mg
Day 7		1 tablet/130 mg
Day 8		1 tablet/130 mg
Day 9		1 tablet/130 mg
Day 10		1 tablet/130 mg

KI INSTRUCTIONS: Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day. If you have any adverse reaction to the drug, discontinue taking and report to your supervisor.

TAB 1
ATTACHMENT 2

Attachment 2

Page 4 Of 10

POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection of the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioactive iodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____

DATE _____

When completed, copies of this form should be forwarded to the IFQ/EOE PHTA.

TAB 2
ATTACHMENT 2
OPERATIONAL CHECK/ZEROING
SELF-READING DOSIMETERS

Attachment 2
Page 5 of 10

ACTIONS

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a line while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER,

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR,
 - (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR,
 - (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.
3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
 4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure but when charging the dosimeter set line slightly below zero.

TAB 2

(Continued)

7. If the reading is below zero, repeat the procedure, but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 3
ATTACHMENT 2
EMERGENCY WORKER INFORMATION

Attachment 2
Page 7 of 10

1. Dosimetry:
 - a. Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
 - b. In no case should your TLD be used by another person.
 - c. You should read your self-reading dosimeters at least once every thirty minutes.
2. Dosimetry-KI Report Form:
 - a. Keep the form in your possession at all times;
3. Potassium Iodide Acknowledgement Form:
 - a. Ensure you understand all the instructions on the form.
4. Radiation Exposure Control:
 - a. If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
 - b. If your CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
 - c. If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
 - d. The maximum amount of whole body exposure a worker is allowed to receive without permission of DPHS is 5 Roentgen (5R), however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. In extreme situations, DPHS may authorize exposures for

TAB 3
(Continued)

state emergency workers of up to 20R. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor.

5. Potassium Iodide (KI):

- a. Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio-iodines in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- b. KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- c. If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- d. Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- e. Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).

TAB 3

(Continued)

- f. A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
 - g. Keep the bottle of KI with you at all times. Do not lose it or discard it.
 - h. When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
 - i. If you experience any side effects, report them immediately.
 - j. Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.
6. Termination of Assignment

- a. Unless directed otherwise by your supervisor, at the end of your assignment report back to your duty station. Record the final reading of your dosimeter in the "After" block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the "Mission Total" block. Report mission completion and the total mission exposure to your supervisor. Stand by for further instructions from your supervisor.

NOTE: BASED ON CONDITIONS OF THE PLANT AND PROTECTIVE ACTION RECOMMENDATIONS RECEIVED FROM THE STATE, YOU MAY BE DIRECTED BY YOUR SUPERVISOR TO REPORT TO ANOTHER LOCATION OTHER THAN YOUR DUTY STATION UPON TERMINATION OF ASSIGNMENT. IF THIS OCCURS, REPORT TO THE LOCATION AS INSTRUCTED AND COMPLETE ACTIONS AS STATED ABOVE.

- b. If you are being relieved of your assignment by another individual, then:

TAB 3
(Continued)

1. Turnover all logs, procedures and equipment except dosimetry/KI to your relief.
2. Notify your supervisor of the turnover.
3. Report to the area where you were issued dosimetry to turn in your dosimetry, unless directed otherwise by your supervisor.

OMNE MALL

STATE TRANSPORTATION STAGING AREA PROCEDURE

OMNE MALL
STATE TRANSPORTATION STAGING AREA PROCEDURE

A. DISCUSSION

This procedure outlines the actions necessary to establish and operate the OMNE Mall State Transportation Staging Area in response to an emergency condition at the Seabrook Station. This staging area is one of two State Transportation Staging Areas and is located at the Outlet Mall of New England in Portsmouth, NH. This facility will serve as the first reporting and gathering place for buses and personnel which will be used to support evacuation of assigned towns of the Seabrook Station Emergency Planning Zone (EPZ) on a priority basis. Buses from this staging area will be used to evacuate towns in the northern part of the EPZ which include Seabrook, Hampton Falls, Hampton, North Hampton, Rye, Portsmouth, New Castle and Greenland.

Buses and bus drivers will be dispatched to assigned towns on a priority basis to assist in the evacuation of individuals without transportation, the mobility-impaired and special facilities which include schools, day care centers, hospitals, and nursing homes. For those members of the public requiring special medical attention during transport(i.e., ambulances), resources will be mobilized and dispatched from the Rockingham County State Staging Area located at the Rockingham County Complex in Brentwood. The procedure for the Rockingham County State Staging Area provides for the dispatch of ambulances and drivers to all of the EPZ towns requiring this specialized support.

For those members of the public that require specialized transportation, but do not require extensive medical attention, school bus conversion kits will be made available to support evacuation of special facilities and home-bound persons. These school buses will be "converted" by outfitting the vehicles with specially designed bed boards that attach horizontally to the top of the school bus seat backs allowing persons not able to sit upright to be laid upon the bed board so that they may be securely strapped in place while in transit to a reception health care facility.

Since those bed boards can be installed or removed in any school bus within a matter of minutes, they are stored in sufficient number at each special facility. Attendants and other personnel at these special facilities receive periodic training, as part of an ongoing training program, in the installation and use of these bus conversion kits.

In order to provide for those members of the public who are home bound and require this form of assistance, and to further provide for special facilities, additional bed boards are stored at both of the State Staging Areas. Bus coordinators receive similar training in the installation and use of these bed boards.

B. PURPOSE

The purpose of this procedure is to provide specific guidance for the direction of transportation support staging activities in preparation for the potential evacuation of EPZ towns. Buses are provided to support the EPZ towns of Seabrook, Hampton Falls, Hampton, North Hampton, Rye, Portsmouth, New Castle and Greenland. It should be noted that transportation resources already located within the EPZ are left intact for use by local personnel.

Ambulances needed to support specialized transportation will be staged at, and provided from, the State Transportation Staging Area at the Rockingham County Complex in Brentwood.

At the OMNE Mall location, the response actions contemplated in this procedure deal primarily with providing buses for predefined evacuation needs. However, provisions have been made to store evacuation bed boards at the State Staging Area to allow for the handling of specialized transportation requests arising at the time of an emergency.

At this location, emergency workers (e.g., bus drivers) will be issued dosimetry and KI, and dispatched into the EPZ.

For those municipalities that are unable to respond to an emergency at the Seabrook Station, for whatever reason, the State of New Hampshire will provide the resources necessary to protect the lives and property of the residents of that municipality. Should such a situation arise, OMNE Mall State Transportation Staging Area responsibilities will include:

- a. Supporting the deputy assigned by the Rockingham County State Staging Area to the local EOC/staging area to coordinate bus and ambulance evacuation by providing buses to be used for conventional and specialized evacuation needs.

- b. Providing directions which will be received from the IFO to buses converted to allow for the evacuation of special needs persons at home and at special facilities. The NHODA Resources Officer will be kept advised of any specific requests.
- c. To track personnel and vehicles by using log sheets, status boards and checklists.

C. ORGANIZATION AND STAFFING/RESPONSIBILITIES

The NHODA Resources Coordinator in the State EOC is responsible for directing the overall transportation support effort. As such, he is responsible for the notification of State Staging Area personnel as well as the notification and mobilization of field personnel and vehicles. Furthermore, the NHODA Resources Coordinator, in coordination with the Emergency Medical Service and Pupil Transportation representatives, will establish priorities and direct the dispatch of transportation resources.

The State Staging Area Supervisor, located at the State Staging Area in Brentwood, reports to the NHODA Resources Coordinator in the EOC and provides overall direction for State Staging Area operations. This includes both the Brentwood and Portsmouth locations.

The NHODA Resources Coordinator located in the IFO will forward special transportation support requests received from each municipality to the State Staging Area Supervisor and the NHODA Resources Coordinator at the EOC. The State Staging Area Supervisor will then relay information to the appropriate Staging Area Manager for action.

A minimum of fourteen (14) individuals are required for staging area operations at the OMNE Mall. The staging area staff will include a Staging Area Manager and his assistant, a Communications Officer, a Radiological Officer and an assistant, a Bus Coordinator and two assistants for bus processing, four staff personnel to be used as necessary and two fuel dispensing personnel. An organization chart showing the relationship of these positions is shown in Figure 1.

Other personnel that may be involved in state staging area operations include PSNH, New Hampshire Yankee, State and local Civil Defense volunteers and excess bus drivers (to function as staging area assistants and as additional manpower at local staging areas in the event a municipality is unable to respond for whatever reason); Sheriff's Department Deputies and Special Deputies; and outside-EPZ emergency medical service personnel (to provide assistance in evacuating the mobility-impaired at home). The State Transportation Staging Area Roster is located in Appendix A.

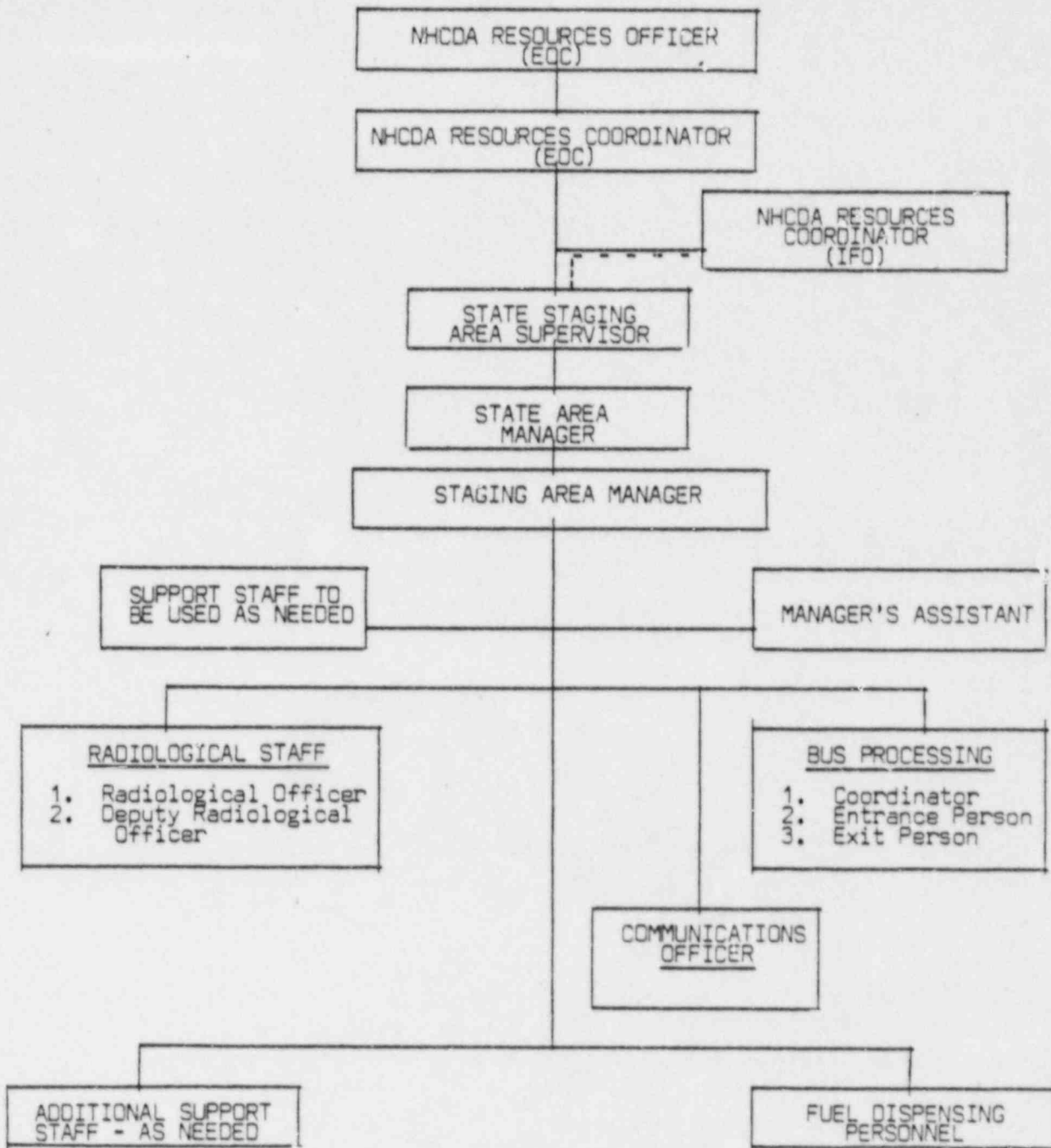


FIGURE 1

D. STAGING AREA ACTIVATION

The OMNE Mall State Staging Area may be activated at the ALERT classification by staging area management and supporting staff. For those ALERT classifications that include events having an actual or potential substantial impact on the level of plant safety, the decision will be made in the State EOC to partially activate both state staging areas. Partial activation for the OMNE Mall State Staging Area under these conditions include the notification and mobilization of the Staging Area Manager, the Communications Officer, the Radiological Officer, the Bus Coordinator and three staff members. This action is taken to ensure, for example, that any required resources are available, self-reading dosimetry is zeroed and readied for distribution, towns unable to respond for whatever reason are identified so that provisions for compensatory actions may be made. Notification to activate will be made by the NHODA Resources Coordinator to the Rockingham County Sheriff's Dispatch Center, which, in turn will notify the staging area management personnel.

Under the SITE AREA EMERGENCY classification the NHODA Resources Coordinator will direct the notification and mobilization of transportation field resources and provide a status to the State Staging Area Supervisor. The State Staging Area Supervisor in turn, will notify the Staging Area Manager when vehicles and personnel are enroute to the staging area.

E. OPERATIONAL PROCEDURES

UNUSUAL EVENT

Staging area duties begin at the ALERT Emergency Classification Level (ECL).

ALERT

Note Time

If under the ALERT classification level, the OMNE Mall State Staging Area is to be activated, Staging Area Manager will:

1. Receive notification from the State Staging Area Supervisor (through the Rockingham County Sheriff's Dispatcher) to activate and report to the staging area.

2. Establish a staging area command post at the UMNE Mall. _____
3. Assign staging area personnel as they arrive to perform the following tasks:
 - a. Communications Officer to establish landline communications with the State EOC and to check operation of the telefax machine to ensure any requests sent from the IFO will be received. _____
 - b. Radiological Officer to Implement Appendix E.
 - c. Bus Coordinator to ensure proper placement of materials and equipment (forms, directional signage, vehicle barriers, etc.) consistent with the Staging Area Layout (see Appendix B). _____
4. Make provisions to notify the balance of state staging area staff in case of event escalation or make a request to the State Staging Area Supervisor to provide additional personnel if additional needs are identified. _____
5. Remain in a standby status until notification of a change in classification is received. _____
6. If the event extends for a protracted duration, direct the Communications Officer to provide a relief shift referring to Appendix A. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. If the SITE AREA EMERGENCY is the initial notification of an emergency classification, Staging Area Manager, will ensure that all steps under ALERT classification are performed. _____

2. Notify additional support personnel and have them report to the OMNE Mall State Staging Area Command Post (See Appendix A). _____

3. Verbally report to the State Staging Area Supervisor when a staging area command post at the OMNE Mall has been established and is operational. _____

4. Instruct the Communications Officer to:
 - o ensure landline communications with the State EOC and to check operation of the telefax machine (which may receive special transportation requests from the IFO). _____

5. Assign staging area personnel to their Staging Area positions (see Appendix B, Staging Area layout).

Positions are:

a. Bus Processing (3 total)

1. Bus Entrance (1) _____

2. Bus Exit (1) _____

3. Coordinator (1) (at main bus parking area to assist in deployment) _____

b. Radiological Staff (2 total)

1. Bus Entrance (1) _____

c. Communication Officer (1 total)

1. Command Post (1) _____

d. Assistant and Support Staff (5 total)

1. Assistance to Command Post with Manager (1) _____

2. Support Staff to support the operation where needed (4) _____

e. Staging Area Manager (1 total)

(at the Command Post) _____

f. Support Personnel

1. To be assigned where needed _____

6. If additional personnel are needed, inform the State Staging Area Supervisor. _____

7. Direct the Radiological Officer to ensure dosimetry has been issued to all staging area personnel. _____

- 8. Direct Bus Coordinator to ensure proper placement of personnel and equipment (directional signage, vehicle barriers, etc.) consistent with Staging Area Layout (See Appendix B). _____

- 9. Await notification from the State Staging Area Supervisor that transportation resources will be dispatched to the staging area. _____

- 10. Direct Bus Coordinator as vehicles arrive at entrances to ensure the:
 - a. Issuance of dosimetry ready for distribution in coordination with the Radiological Officer. _____
 - b. Issuance of Seacoast Area maps to each vehicle. _____
 - c. Check vehicle for fuel level. If any tanks are below 3/4, direct these vehicles to drive over to the appropriate fuel truck and fill up their tanks. _____
 - d. Assignment of a number to each vehicle in the order of arrival. _____
 - e. Recording of the Transportation Staging Area Log (see Appendix D) including:
 - 1. Assigned vehicle number _____
 - 2. Type of Vehicle (school bus, commercial bus, van, etc. log sheets will allow use of abbreviations). _____
 - 3. Bus Company and the Bus Company Vehicle number, if possible. _____

4. Driver's last name and first initial.

5. Dosimetry package number(s) of vehicle personnel.

NOTE: Excess Bus Drivers may be used in supporting traffic volume coordination.

e. Periodically, in "batch form", radio to staging area command:

1. Number and type (school bus vs. van-type bus) of buses.

2. Bus company providing bus.

f. If directed, outfit school buses assigned for special needs with bed boards and dispatch as directed.

NOTE: Coach buses should be staged separately from other vehicles as they may be requested to support nursing home evacuation.

NOTE: Any tow trucks that enter the staging area should be issued dosimetry and released. No coordination of tow trucks is anticipated at the State Staging Area.

11. Direct the Communication Officer to:

o Receive radio messages at intervals from bus entrance point and record (in Appendix C):

a. Number and type of buses.

b. Bus companies providing vehicles, and

o Provide the State EOC Staging Area Supervisor status reports on vehicle and personnel arrival.

o Receive notification to dispatch buses and ambulances to local staging areas, recording vehicle numbers and assignments (in Appendix C), from the State Staging Area Supervisor.

12. Request the State Staging Area Supervisor to specify which towns will need compensatory actions, if any, so that special needs requests may be anticipated. _____
13. Instruct the Communications Officer to anticipate receiving telefax requests from the IFO for those persons at home requesting and needing special assistance during evacuation, and forward any requests to the Staging Area Manager.
14. Direct the Communications Officer to radio Bus Coordinator of the number of buses to dispatch and their destinations and to have the Bus Coordinator have those vehicles report to the exit area. _____
15. Direct the Bus Coordinator to ensure that personnel at the bus exit have:
 - a. Provided for each bus showing the route to the local staging area. _____
 - b. For converted buses that are to support compensatory actions, special needs directions have been provided; _____
 - c. The appropriate information on Appendix D is filled out; _____
 - d. Support staff bring completed log sheets to the Command Post at frequent intervals; and _____
 - e. Instruct drivers to return to the State Staging Area after total completion of their assignment.

16. During a GENERAL EMERGENCY, be prepared to receive Protective Action Recommendations (PARs) from the State Staging Area Supervisor.
 - a. If the PAR is to shelter, shelter all emergency workers within the OMNE Mall Complex. _____
 - b. If the PAR is to EVACUATE, be prepared to dispatch buses and to local staging areas, if this had not been done at SITE AREA EMERGENCY. _____
17. Direct the Communications Officer to provide the State Staging Area Supervisor with status reports on vehicle and personnel dispatch to local staging areas. _____
18. At the conclusion of response actions, and as instructed by the State Staging Area Supervisor, direct all personnel to the appropriate reception center so they may be monitored and decontaminated, if necessary, and turn in their dosimetry.
19. If no monitoring of emergency workers is necessary, and when instructed by the State Staging Area Supervisor to deactivate, deactivate the staging area:
 - a. Release all remaining vehicles and drivers at the state staging area. _____

NOTE: Ensure that you are able to account for the disposition of all vehicles that entered the State Transportation Staging area.
 - b. Instruct the staff to restore the staging area to its former use. _____
 - c. Collect all logs and message forms from the staff. _____
 - d. Instruct the staff to return any equipment and dosimetry. _____

- e. Inform the State Staging Area Supervisor when the staging area has been completely deactivated. _____
- 20. Any inquiries from the media should be referred to the Media Center. _____
- 21. Following the closing of the staging area, prepare a final report to include:
 - a. Names and addresses of all staff.
 - b. Vehicle and personnel tallies and all written records.
 - c. Message logs.

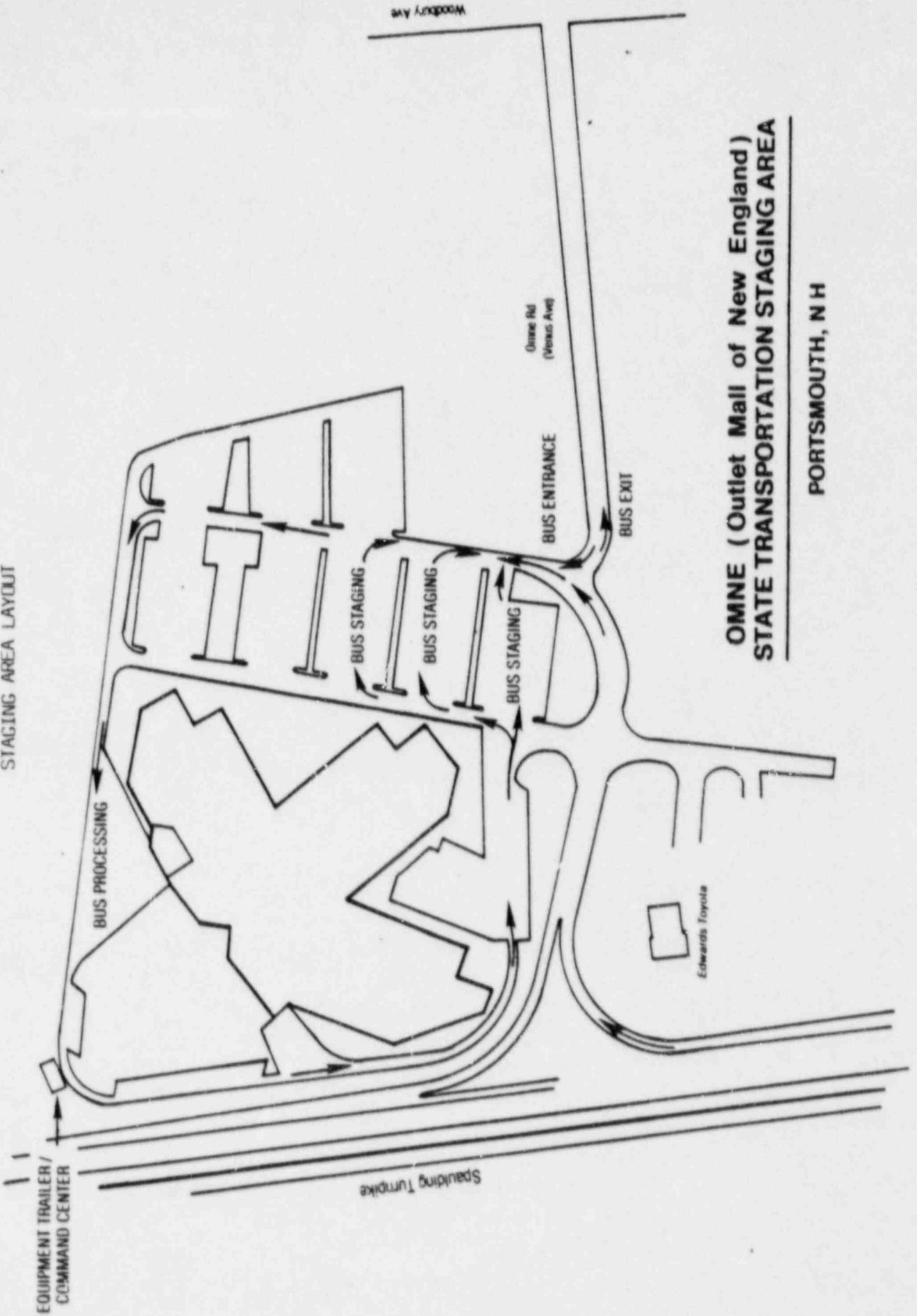
Forward this information to the NHCDA as directed by the State Staging Area Supervisor. _____

APPENDIX A
STATE STAGING AREA NOTIFICATION LIST

- 1) Rockingham County Dispatch Center
Staffed 24-hours
- 2) Sheriff Charles F. Vetter
Primary - Shift A
- 3) Deputy Alvin Bissell
Alternate - Shift B

Current staffing rosters for special deputies are maintained at the Rockingham County Dispatch Center

APPENDIX B
STAGING AREA LAYOUT



**OMNE (Outlet Mall of New England)
STATE TRANSPORTATION STAGING AREA**

PORTSMOUTH, N H

APPENDIX E

RADIOLOGICAL OFFICER PROCEDURE

The Radiological Officer at the State Staging Area is responsible for issuing radiological monitoring equipment, dosimetry and potassium iodide, and for ensuring that associated emergency worker exposure records are maintained.

The following is a checklist of the minimum actions the Radiological Officer is required to undertake during a radiological emergency at the Seabrook Station.

<u>Actions</u>	<u>Note Time</u>
1. Upon arrival at the state staging area, access the equipment storage area and set up your work station in the command post.	_____
2. Compare supplies of equipment against inventories. Notify the IFO/EOF of any shortages.	_____
3. Direct support staff to set up work station, start "zeroing" dosimetry in accordance with Attachment 1, and prepare dosimetry and KI for distribution.	_____
4. Issue dosimetry to all staging area staff in accordance with Attachment 2.	_____
5. Keep the Staging Area Manager advised of the status of the operation.	_____
6. Upon the arrival of emergency workers, direct and coordinate the issuance of dosimetry and KI in accordance with Attachment 2.	_____
7. If a radioactive release is expected or is in progress:	
a. Instruct all personnel at the staging area to begin reading their dosimetry at 15-minute intervals.	_____

APPENDIX E
(CONTINUED)
RADIOLOGICAL OFFICER PROCEDURE

Actions

Note Time

- b. Begin making hourly reports to the IFO/EDF of the number of workers reporting exposures of 175mR, 1R, 2R, 3R, 4R and 5R, respectively. _____
- c. Upon request from State officials at the IFO, carry out monitoring of the outside area around the EOC using the CDV 700. Report the findings to the IFO. _____
- 8. When informed by the IFO of Director, DPHS, authorization, ensure all emergency workers are notified to begin taking KI. _____

NOTE: If any emergency worker reports any side effects or reactions from KI, instruct the workers to discontinue use of KI and to leave the affected area.

- 9. If a protective action is recommended for the staging area, implement sheltering precautions for the staging area. _____
- 10. If an emergency worker reports an exposure of:
 - a. 175mR on his CDV-138, instruct the worker to begin reading their CDV-730 and report in when the CDV-730 indicates an 1R exposure. _____
 - b. 1R, 2R, 3R, 4R on his CDV-730:
 - (1) Consult with the Staging Area Manager to determine if the worker is necessary for the response effort.
 - (2) If the worker is not required for the response, instruct the worker to leave the affected area.
 - (3) If worker is required to support the response, request the Staging Area Manager to replace the exposed worker.

APPENDIX E
(CONTINUED)

RADIOLOGICAL OFFICER PROCEDURE

Actions

Note Time

(4) If no replacement is available, assign the worker a new exposure action level of 2R, 3R, 4R, or 5R. _____

c. 5R or greater on his CDV-730:

(1) Log the emergency worker's name, SSN and the date and time of the report. _____

(2) Notify the IFO/EOF of the exposure. _____

(3) Instruct the worker to report to the appropriate decontamination center. _____

NOTE: IF AN EMERGENCY WORKER IS CRITICAL TO THE RESPONSE AND A REPLACEMENT IS NOT AVAILABLE, THE IFO CONTROLLER MAY REQUEST DPHS PERMISSION TO ALLOW THE WORKER TO RECEIVE AN EXPOSURE OF UP TO 20R.

11. Maintain exposure records for all emergency workers. _____

12. Collect all bottles of remaining KI tablets after a determination has been made to discontinue ingestion, or after 10 tablets have been taken, whichever comes first. _____

13. Collect dosimetry and completed Dosimetry-KI Report Form from each emergency worker if their need for dosimetry has been discontinued and there has been no release, and forward all forms to the DPHS IFO RHTA. Otherwise, direct personnel to report to the assigned decontamination center. _____

APPENDIX E
(Continued)

RADIOLOGICAL OFFICER PROCEDURE

<u>Actions</u>	<u>Note Time</u>
14. If you are required to leave the staging area, appoint the next available person in your line of succession to staff your position. Inform the Staging Manager of this change.	_____
15. Submit copies of emergency worker exposure records, survey records (if applicable) and TLDs to NH Division of Public Health Services following the emergency.	_____
16. Submit this checklist and all messages to the Staging Area Manager.	_____

ATTACHMENT 1
RADIOLOGICAL EQUIPMENT
INVENTORY AND OPERATIONAL CHECK

1. Verify the number of items required, as listed in TAB 1, Radiological Equipment Inventory, are accurate. _____
2. Record any changes in estimates for required equipment in the appropriate column of TAB 1. _____
3. Count the number of each item listed on TAB 1. _____
4. Perform operational checks on those items so designated by Figure 1. Instructions on how to perform the checks are provided as follows:
 - a. CDV-750, TAB 2;
 - b. Self-reading dosimeters, TAB 3;

Any item which fails an operational check shall be considered defective and not counted as available for use.
5. Record the quantity of each item listed on TAB 1, available for the staging areas use, in the available column on TAB 1. _____
6. Determine unmet need for each item by subtracting the number available from the number required. Record this number in the "unmet" column on TAB 1. _____
7. Report unmet need to the Staging Area Manager. _____
8. Prepare dosimetry for issue to emergency workers. A dosimetry unit consists of the following:
 - a. (1) CDV-730/Dosimeter Corp. 622 (staff only)
 - b. (1) CDV-138/Dosimeter Corp. 862 Dosimeter (0-200mR) (staff only)
 - c. (1) Thermoluminescent Dosimeter (TLD)
 - d. (1) Dosimetry-KI Report Form
 - e. Bottle of Potassium Iodide (KI)

ATTACHMENT 1RADIOLOGICAL EQUIPMENT INVENTORY

Item	(1) OP Check	Staging Area Staff	Other	Req'd	Total Available	Unmet
CDV-730/Dosimeter Corp. 622 (0-20R) Dosimeters	Yes					
CDV-138/Dosimeter Corp. 862 (0-200mR) Dosimeters	Yes					
CDV-742 (0-200R) Dosi- meters	Yes					
Thermoluminescent Dosimeter (TLD)	No					
CDV-750 Dosimeter Charge	Yes					
Bottles KI Tablets	No					
Appropriate Instructions and Log Forms	No					

Note: If operational check is required, see Tabs for instructions.

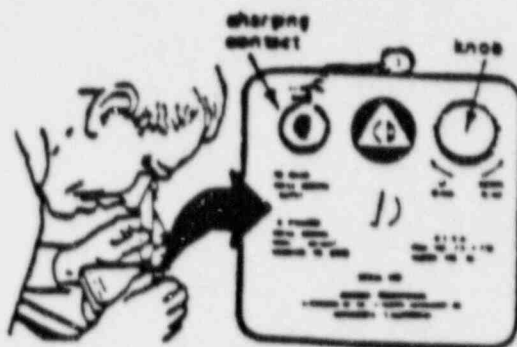
TAB 2

ATTACHMENT 1

OPERATION CHECKS FOR
THE COV-750 DOSIMETER CHARGER

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eyepiece on charging contact of charger. (See Figure 1).

Figure 1



3. Apply downward pressure and you should see a meter scale and a vertical line while looking through the dosimeter. If no line is visible, rotate the control knob, located in the upper right hand corner (Figure 1), until a line appears.
4. Set line to or near zero (Figure 2) by turning control knob (Figure 1).

Figure 2



TAB 2

5. The charger is considered operational if the light sources for reading dosimeters are working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

TAB 3
ATTACHMENT 1
OPERATION CHECK/ZEROING
SELF-READING DOSIMETERS

Attachment 1
Page 5 of 7

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a vertical line, while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER:

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.
NOTE: WHEN READING DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.
5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure; but when charging the dosimeter, set line slightly below zero.
7. If the reading is below zero, repeat the procedure; but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If a dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes, then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 4
ATTACHMENT 1
OPERATIONAL CHECK
FOR THE CDV-700 SURVEY METER

Attachment 1
Page 7 of 7

1. Visually check the meter for signs of physical damage. _____
2. Ensure the selector switch is in the "off" position. _____
3. Open case and install batteries. Return instrument to case. _____
4. Turn the selector switch to the "X10" position. _____
5. Connect the headphones to the audio jack. _____
6. Open the probe shield and put on the headphone. _____

NOTE: ENSURE THE CDV-700 HAS BEEN ALLOWED TO WARM UP FOR AT
LEAST 30 SECONDS BEFORE BEGINNING STEP 7.

7. Hold the probe's open window area against the operational check source on the side of CDV-700. The meter should read between 1.5 and 2.5 mR/hr. An increase in the rate of clicks should be heard in the headphone. _____
8. If the meter reads too low, install new batteries and re-check the instrument. If no clicks are audible in the headphone, replace the headphones and re-check the instrument. _____

ACTIONS

1. Verify that dosimetry is divided into units consisting of:

- a. 1 CDV-730 or DCA-622 (0-20R self-reading dosimeter);
- b. 1 CDV-138 (0-200mR self-reading dosimeter);
- c. 1 Thermoluminescent Dosimeter (TLD);
- d. 1 Bottle of Potassium Iodide (KI);
- e. 1 Dosimetry-KI Report Form (Figure 1);
- f. 1 Potassium Iodide Acknowledgement Form (TAB 1);
- g. 1 Emergency Workers Information Sheet (TAB 3).

Each emergency worker receives one unit as described above.

2. Have all the individuals complete the top section of the Dosimetry-KI Report Form (Figure 1).
3. While the individual is completing the top section of the Dosimetry-KI form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with TAB 2.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (Figure 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (Figure 2).
6. Have the emergency worker complete the Potassium Iodide Acknowledgement Form (Enclosure 1) as specified.
7. Have the staff members verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff member should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (Figure 2).
9. Record the appropriate information on the Dosimetry Log Form (Figure 2).
10. Provide each individual a copy of Exposure Control and KI information sheet (Enclosure 3).

DOSIMETRY—KI REPORT FORM

Vol. 4B

(Please print legibly)

Emergency Worker's Name: _____

Social Security Number: _____

Home Address: _____

Emergency Worker's Organization: _____

Town/City: _____

Emergency Worker's Signature: X

MISSION		CD V-730 or DCA-622 (0-20R)			CD V-138 (0-200mR)			TLD (thermoluminescent dosimeter)		
NO.	DESCRIPTION	DATE	SERIAL NO.	BEFORE AFTER	MISSION TOTAL	SERIAL NO.	BEFORE AFTER	MISSION TOTAL	Serial No. of TLD:	PERSON/ ORGANIZATION
1.				R	R		mR	mR	Issued	By:
				R			mR			
2.				R	R		mR	mR	Turned In	To:
				R			mR			
3.				R	R		mR	mR	READING OF TLD	
				R			mR		m/rem	
4.				R	R		mR	mR	Date of Reading	
				R			mR		RSP #	
5.				R	R		mR	mR		
				R			mR			
				TOTAL	R		TOTAL	mR		

E-13

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-138 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below.)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading: _____

Signature of Monitor: X

DOSIMETRY—KI REPORT FORM DISTRIBUTION: Complete this form and forward the original copy with the TLD through emergency management channels to DPHS. If the self-reading dosimetry indicates total exposure of 5 R or more, expedite delivery to DPHS. DPHS will forward to the individual and to the Town or City Civil Defense Director the TLD reading as well as an explanation of the reading. Copy 2 is retained by the Town or City Civil Defense Agency. Copy 3 is retained by the individual.

Rev. 2 8/86

KI INSTRUCTIONS: Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day. If you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

POTASSIUM IODIDE RECORD			
	Date	Time	Amount Taken
Day 1			1 tablet/130 mg
Day 2			1 tablet/130 mg
Day 3			1 tablet/130 mg
Day 4			1 tablet/130 mg
Day 5			1 tablet/130 mg
Day 6			1 tablet/130 mg
Day 7			1 tablet/130 mg
Day 8			1 tablet/130 mg
Day 9			1 tablet/130 mg
Day 10			1 tablet/130 mg

POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection of the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioiodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____

DATE _____

TAB 2
ATTACHMENT 2
OPERATIONAL CHECK/ZEROING
SELF-READING DOSIMETERS

Attachment 2
Page 5 of 10

ACTIONS

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a line while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER,

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR,
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR,
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure but when charging the dosimeter set line slightly below zero.

7. If the reading is below zero, repeat the procedure, but when charging the dosimeter, set line slightly above zero.
NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.
8. If dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

EMERGENCY WORKER INFORMATION

1. Dosimetry:
 - a. Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
 - b. In no case should your TLD be used by another person.
 - c. You should read your self-reading dosimeters at least once every thirty minutes.
2. Dosimetry-KI Report Form:
 - a. Keep the form in your possession at all times;
3. Potassium Iodide Acknowledgement Form:
 - a. Ensure you understand all the instructions on the form.
4. Radiation Exposure Control:
 - a. If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
 - b. If your CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
 - c. If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
 - d. The maximum amount of whole body exposure a worker is allowed to receive (5R) without permission of DPHS is 5 Roentgen, however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. In extreme situations, DPHS may authorize exposures for

state emergency workers of up to 20R. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor.

5. Potassium Iodide (KI):

- a. Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio-iodines in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- b. KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- c. If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- d. Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- e. Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).

- f. A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
 - g. Keep the bottle of KI with you at all times. Do not lose it or discard it.
 - h. When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
 - i. If you experience any side effects, report them immediately.
 - j. Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.
6. Termination of Assignment

- a. Unless directed otherwise by your supervisor, at the end of your assignment report back to your duty station. Record the final reading of your dosimeter in the "After" block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the "Mission Total" block. Report mission completion and the total mission exposure to your supervisor. Stand by for further instructions from your supervisor.

NOTE: BASED ON CONDITIONS OF THE PLANT AND PROTECTIVE ACTION RECOMMENDATIONS RECEIVED FROM THE STATE, YOU MAY BE DIRECTED BY YOUR SUPERVISOR TO REPORT TO ANOTHER LOCATION OTHER THAN YOUR DUTY STATION UPON TERMINATION OF ASSIGNMENT. IF THIS OCCURS, REPORT TO THE LOCATION AS INSTRUCTED AND COMPLETE ACTIONS AS STATED ABOVE.

- b. If you are being relieved of your assignment by another individual, then:

1. Turnover all logs, procedures and equipment except dosimetry/KI to your relief.
2. Notify your supervisor of the turnover.
3. Report to the area where you were issued dosimetry to turn in your dosimetry, unless directed otherwise by your supervisor.

APPENDIX F

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APPENDIX G

RADIOLOGICAL OFFICER PROCEDURE

Name _____

Date _____

The Radiological Officer at the state staging area is responsible for issuing radiological monitoring equipment, dosimetry and potassium iodide, and for ensuring that associated emergency worker exposure records are maintained.

The following is a checklist of the minimum actions the Radiological Officer is required to undertake during a radiological emergency at the Seabrook Station.

<u>Actions</u>	<u>Note</u>	<u>Time</u>
1. Upon arrival at the state staging area, access the equipment storage area and set up your work station in the command post.	_____	_____
2. Compare supplies of equipment against inventories. Notify the IFO/EOF of any shortages.	_____	_____
3. Direct support staff to set up work station, start "zeroing" dosimetry in accordance with Attachment 1, and prepare dosimetry and KI for distribution.	_____	_____
4. Issue dosimetry to all staging area staff in accordance with Attachment 2.	_____	_____
5. Keep the Staging Area Manager advised of the status of the operation.	_____	_____
6. Upon the arrival of emergency workers, direct and coordinate the issuance of dosimetry and KI in accordance with Attachment 2.	_____	_____
7. If a radioactive release is expected or is in progress:		
a. Instruct all personnel at the staging area to begin reading their dosimetry at 15-minute intervals.	_____	_____

APPENDIX G

(Continued)

RADIOLOGICAL OFFICER PROCEDUREActionsNote Time

- b. Begin making hourly reports to the IFO/EOF of the number of workers reporting exposures of 175mR, 1R, 2R, 3R, 4R and 5R, respectively. _____
- c. Upon request from State officials at the IFO, carry out monitoring of the outside area around the EOC using the COV 700. Report the findings to the IFO. _____
8. When informed by the IFO of Director, DPHS, authorization, ensure all emergency workers are notified to begin taking KI. _____

NOTE: If any emergency worker reports any side effects or reactions from KI, instruct the workers to discontinue use of KI and to leave the affected area.

9. If a protective action is recommended for the staging area, implement sheltering precautions for the staging area. _____
10. If an emergency worker reports an exposure of:
- a. 175mR on his COV-138, instruct the worker to begin reading their COV-730 and report in when the COV-730 indicates an IR exposure. _____
- b. 1R, 2R, 3R, 4R on his COV-730:
1. Consult with the Staging Area Manager to determine if the worker is necessary for the response effort.
 2. If the worker is not required for the response, instruct the worker to leave the affected area.
 3. If worker is required to support the response, request the Staging Area Manager to replace the exposed worker.

APPENDIX G
(Continued)

RADIOLOGICAL OFFICER PROCEDURE

<u>Actions</u>	<u>Note Time</u>
4. If no replacement is available, assign the worker a new exposure action level of 2, 3, 4 or 5R.	_____
c. 5R or greater on his COV-730:	
1. Log the emergency worker's name, SSN and the date and time of the report.	
2. Notify the IFO/EOF of the exposure.	_____
3. Instruct the worker to report to the appropriate decontamination center.	_____
NOTE: IF AN EMERGENCY WORKER IS CRITICAL TO THE RESPONSE AND A REPLACEMENT IS NOT AVAILABLE, THE IFO CONTROLLER MAY REQUEST DPHS PERMISSION TO ALLOW THE WORKER TO RECEIVE AN EXPOSURE OF UP TO 20R.	
11. Maintain exposure records for all emergency workers.	_____
12. Collect all bottles of remaining KI tablets after a determination has been made to discontinue ingestion, or after 10 tablets have been taken, whichever comes first.	_____
13. Collect dosimetry and completed Dosimetry-KI Report Form from each emergency worker if their need for dosimetry has been discontinued and there has been no release, and forward all forms to the DPHS IFO RHTA. Otherwise, direct personnel to report to the assigned decontamination center.	_____

APPENDIX G
(Continued)

RADIOLOGICAL OFFICER PROCEDURE

Actions

Note Time

14. If you are required to leave the staging area, appoint the next available person in your line of succession to staff your position. Inform the Staging Area Manager of this change. _____

15. Submit copies of emergency worker exposure records, survey records (if applicable) and TLDs to NH Division of Public Health Services following the emergency. _____

16. Submit this checklist and all messages to the Staging Area Manager. _____

ATTACHMENT 1RADIOLOGICAL EQUIPMENTINVENTORY AND OPERATIONAL CHECK

1. Verify the number of items required, as listed in TAB 1, Radiological Equipment Inventory, are accurate. _____
2. Record any changes in estimates for required equipment in the appropriate column of TAB 1. _____
3. Count the number of each item listed on TAB 1. _____
4. Perform operational checks on those items so designated by Figure 1. Instructions on how to perform the checks are provided as follows:
 - a. CDV - 750, TAB 2;
 - b. Self-reading dosimeters, TAB 3;

Any item which fails an operational check shall be considered defective and not counted as available for use.

5. Record the quantity of each item listed on TAB 1, available for the staging area's use, in the available column on TAB 1. _____
6. Determine unmet need for each item by subtracting the number available from the number required. Record this number in the "unmet" column on TAB 1. _____
7. Report unmet need to the Staging Area Manager. _____
8. Prepare dosimetry for issue to emergency workers. A dosimetry unit consists of the following:
 - a. (1) CDV-730/Dosimeter Corp. 622 (staff only)
 - b. (1) CDV-138/Dosimeter Corp. 862 Dosimeter (0-200R) (staff only)
 - c. (1) Thermoluminescent Dosimeter (TLD)
 - d. (1) Dosimetry-KI Report Form
 - e. Bottle of Potassium Iodide (KI)

ATTACHMENT 1

Attachment 1

RADIOLOGICAL EQUIPMENT INVENTORY

Page 2 of 7

Item	(1) OP Check	Staging Area Staff	Other	Req'd	Total Available	Unmet
CDV-730/Dosimeter Corp. 622 (0-20R) Dosimeters	Yes					
CDV-138/Dosimeter Corp. 862 (0-200mR) Dosimeters	Yes					
CDV-742 (0-200R) Dosi- meters	Yes					
Thermoluminescent Dosimeter (TLD)	No					
CDV-750 Dosimeter Charge	Yes					
Bottles KI Tablets	No					
Appropriate Instructions and Log Forms	No					

Notes:

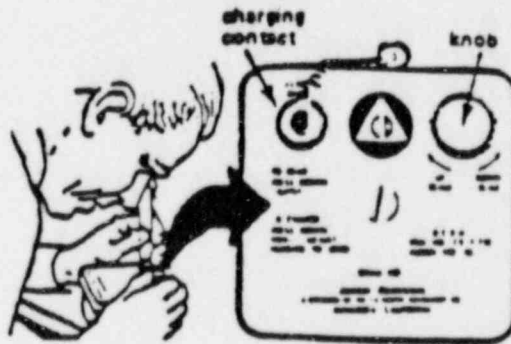
(1) If operational check is required, see Tabs for instructions.

TAB 2
ATTACHMENT 1
OPERATION CHECKS FOR
THE CDV-750 DOSIMETER CHARGER

Attachment 1
Page 3 of 7

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eyepiece on charging contact of charger. (See Figure 1).

Figure 1



3. Apply downward pressure and you should see a meter scale and a vertical line while looking through the dosimeter. If no line is visible, rotate the control knob, located in the upper right hand corner (Figure 1), until a line appears.
4. Set line to or near zero (Figure 2) by turning control knob (Figure 1).

Figure 2



TAB 2

(Continued)

5. The charger is considered operational if the light sources for reading dosimeters are working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

ATTACHMENT 1OPERATION CHECK/ZEROING
SELF-READING DOSIMETERS

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a vertical line, while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER:

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.
NOTE: WHEN READING DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.
5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure; but when charging the dosimeter, set line slightly below zero.
7. If the reading is below zero, repeat the procedure; but when charging the dosimeter, set line slightly above zero.

TAB 3
(Continued)

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If a dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes, then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 4
ATTACHMENT 1
OPERATIONAL CHECK
FOR THE CDV-700 SURVEY METER

Attachment 1
Page 7 of 7

1. Visually check the meter for signs of physical damage. _____
 2. Ensure the selector switch is in the "off" position. _____
 3. Open case and install batteries. Return instrument to case. _____
 4. Turn the selector switch to the "X10" position. _____
 5. Connect the headphones to the audio jack. _____
 6. Open the probe shield and put on the headphone. _____
- NOTE: ENSURE THE CDV-700 HAS BEEN ALLOWED TO WARM UP FOR AT
LEAST 30 SECONDS BEFORE BEGINNING STEP 7.
7. Hold the probe's open window area against the operational check source on the side of CDV-700. The meter should read between 1.5 and 2.5 mR/hr. An increase in the rate of clicks should be heard in the headphone. _____
 8. If the meter reads too low, install new batteries and re-check the instrument. If no clicks are audible in the headphone, replace the headphones and re-check the instrument. _____

ACTIONS

1. Verify that dosimetry is divided into units consisting of:
 - a. 1 CDV-730 or DCA-622 (0-20R self-reading dosimeter);
 - b. 1 CDV-138 (0-200mR self-reading dosimeter);
 - c. 1 Thermoluminescent Dosimeter (TLD);
 - d. 1 Bottle of Potassium Iodide (KI);
 - e. 1 Dosimetry-KI Report Form (Figure 1);
 - f. 1 Potassium Iodide Acknowledgement Form (TAB 1);
 - g. 1 Emergency Workers Information Sheet (TAB 3).

Each emergency worker receives one unit as described above.

2. Have all the individuals complete the top section of the Dosimetry-KI Report Form (Figure 1).
3. While the individual is completing the top section of the Dosimetry-KI form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with TAB 2.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (Figure 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (Figure 2).
6. Have the emergency worker complete the Potassium Iodide Acknowledgement Form (Enclosure 1) as specified.
7. Have the staff members verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff member should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (Figure 2).
9. Record the appropriate information on the Dosimetry Log Form (Figure 2).
10. Provide each individual a copy of Exposure Control and KI information sheet (Enclosure 3).

DOSIMETRY—KI REPORT FORM

Vol. 4B

(Please print legibly)

Emergency Worker's Name: _____

Social Security Number: _____

Home Address: _____

Emergency Worker's Organization: _____

Town/City: _____

Emergency Worker's Signature: _____

MISSION		CD V-730 or DCA-622 (0-20R)			CD V-138 (0-200mR)			TLD (thermoluminescent dosimeter)																																					
NO.	DESCRIPTION	DATE	SERIAL NO.	BEFORE	MISSION TOTAL	SERIAL NO.	BEFORE	MISSION TOTAL	Serial No. of TLD:																																				
				AFTER			AFTER		DATE	TIME	PERSON/ ORGANIZATION																																		
1.				R	R		mR	mR	Issued		By:																																		
				R			mR																																						
2.				R	R		mR	mR	Turned In		To:																																		
				R			mR																																						
3.				R	R		mR	mR	READING OF TLD																																				
				R			mR																																						
4.				R	R		mR	mR	m/rem _____																																				
				R			mR		Date of Reading _____																																				
5.				R	R		mR	mR	RSP # _____																																				
				R			mR		<table border="1"> <thead> <tr> <th colspan="2">POTASSIUM IODIDE</th> <th>RECORD</th> </tr> <tr> <th>Date</th> <th>Time</th> <th>Amount Taken</th> </tr> </thead> <tbody> <tr><td>Day 1</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 2</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 3</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 4</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 5</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 6</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 7</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 8</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 9</td><td></td><td>1 tablet/130 mg</td></tr> <tr><td>Day 10</td><td></td><td>1 tablet/130 mg</td></tr> </tbody> </table>			POTASSIUM IODIDE		RECORD	Date	Time	Amount Taken	Day 1		1 tablet/130 mg	Day 2		1 tablet/130 mg	Day 3		1 tablet/130 mg	Day 4		1 tablet/130 mg	Day 5		1 tablet/130 mg	Day 6		1 tablet/130 mg	Day 7		1 tablet/130 mg	Day 8		1 tablet/130 mg	Day 9		1 tablet/130 mg	Day 10
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Day 7		1 tablet/130 mg																																											
Day 8		1 tablet/130 mg																																											
Day 9		1 tablet/130 mg																																											
Day 10		1 tablet/130 mg																																											
				TOTAL	R		TOTAL	mR																																					

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-138 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below.)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radiiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading: _____

Signature of Monitor: _____

DOSIMETRY—KI REPORT FORM DISTRIBUTION. Complete this form and forward the original copy with the TLD through emergency management channels to DPHS. If the self-reading dosimetry indicates total exposure of 5 R or more, expedite delivery to DPHS. DPHS will forward to the individual and to the Town or City Civil Defense Director the TLD reading as well as an explanation of the reading. Copy 2 is retained by the Town or City Civil Defense Agency. Copy 3 is retained by the individual.

KI INSTRUCTIONS. Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day. If you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

G-13

Rev. 2/8/86

POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection of the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioiodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____

DATE _____

TAB 2
ATTACHMENT 2
OPERATIONAL CHECK/ZEROING
SELF-READING DOSIMETERS

Attachment 2
Page 5 of 10

ACTIONS

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a line while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER,

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR,
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR,
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure but when charging the dosimeter set line slightly below zero.

TAB 2

(Continued)

7. If the reading is below zero, repeat the procedure, but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

TAB 3
ATTACHMENT 2
EMERGENCY WORKER INFORMATION

Attachment 2
Page 7 of 10

1. Dosimetry:
 - a. Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
 - b. In no case should your TLD be used by another person.
 - c. You should read your self-reading dosimeters at least once every thirty minutes.
2. Dosimetry-KI Report Form:
 - a. Keep the form in your possession at all times,
3. Potassium Iodide Acknowledgement Form:
 - a. Ensure you understand all the instructions on the form.
4. Radiation Exposure Control:
 - a. If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
 - b. If your CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
 - c. If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
 - d. The maximum amount of whole body exposure a worker is allowed to receive without permission of DPHS is 5 Roentgen (5R), however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. In extreme situations, DPHS may authorize exposures for

TAB 3
(Continued)

state emergency workers of up to 20R. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor.

5. Potassium Iodide (KI):

- a. Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio-iodines in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- b. KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- c. If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- d. Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- e. Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).

TAB 3

(Continued)

- f. A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
 - g. Keep the bottle of KI with you at all times. Do not lose it or discard it.
 - h. When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
 - i. If you experience any side effects, report them immediately.
 - j. Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.
6. Termination of Assignment
- a. Unless directed otherwise by your supervisor, at the end of your assignment report back to your duty station. Record the final reading of your dosimeter in the "After" block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the "Mission Total" block. Report mission completion and the total mission exposure to your supervisor. Stand by for further instructions from your supervisor.
- NOTE: BASED ON CONDITIONS OF THE PLANT AND PROTECTIVE ACTION RECOMMENDATIONS RECEIVED FROM THE STATE, YOU MAY BE DIRECTED BY YOUR SUPERVISOR TO REPORT TO ANOTHER LOCATION OTHER THAN YOUR DUTY STATION UPON TERMINATION OF ASSIGNMENT. IF THIS OCCURS, REPORT TO THE LOCATION AS INSTRUCTED AND COMPLETE ACTIONS AS STATED ABOVE.
- b. If you are being relieved of your assignment by another individual, then:

TAB 3
(Continued)

1. Turnover all logs, procedures and equipment except dosimetry/KI to your relief.
2. Notify your supervisor of the turnover.
3. Report to the area where you were issued dosimetry to turn in your dosimetry, unless directed otherwise by your supervisor.

Rockingham County Dispatch Center
EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

The following are checklist procedures to be followed by personnel of Rockingham County Dispatch Center in the event of an emergency condition at the Seabrook Station Nuclear Power Plant. These procedures describe actions to be taken in response to each of the four Emergency Classification Levels which are outlined in ascending order of severity.

Note Time

UNUSUAL EVENT

1. Notification will be received from State Police Communications Center in Concord by radio, Nuclear Alerting System (NAS-Orange Phone), commercial telephone or NAWAS Phone. Any communications link other than the NAS requires verification by call back to State Police Communications Center.

NOTE: WHEN TWO DISPATCHERS ARE ON DUTY, ONE WILL PROCEED IMMEDIATELY TO STEP 2 WHILE THE OTHER WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH. WHEN ONLY ONE DISPATCHER IS ON DUTY, HE/SHE WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH AFTER COMPLETING STEP 2.

2. The ALERT AND PAGER TONES will be sounded and the following message will be broadcast on Channels 3, L4, and S4.

Note Time

"ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - SEABROOK STATION HAS DECLARED AN UNUSUAL EVENT. STANDBY TO ACKNOWLEDGE THIS MESSAGE, THEN PROCEED ACCORDING TO INDIVIDUAL COMMUNITY PROCEDURES."

"THIS IS NOT A TEST - I REPEAT - THIS IS NOT A TEST."

"ALL UNITS - ACKNOWLEDGE WITH YOUR COMMUNITIES NAME AS I CALL YOU."

"ROCKINGHAM TO:"

<u>Community</u>	<u>Agency Alerted</u>	<u>Note Time</u>
SEABROOK	Police Dispatch	_____
HAMPTON FALLS	Police Officer on Duty	_____
HAMPTON	Police Dispatch	_____
SOUTH HAMPTON	Police Officer on Duty	_____
KENSINGTON	Police Officer on Duty	_____
NORTH HAMPTON	Fire Dispatch	_____
NEWTON	Police Officer on Duty	_____
EAST KINGSTON	Police Officer on Duty	_____
EXETER	Exeter Public Safety Dispatch	_____
STRATHAM	Newmarket Dispatch	_____
GREENLAND	Police Officer on Duty	_____
RYE	Fire Dispatch	_____
PORTSMOUTH	Police Dispatch	_____
NEWFIELDS	Police Officer on Duty	_____
BRENTWOOD	Police Officer on Duty	_____
KINGSTON	Police Officer on Duty	_____
NEWCASTLE	Police Officer on Duty	_____

2

IMPORTANT:

If acknowledgement is not received from a station or local unit at the first request, the station will be repaged. If acknowledgment is still not received, attempt to contact them by telephone as soon as possible. The "Fire Phone/Red Network" may be used to notify any town whose police do not respond after a reasonable effort has been made to contact them. If the fire department is contacted, this will constitute town notification. Towns will call back to confirm notification made by telephone. If acknowledgement is not received, relay this information to the State EOC Communication Center in Concord.

2

3. Report the status of local notifications to the State EOC Communications Center. DO NOT CALL SEABROOK STATION.
4. Stand by to receive additional information from the State Police Communications Center.

When UNUSUAL EVENT status has been either terminated or escalated, we will be notified by the State Police Communications Center. In either case, the towns will be advised by General Broadcast over _____ and they will acknowledge the message using the checklist above. _____

ALERT

NO offsite protective actions are required during an ALERT.

1. Notification will be received from State Police Communications Center in Concord by radio, Nuclear Alerting System (NAS-Orange Phone), Commercial Telephone or NAWAS phone. Any communications link other than the NAS requires verification by call back to State Police Communications Center.

NOTE: WHEN TWO DISPATCHERS ARE ON DUTY, ONE WILL PROCEED IMMEDIATELY TO STEP 2 WHILE THE OTHER WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH. WHEN ONLY ONE DISPATCHER IS ON DUTY, HE/SHE WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH AFTER COMPLETING TO STEP 2. THE SHERIFF WILL BE NOTIFIED.

2. The ALERT AND PAGER TONES will be sounded and the following message will be broadcast on Channels

"ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - STANDBY FOR AN EMERGENCY MESSAGE."

"ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - SEABROOK STATION HAS DECLARED AN ALERT. STANDBY TO ACKNOWLEDGE THIS MESSAGE, THEN PROCEED ACCORDING TO INDIVIDUAL COMMUNITY PROCEDURES."

"THIS IS NOT A TEST - I REPEAT - THIS IS NOT A TEST."
"ALL UNITS - ACKNOWLEDGE WITH YOUR COMMUNITIES NAME AS I CALL YOU."

"ROCKINGHAM TO:"

<u>Community</u>	<u>Agency Alerted</u>	<u>Note Time</u>
SEABROOK	Police Dispatch	_____
HAMPTON FALLS	Police Officer on Duty	_____
HAMPTON	Police Dispatch	_____
SOUTH HAMPTON	Police Officer on Duty	_____
KENSINGTON	Police Officer on Duty	_____
NORTH HAMPTON	Fire Dispatch	_____
NEWTON	Police Officer on Duty	_____
EAST KINGSTON	Police Officer on Duty	_____
EXETER	Exeter Public Safety Dispatch	_____
STRATHAM	Newmarket Dispatch	_____
GREENLAND	Police Officer on Duty	_____
RYE	Fire Dispatch	_____
PORTSMOUTH	Police Dispatch	_____
NEWFIELDS.	Police Officer on Duty	_____
BRENTWOOD	Police Officer on Duty	_____
KINGSTON	Police Officer on Duty	_____
NEWCASTLE	Police Officer on Duty	_____

2

IMPORTANT:

If acknowledgement is not received from a station or local unit at the first request, the station will be repaged. If acknowledgement is still not received, attempt to contact them by telephone as soon as possible. The "Fire Phone/Red Network" will be used to notify any town whose police do not respond after a reasonable effort has been made to contact them. Town will call back to confirm notification made by telephone. If the fire department is contacted, this will constitute town notification. If acknowledgement is not received, relay this information to the State EDC Communication Center in Concord.

3. Report status of local notifications to the State EOC Communications Center. DO NOT CALL SEABROOK STATION.
4. Notify Rockingham County Nursing Home and Rockingham County Jail of the ALERT ECL by radio, dedicated line, paging system, or runner (Rockingham County Dispatch, Rockingham County Nursing Home, and Rockingham County Jail are all in the same complex).
5. When directed by State Police, EOC Operations Officer or IFO Controller, activate the audible alert system for beach closing, in accordance with Appendix C. As time permits, coordinate activation with local EOCs.
6. Notify NHCDA when the audible alert system activation has been completed. Notify the IFO Controller or, if the IFO has not been opened, the personnel at the State EOC in Concord.
7. Monitor the NHCDA (New Hampshire Civil Defense Agency) radio channel. When NHCDA indicates the State EOC (Emergency Operations Center) is in operation, maintain primary communications with the State EOC rather than with State Police Communications Center.
8. When notification is received from NHCDA that the IFO (Incident Field Office) has been activated, maintain subsequent communications with the IFO rather than the EOC.
9. As directed by the NHCDA Resources Coordinator in the State EOC, or by the State Staging Area Supervisor, implement Appendix D, State Staging Area Notification List.

2

2

2

- 10. Stand by to receive additional information from the IFO.

When ALERT status has been either terminated, de-escalated, or escalated we will be notified by the IFO. In either case, the towns will be advised by General Broadcast over Channels : , and they will acknowledge the message using the checklist.

SITE AREA EMERGENCY

Notification of a SITE AREA EMERGENCY would normally be received from the NHCDA at the IFO or EOC since this level is usually preceded by UNUSUAL EVENT or ALERT. During a rapidly developing emergency (where neither the IFO nor EOC are in operation), notification will come from the State Police Communications Center in Concord.

- 1. Notification will be received from the State Police Communications Center in Concord by radio, NAS (Orange Phone), commercial telephone or NAWAS phone. Any communications link other than the NAS requires verification by call back to State Police Communications Center.

NOTE: WHEN TWO DISPATCHERS ARE ON DUTY, ONE WILL PROCEED IMMEDIATELY TO STEP 2 WHILE THE OTHER WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH. WHEN ONLY ONE DISPATCHER IS ON DUTY, HE/SHE WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH AFTER COMPLETING STEP 2. THE SHERIFF WILL BE NOTIFIED.

| 2

- 2. The ALERT AND PAGER TONES will be sounded and the following message will be broadcast on Channels

| 2

"ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - STANDBY FOR AN EMERGENCY MESSAGE."

"ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - SEABROOK STATION HAS DECLARED A SITE AREA EMERGENCY. STANDBY TO ACKNOWLEDGE THIS MESSAGE, THEN PROCEED ACCORDING TO INDIVIDUAL COMMUNITY PROCEDURES."

"THIS IS NOT A TEST - I REPEAT - THIS IS NOT A TEST."

"ALL UNITS - ACKNOWLEDGE WITH YOUR COMMUNITIES NAME AS I CALL YOU."

"ROCKINGHAM TO:"

<u>Community</u>	<u>Agency Alerted</u>	<u>Note Time</u>
SEABROOK	Police Dispatch	_____
HAMPTON FALLS	Police Officer on Duty	_____
HAMPTON	Police Dispatch	_____
SOUTH HAMPTON	Police Officer on Duty	_____
KENSINGTON	Police Officer on Duty	_____
NORTH HAMPTON	Fire Dispatch	_____
NEWTON	Police Officer on Duty	_____
EAST KINGSTON	Police Officer on Duty	_____
EXETER	Exeter Public Safety Dispatch	_____
STRATHAM	Newmarket Dispatch	_____
GREENLAND	Police Officer on Duty	_____
RYE	Fire Dispatch	_____
PORTSMOUTH	Police Dispatch	_____
NEWFIELDS	Police Officer on Duty	_____
BRENTWOOD	Police Officer on Duty	_____
KINGSTON	Police Officer on Duty	_____
NEWCASTLE	Police Officer on Duty	_____

2

IMPORTANT:

Note Time

If acknowledgement is not received from a station or local unit at the first request, the station will be repaged. If acknowledgement is still not received, attempt to contact them by telephone as soon as possible. The "Fire Phone/Red Network" will be used to notify any town whose police do not respond after a reasonable effort has been made to contact them. If the fire department is contacted, this constitutes town notification. Town will call back to confirm notification made by telephone. If acknowledgement is not received, relay this information to the IFO Controller at the IFO/EOF.

3. Report the status of local notifications State EOC Communications Center. DO NOT CALL SEABROOK STATION.
4. Notify Rockingham County Nursing Home and Rockingham County Jail of the SITE AREA ECL by radio, dedicated line, paging system, or runner (Rockingham County Dispatch, Rockingham County Nursing Home, and Rockingham County Jail are all in the same complex).
5. Receive instructions from State Police, EOC Operations Officer or IFO Controller to activate the audible alert system. As time permits, coordinate activation with local EOCs.
6. Notify NHCDA when the audible alert system activation has been completed. Notify the IFO Controller or, if the IFO has not been opened, the personnel at the State EOC in Concord.

7. Monitor the NHODA (New Hampshire Civil Defense Agency) radio channel. When NHODA indicates the State EOC (Emergency Operations Center) is in operation, maintain primary communications with the State EOC rather than with State Police Communications Center. _____
8. When notification is received from NHODA that the IFO (Incident Field Office) has been activated, maintain subsequent communications with the IFO rather than the EOC. _____
9. As directed by the NHODA Resources Coordinator in the State EOC, or by the State Staging Area Supervisor, implement Appendix D, State Staging Area Notification List. _____
10. Stand by to receive additional information from the IFO. _____

When SITE AREA EMERGENCY status has been either terminated, de-escalated, or escalated, we will be notified by the IFO. In either case, the towns will be advised by General Broadcast over Channels : _____ and they will acknowledge the message using the checklist.

GENERAL EMERGENCY

Notification of a GENERAL EMERGENCY would normally be received from the NHODA at the IFO or EOC since this level is usually preceded by an UNUSUAL EVENT, ALERT, or SITE AREA EMERGENCY. During a rapidly developing emergency (where neither the IFO or EOC are not in operation) notification will come from the State Police Communications Center in Concord.

1. Notification will be received from State Police Communications Center in Concord by radio, NAS (Orange Phone), commercial telephone or NAWAS phone. Any communications link other than the NAS requires verification by call back to State Police Communications Center.

NOTE: WHEN TWO DISPATCHERS ARE ON DUTY ONE WILL PROCEED IMMEDIATELY TO STEP 2 WHILE THE OTHER WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH. WHEN ONLY ONE DISPATCHER IS ON DUTY, HE/SHE WILL CALL FOR ADDITIONAL ASSISTANCE TO DISPATCH AFTER COMPLETING STEP 2. THE SHERIFF WILL BE NOTIFIED.

2. The ALERT AND PAGER TONES will be sounded and the following message will be broadcast on Channels

ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - STANDBY FOR AN EMERGENCY MESSAGE.

ATTENTION ALL UNITS AND STATIONS IN THE SEABROOK EMERGENCY PLANNING ZONE - SEABROOK STATION HAS DECLARED A GENERAL EMERGENCY. STANDBY TO ACKNOWLEDGE THIS MESSAGE, THEN PROCEED ACCORDING TO INDIVIDUAL COMMUNITY PROCEDURES.

THIS IS NOT A TEST - I REPEAT - THIS IS NOT A TEST.

ALL UNITS - ACKNOWLEDGE WITH YOUR COMMUNITIES NAME AS I CALL YOU.

"ROCKINGHAM TO:"

<u>Community</u>	<u>Agency Alerted</u>	<u>Note Time</u>
SEABROOK	Police Dispatch	_____
HAMPTON FALLS	Police Officer on Duty	_____
HAMPTON	Police Dispatch	_____
SOUTH HAMPTON	Police Officer on Duty	_____
KENSINGTON	Police Officer on Duty	_____
NORTH HAMPTON	Fire Dispatch	_____
NEWTON	Police Officer on Duty	_____
EAST KINGSTON	Police Officer on Duty	_____
EXETER	Exeter Public Safety Dispatch	_____
STRAIHAM	Newmarket Dispatch	_____
GREENLAND	Police Officer on Duty	_____
RYE	Fire Dispatch	_____
PORTSMOUTH	Police Dispatch	_____
NEWFIELDS	Police Officer on Duty	_____
BRENTWOOD	Police Officer on Duty	_____
KINGSTON	Police Officer on Duty	_____
NEWCASTLE	Police Officer on Duty	_____

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IMPORTANT:

If acknowledgement is not received from a station or local unit at the first request, the station will be repaged, if acknowledgement is still not recieved attempt to contact them by telephone as soon as possible.

The "Fire Phone/Red Network" will be used to notify any town whose police do not respond after a reasonable effort has been made to contact them. If the fire department is contacted, this will constitute town notification. Town will call back to confirm notification made by telephone. If acknowledgement is not received relay this information to the IFO Controller at the IFO/EOF.

3. Report the status of local notifications to the State Police Communications Center. DO NOT CALL SEABROOK STATION.

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4. Notify Rockingham County Nursing Home and Rockingham County Jail of the GENERAL EMERGENCY ECL by radio, dedicated line, paging system, or runner (Rockingham County Dispatch, Rockingham County Nursing Home, and Rockingham County Jail are all in the same complex). _____
5. Receive instructions from State Police, EOC Operations Officer or IFO Controller to activate the audible alert system. As time permits, coordinate activation with local EOCs. (System activation directions to be provided later.) _____
6. Notify NHCDA when the audible alert system activation has been completed. Notify the IFO Controller or, if the IFO has not been opened, the personnel at the State EOC in Concord. _____
7. Monitor the NHCDA (New Hampshire Civil Defense Agency) radio channel. When NHCDA indicates the State EOC (Emergency Operations Center) is in operation, maintain primary communications with the State EOC rather than with State Police Communications Center. _____
8. When notification is received from NHCDA that the IFO (Incident Field Office) has been activated, maintain subsequent communications with the IFO rather than the EOC. _____
9. As directed by the NHCDA Resources Coordinator in the State EOC, or by the State Staging Area Supervisor, implement Appendix D, State Staging Area Notification List. _____
10. Stand by to receive additional information from the IFO. _____

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When GENERAL EMERGENCY status has been either terminated or de-escalated, we will be notified by the IFO. In either case, the towns will be advised by General Broadcast over Ch. _____, and they will acknowledge the message using the checklist. _____

APPENDIX A

General Information for Rockingham County Dispatch

GENERAL DUTIES

In the event of an emergency situation, Rockingham County Dispatch provides a vital communications link. Its essential duties involve notifying New Hampshire towns of emergency status at Seabrook Station. In addition, Rockingham County Dispatch serves to relay information from the State to the towns. Likewise Rockingham County Dispatch relays requests for information and support from the towns to the State until the IFO is opened.

Rockingham County Dispatch will also be responsible for activating the audible alert system sirens in the New Hampshire towns should public notification be required. A three to five minute steady signal activated by tone is required. The system is comprised of the sirens installed by New Hampshire Yankee (NHY). Activation of the sirens will be initiated only upon specific orders from New Hampshire Civil Defense Agency. Normally these orders will be given by the NHCDA official at the IFO. If it is necessary to activate the audible alert system before the IFO has been mobilized, these instructions will be issued from the EOC in Concord. In the unlikely event that public notification is required before the EOC is activated, the order will come through the State Police Communications Center Shift Supervisor in Concord.

Initial instructions should be expected to come from the State Police Communications Center. As soon as they are activated, the EOC assumes responsibility for coordinating with Rockingham County Dispatch. For New Hampshire this responsibility is assumed by the IFO as soon as it is activated. The IFO is located at the Newington Station, Newington, NH.

EMERGENCY CLASSIFICATION LEVELS (ECL)

An UNUSUAL EVENT indicates a potential degradation of the level of safety of the plant. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.

An ALERT indicates events in progress which involve an actual or potential substantial degradation of the level of safety at the Seabrook Plant. Any radioactive releases associated with this ECL are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels.

A SITE AREA EMERGENCY indicates an incident which involves actual or likely major failures of plant functions needed for the protection of the public. Radiological releases, if any, are not expected to exceed the EPA Protective Action Guideline exposure levels except near the site boundary. During a SITE AREA EMERGENCY, the State Emergency Response Organization is fully mobilized and protective actions for the public may be implemented.

A GENERAL EMERGENCY indicates an incident which may involve substantial degradation or melting of the reactor's radioactive core with potential for loss of containment integrity. Releases are expected to exceed the EPA Protective Action Guideline exposure levels except near the site boundary. During a GENERAL EMERGENCY, the State Emergency Response Organization is fully mobilized and protective actions for the public may be implemented.

COMMUNICATION TESTS

NHCDA will conduct a communication test to ensure the NHCDA network net is operational. When a communication test is received, the dispatcher will perform the following:

1. Acknowledge receipt of test;
2. Record the test in the log; and
3. Report any discrepancies to the supervisor for corrective actions.

DRILLS AND/OR EXERCISES

When drills and/or exercises are conducted by NHY and/or State of New Hampshire, all messages will be preceded by and ended with the phrase: "THIS IS A DRILL" or "THIS IS AN EXERCISE".

- (1) ENSURE ALL MESSAGES TRANSMITTED VIA RADIO NET OR TELEPHONE ARE PRECEDED BY AND ENDED WITH THE PHRASE: "THIS IS A DRILL" or "THIS IS AN EXERCISE".

When the drill or exercise is terminated by the State, the dispatcher will inform only those towns participating in the termination.

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APPENDIX C

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ROCKINGHAM COUNTY DISPATCH
SIREN ACTIVATION PROCEDURES

THESE PROCEDURES MUST NOT BE PERFORMED UNLESS
AUTHORIZATION IS RECEIVED FROM THE STATE
CIVIL DEFENSE DIRECTOR OR DESIGNEE

Rockingham County Dispatch Siren Activation Procedure

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To activate all the sirens in a specific town simultaneously.	Page 3
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To activate all the beach sirens in New Hampshire.	Page 7
To activate and utilize the manual PA function.	Page 9
To activate the beach sirens in the PA mode using a cassette tape.	Page 13
To lock out the towns ability to activate their own siren.	Page 14
Procedure for troubleshooting siren control activation problem.	Page 15
Procedure for Reporting and Clearing a Falsed Siren	Page 16

THIS IS A DRAFT PROCEDURE AND SUBJECT TO REVISIONS UNTIL FINAL SYSTEM CONFIGURATION.

Rockingham County Dispatch Siren Activation Procedure

To activate all the sirens in New Hampshire Simultaneously(ALL CALI.).

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before sending tones.

Step #2: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #3: Momentarily press and release the "CLR" button.

Step #4: Momentarily press and release the "ALL" button.

Step #5: Momentarily press and release the "SEND" button.

Step #6: Complete the procedure to lock out the towns ability to activate their own sirens, that begins on page 14. When completed proceed to step #7.

Step #7: Momentarily press and release the desired SIREN/PA function button.

NOTE: The function that would be used during an incident at Seabrook Station would be the "ALRT" (alert) function.

Step #8: Momentarily press and release the "ALL" button or set the address switches to "11-11-11-11".

Step #9: Press and HOLD the "PRE CHK" button. (This will not affect the actual sirens. The purpose of this step is to allow the dispatcher the ability to view the status map to insure the correct sirens and functions have been selected.)

Step #10: View the status map to verify the correct sirens and function are displayed. If the correct functions are being displayed proceed to step #11. If incorrect siren locations or functions are being displayed release the "PRE CHK" button and refer to the problem procedure listed on the next page.

Step #11: Release the "PRE CHK" button.

THIS IS A DRAFT PROCEDURE AND SUBJECT TO REVISIONS UNTIL FINAL SYSTEM CONFIGURATION.

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate all the sirens in New Hampshire continued.

CAUTION!!! THE NEXT STEP WILL ACTIVATE ALL NEW HAMPSHIRE SIRENS!!!

Step #12: Momentarily press and release the "SEND" button. The status map should start to respond to the "SEND" command within a few seconds.

Step #13: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

NOTE: To cancel (Deactivate) the sirens and to clear status map perform the following.

- 1) Momentarily press and release the "CLR" button.
- 2) Momentarily press and release the "ALL" button.
- 3) Momentarily press and release the "SEND" button.

PROBLEM PROCEDURE

If the status map is displaying incorrect information or fails to respond, perform the following.

- 1) Momentarily press and release the "RST" button and proceed to step #7 again.

IF THIS IS THE SECOND TIME THROUGH THE PROCEDURE AND THE STATUS DISPLAY STILL FAILS TO RESPOND CORRECTLY, REFER TO THE TROUBLESHOOTING PROCEDURE THAT STARTS ON PAGE 15.

Rockingham County Dispatch Siren Activation Procedure

To activate all the sirens in a specific town.

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before sending tones.

Step #2: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #3: Momentarily press and release the "CLR" button.

Step #4: Momentarily press and release the "ALL" button.

Step #5: Momentarily press and release the "SEND" button.

Step #6: Complete the procedure to lock out the towns ability to activate their own sirens, that begins on page 14. When completed proceed to step #7.

Step #7: Obtain the correct town code from the following list.

TOWN	CODE
Brentwood	01
East Kingston	02
Exeter	03
Greenland	04
Hampton Falls	05
Hampton	06
Kensington	07
Kingston	08
New Castle	09
Newfields	10
Newton	11
North Hampton	12
Portsmouth	13
Rye	14
Seabrook	15
South Hampton	16
Stratham	17

Step #8: Set the correct town code (the first two digits of the address) with the thumbwheels. Then set the last two digits of the address to 11.

Example for Brentwood:

The address would be "0-1-11-11"

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate all sirens in a specific town continued.

Step #9: Momentarily press and release the desired SIREN/PA function button.

NOTE: The function that would be used during an incident at Seabrook Station would be the "ALRT" (alert) function.

Step #10: Press and HOLD the "PRE CHK" button. (This will not affect the actual sirens. The purpose of this step is to allow the dispatcher the ability to view the status map to insure the correct sirens and functions have been selected.)

Step #11: View the status map to verify the correct sirens and function are displayed. If the correct functions are being displayed proceed to step #12. If incorrect siren locations or functions are being displayed release the "PRE CHK" button and refer to the problem procedure listed on the next page.

Step #12: Release the "PRE CHK" button.

CAUTION!!! THE NEXT STEP WILL ACTIVATE THE TOWNS SIRENS!!!

Step #13: Momentarily press and release the "SEND" button. The status map should start to respond to the "SEND" command within a few seconds.

Step #14: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

NOTE: To cancel (Deactivate) the sirens and to clear status map perform the following.

- 1) Momentarily press and release the "CLR" button.
- 2) Momentarily press and release the "ALL" button.
- 3) Momentarily press and release the "SEND" button.

PROBLEM PROCEDURE

If the status map is displaying incorrect information or fails to respond, perform the following.

1) Momentarily press and release the "RST" button and proceed to step #7 again.

IF THIS IS THE SECOND TIME THROUGH THE PROCEDURE AND THE STATUS DISPLAY STILL FAILS TO RESPOND CORRECTLY, REFER TO THE TROUBLESHOOTING PROCEDURE THAT STARTS ON PAGE 15.

Rockingham County Dispatch Siren Activation Procedure

To activate a single siren in a specific town.

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before sending tones.

Step #2: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #3: Momentarily press and release the "CLR" button.

Step #4: Momentarily press and release the "ALL" button.

Step #5: Momentarily press and release the "SEND" button.

Step #6: Complete the procedure to lock out the towns ability to activate their own sirens, that begins on page 14. When completed proceed to step #7.

Step #7: Obtain the correct town code from the list on the previous page.

Step #8: Set the correct town code (the first two digits of the address) with the thumbwheels.

Step #9: Obtain the correct code for siren that is to be activated. (This list will be provided at a later date.)

Step #10: Set the correct siren code (the last two digits of the address) with the thumbwheels.

Example of the first siren in Brentwood:
The address would be "0-1-0-1"

Step #11: Momentarily press and release the desired SIREN/PA function button.

NOTE: The function that would be used during an incident at Seabrook Station would be the "ALRT" (alert) function.

Step #12: Press and HOLD the "PRE CHK" button. (This will not affect the actual sirens. The purpose of this step is to allow the dispatcher the ability to view the status map to insure the correct sirens and functions have been selected.)

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate a single siren in a specific town.

Step #13: View the status map to verify the correct siren and function are displayed. If the correct functions are being displayed proceed to step #14. If incorrect siren locations or functions are being displayed release the "PRE CHK" button and refer to the problem procedure listed below.

Step #14: Release the "PRE CHK" button.

CAUTION!!! THE NEXT STEP WILL ACTIVATE THE SIREN!!!

Step #15: Momentarily press and release the "SEND" button. The status map should start to respond to the "SEND" command within a few seconds.

Step #16: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

NOTE: To cancel (Deactivate) the sirens and to clear status map perform the following.

- 1) Momentarily press and release the "CLR" button.
- 2) Momentarily press and release the "ALL" button.
- 3) Momentarily press and release the "SEND" button.

PROBLEM PROCEDURE

If the status map is displaying incorrect information or fails to respond, perform the following.

- 1) Momentarily press and release the "RST" button and proceed to step #7 again.

IF THIS IS THE SECOND TIME THROUGH THE PROCEDURE AND THE STATUS DISPLAY STILL FAILS TO RESPOND CORRECTLY, REFER TO THE TROUBLESHOOTING PROCEDURE THAT STARTS ON PAGE 15.

Rockingham County Dispatch Siren Activation Procedure

To activate all the beach sirens in New Hampshire.

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before sending tones.

Step #2: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #3: Momentarily press and release the "CLR" button.

Step #4: Momentarily press and release the "ALL" button.

Step #5: Momentarily press and release the "SEND" button.

Step #6: Complete the procedure to lock out the towns ability to activate their own sirens, that begins on page 14. When completed proceed to step #7.

Step #7: Momentarily press and release the desired SIREN/PA function button.

NOTE: The function that would be used during an incident at Seabrook Station would be the "ALRT" (alert) function.

Step #8: Set the address switches to "11-11-9-11".

Step #9: Press and hold the "PRE CHK" button. (This will not affect the actual sirens. The purpose of this step is to allow the dispatcher the ability to view the status map to insure the correct sirens and functions have been selected.)

Step #10: View the status map to verify the correct sirens and function are displayed. If the correct functions are being displayed proceed to step #11. If incorrect siren locations or functions are being displayed release the "PRE CHK" button and refer to the problem procedure listed below.

Step #11: Release the "PRE CHK" button.

**CAUTION!!! THE NEXT STEP WILL ACTIVATE ALL BEACH SIRENS
IN NEW HAMPSHIRE!!!**

Step #12: Momentarily press and release the "SEND" button. The status map should start to respond to the "SEND" command within a few seconds.

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate all the beach sirens in New Hampshire continued.

Step #13: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

NOTE: To cancel (Deactivate) the sirens and to clear status map perform the following.

- 1) Momentarily press and release the "CLR" button.
- 2) Momentarily press and release the "ALL" button.
- 3) Momentarily press and release the "SEND" button.

PROBLEM PROCEDURE

If the status map is displaying incorrect information or fails to respond, perform the following.

- 1) Momentarily press and release the "RST" button and proceed to step #7 again.

IF THIS IS THE SECOND TIME THROUGH THE PROCEDURE AND THE STATUS DISPLAY STILL FAILS TO RESPOND CORRECTLY, REFER TO THE TROUBLESHOOTING PROCEDURE THAT STARTS ON PAGE 15.

Rockingham County Dispatch Siren Activation Procedure

To activate and utilize the manual PA function.

In order to achieve effective coverage for public address announcement. It is necessary to incrementally rotate the sirens a full 360 degrees in 45 degree segments. This requires you to broadcast your announcement a total of 8 times (once for each 45 degree segment). It is necessary to perform Step #10 through Step #20 of this procedure a full 8 times.

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before sending tones.

Step #2: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #3: Momentarily press and release the "CLS" button.

Step #4: Momentarily press and release the "ALL" button.

Step #5: Momentarily press and release the "SEND" button.

Step #6: Complete the procedure to lock out the towns ability to activate their own sirens, that begins on page 14. When completed proceed to step #7.

Step #7: Momentarily press and release the "N" button.

Step #8: Momentarily press and release the "ALL" button.

Step #9: Momentarily press and release the "SEND" button.

Step #10: Momentarily press and release the "PA" function button.

Step #11: Select the proper town code (the first two digits of the address) with the thumbwheels, for the town or all the towns, that you want to make an announcement in.

Step #12: Select the proper siren code (the last two digits of the address) with the thumbwheels, for the siren, or all the sirens, or the beach sirens only, that you want to make the announcement on.

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate and utilize the PA function continued.

Step #13: Press and HOLD the "PRE CHK" button. (This will not affect the actual sirens. The purpose of this step is to allow the dispatcher the ability to view the status map to insure the correct sirens and functions have been selected.)

Step #14: View the status map to verify the PA function was displayed for the correct sirens. If correct sirens and function are being displayed proceed to step #15. If incorrect sirens or function are being displayed release the "PRE CHK" button and refer to the problem procedure listed on the next page.

Step #15: Release the "PRE CHK" button.

CAUTION!!! THE NEXT STEP WILL PUT THE SIRENS IN THE PA MODE OF OPERATION!!!

Step #16: Momentarily press and release the "SEND" button. The status map should start to respond to the "SEND" command within a few seconds.

Step #17: Press and HOLD the monitor key then press and HOLD the transmit key on the microphone. Then make your announcement in a clear, calm, voice. When complete release both the monitor and transmit keys.

Step #18: Press the "CW" button. This is so you can turn the siren 45 degrees.

Step #19: Momentarily press and release the "SEND" button.

Step #20: Repeat this procedure, starting with step #10, until there has been 360 degree coverage(you will have to perform step #10 through step #20 of this procedure, eight times to obtain maximum PA coverage.).

Step #21: After obtaining 360 degree coverage, you must cancel the PA function by pressing the "CLR" button. Followed by pressing the "ALL" button, then pressing the "SEND" button.

Step #22: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate and utilize the PA function continued.

NOTE: To cancel (Deactivate) the sirens and to clear the status map perform the following.

- 1) Momentarily press and release the "CLR" button.
- 2) Momentarily press and release the "ALL" button.
- 3) Momentarily press and release the "SEND" button.

PROBLEM PROCEDURE

If the status map is displaying incorrect information or fails to respond, perform the following.

- 1) Momentarily press and release the "RST" button.
- 2) Proceed to step #10.

IF THIS IS THE SECOND TIME THROUGH THE PROCEDURE AND THE STATUS DISPLAY STILL FAILS TO RESPOND CORRECTLY, REFER TO THE TROUBLESHOOTING PROCEDURE THAT STARTS ON PAGE 15.

Rockingham County Dispatch Siren Activation Procedure

To activate the beach sirens in the PA mode using a cassette tape.

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before pressing the play button.

Step #2: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #3: Momentarily press and release the power button on the tape deck to turn it on.

Step #4: Make sure the proper tape is installed in the tape deck.

NOTE: There are two tapes, one is for "Early Beach Protective Actions" and one for a "Site Area" or "General Emergency".

Step #5: Momentarily press and release the rewind button on the tape deck.

Step #6: After the tape is rewound press the play button on the tape deck. This will start the tape playing which in turn will activate the transmitter and start broadcasting the tones and announcement that are required.

Step #7: View the status map to confirm that the sirens are activating correctly. If there is a problem then perform the problem procedure that is on the next page.

Step #8: After the tape is complete it will stop automatically. At this time the complete siren system will have been cleared automatically. This means that the siren system is ready for the next activation. Press the rewind button on the tape deck.

Step #9: After the tape is rewound, momentarily press and release the power button on the tape deck, to turn the tape deck off.

Step #10: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

THIS PROCEDURE CONTINUES ON THE NEXT PAGE.

Rockingham County Dispatch Siren Activation Procedure

To activate the beach sirens in the PA mode using a cassette tape continued.

PROBLEM PROCEDURE

If the status map is displaying incorrect information or fails to respond, perform the following.

- 1) Press the stop button on the tape deck.
- 2) Momentarily press and release the "CLR" button on the encoder.
- 3) Momentarily press and release the "ALL" button on the encoder.
- 4) Momentarily press and release the "SEND" button on the encoder.

IF THIS IS THE SECOND TIME THROUGH THE PROCEDURE AND IT IS STILL FAILS TO RESPOND CORRECTLY, REFER TO THE TROUBLESHOOTING PROCEDURE THAT STARTS ON PAGE 15.

Rockingham County Dispatch Siren Activation Procedure

If proper authorization is received it is possible to disable all the towns ability to activate the sirens.

CAUTION!!! THIS MUST NOT BE DONE UNLESS REQUESTED BY THE STATE CIVIL DEFENSE DIRECTOR OR DESIGNEE!!!

Step #1: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before pressing the play button.

Step #2: Momentarily press and release the "STAT" button.

Step #3: Momentarily press and release the "ALL" button or set the address to "11-11-11-11".

Step #4: Press and HOLD the state button.

CAUTION!!! THE NEXT STEP WILL LOCK OUT THE TOWNS!!!

Step #5: Momentarily press and release the "PRE CHK" button.

Step #6: Release the state button.

IMPORTANT NOTE: TO CANCEL OR UNLOCK THE TOWNS SIREN CONTROL. PRESS THE "CLR" BUTTON FOLLOWED BY THE "ALL" AND THEN PRESS AND HOLD THE STATE BUTTON. NEXT PRESS THE "PRE CHK" BUTTON.

Rockingham County Dispatch Siren Activation Procedure

Procedure for troubleshooting siren control activation problems.

If there is any problem with the status map displaying the correct information, perform the following the steps.

Step #1: Make sure that there is power supplied to the encoder, the radio, and the status map. Also make sure that the power switches are in the "ON" position. (Observe the power indicator lamps.)

Step #2: Press the reset button on the status map. Then retry the procedure that you were attempting to perform. If you are not successful then go to the next step.

Step #3: Contact New Hampshire Civil Defense, via the Nuclear Alert phone. Unless the IFO is operational, then contact the IFO via the Nuclear Alert Phone. Tell them that there is a failure with the siren activation equipment and that you will not be able to activate the sirens.

Rockingham County Dispatch Siren Activation Procedure

Procedure for Clearing and Reporting a Siren that was reported to have Falsed.

Once a phone call is received about a siren that is falsed. Perform the following steps.

Step #1: Obtain the name of the caller that is reporting the falsing.

Step #2: Obtain the phone number of the caller.

Step #3: Obtain a description of the siren malfunction from the caller.

Step #4: Obtain the time of the occurrence from the caller.

Step #5: Obtain the location of the siren affected from the caller.

Step #6: Monitor the radio frequency by depressing the monitor button on the microphone or the remote. Verify that there is no communication or tones being transmitted on the channel, before sending tones.

Step #7: Insert the key into the encoder arming switch and turn it clockwise until it stops. This will arm the encoder.

Step #8: Momentarily press and release the "CLR" button.

Step #9: Momentarily press and release the "ALL" button.

Step #10: Momentarily press and release the "SEND" button.

Step #11: Turn the encoder arming key counterclockwise and remove the key. This will disarm the encoder.

Step #12: Notify Seabrook Station Security at extension 2112. Relay all information obtained from the caller.

APPENDIX D

STATE STAGING AREA NOTIFICATION LIST

- 1) Rockingham County Dispatch Center
Staffed 24-hours

- 2) Sheriff Charles F. Vetter
Primary - Shift A

- 3) Deputy Alvin Bissell
Alternate - Shift B

Current staffing rosters for special deputies are maintained at the
Rockingham County Dispatch Center

APPENDIX E
ROCKINGHAM COUNTY DISPATCH CENTER CALL LIST

2

1. Chief Dispatcher
David Lincoln
2. Sheriff Charles F. Vetter
Alternate

Dispatch Center manned 24-hours a day.

CURRENT OFFING ROSTERS FOR SPECIAL DEPUTIES ARE MAINTAINED AT THE ROCKINGHAM COUNTY DISPATCH CENTER.

ROCKINGHAM COUNTY NURSING HOME
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT
SEABROOK STATION

August, 1986

Copy Number _____

Rev. 2 8/86

ROCKINGHAM COUNTY NURSING HOME

RADIOLOGICAL EMERGENCY RESPONSE PLAN

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ROCKINGHAM COUNTY NURSING HOME
RADIOLOGICAL EMERGENCY RESPONSE PLAN

I. INTRODUCTION

A. Purpose

This Radiological Emergency Response Plan (RERP) is designed to prepare Rockingham County Nursing Home personnel to respond appropriately in the event of an accident at Seabrook Station. This is a working document, action-oriented and designed as a guide for the time of stress. It is intended to be flexible and quickly adaptable to maintain a safe environment for both patients and staff.

This document is intended to conform to all appropriate federal and state statutes and accrediting/licensing agency regulations for the safety and care of residents and employees during a radiological incident.

Orientation of new personnel includes issuance of appropriate sections of this plan and instruction in the duties assigned therein.

B. Authority

Town - New Hampshire Revised Statutes, As Amended:

107:5

107:7

107:8 a, c, e

107:10

107:11

107:12

107:14

107:18

107:8:1

107:8:6

C. References

- New Hampshire Revised Statutes Annotated, As Amended: Chapter 125, "Radiation Protection and Control Program." Chapter 125B, "New England Compact on Radiological Health Protection."
- State of New Hampshire Radiological Emergency Response Plan.
- New Hampshire Emergency Broadcast System Plan, Appendix F, Seacoast Operational Area.
- NUREG 0654/FEMA REP-1, Revision 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants". (Published jointly by the U.S. Nuclear Regulatory Commission and Federal Emergency Management Agency.
- FEMA Manual 8720.1, "Guidance for Emergency Response Team Planning." Federal Emergency Management Agency.
- Joint Commission on Accreditation of Hospitals, "Accreditation Manual for Long Term Care Facilities", 1986.

D. Objectives

1. Develop a plan to provide the greatest degree of protection for residents and staff during a radiological emergency at Seabrook Nuclear Station.
2. Define responsibilities, clarify lines of authority, and establish lines of communication.
3. Ensure that planned actions are current and in consonance with those of surrounding jurisdictions, as well as with the Town of Brentwood.
4. Identify personnel, resource, and facility requirements necessary for the safe and efficient execution of this plan.

E. Definitions

The following definitions refer to terms mentioned within the text of this plan or used in reference to health care facilities.

1. Access Control - The prevention of unauthorized people from entering a specific area. Road barriers and traffic control will be used to effect access control. The controlled area may include all or part of the 10-mile EPZ or may be adjusted in order to bound an Exclusion Area established by NHDPHS to control and monitor areas which may have become radiologically contaminated.

2. ALERT - An ALERT is the second lowest level of emergency classification. Declaration of an ALERT indicates events in progress which involve an actual or potential, substantial degradation of the level of safety at the nuclear power plant. Any radioactive releases associated with this level are expected to be limited to small fractions of the EPA Protection Action Guideline exposure levels.
3. Dosimeter - An instrument worn by an individual to measure the total dose of radiation received over a specified period of time.
4. Emergency Broadcast System (EBS) - Network of radio stations which provides direct link between responsible public officials and the public. EBS stations broadcast instructions about what steps the public should take.
5. Emergency Classification Level - The level at which an incident at a nuclear power plant has been classified by the plant operator. Each level triggers a set of predetermined actions by the offsite Emergency Response Organization.
6. Emergency Operations Centers (EOC) - Locations designated by the State and local Emergency Response Organizations as assembly areas for their respective staffs. These facilities are the central command and control points for their respective Emergency Response Organizations.
7. Emergency Operations Facility (EOF) - A center established to coordinate the flow of technical information from the onsite to the offsite Emergency Response Organization. It is in the EOF that accident assessment activities are coordinated among State, local, Federal and utility personnel.
8. Emergency Planning Zones (EPZ) - The areas covered by Radiological Emergency Response Plans. The boundary for the Ingestion Pathway EPZ is a 50-mile radius from the plant. The boundary of the Plume Exposure EPZ is chosen to accommodate practical planning considerations and to conform as closely as possible to a 10-mile radius. The actual EPZ boundary may be more or less than 10 miles from the plant.
9. Exposure Response Organization - The combination of State, local, Federal, and private agencies designed specifically to provide offsite capability to implement emergency responses.
10. Evacuation - The relocation of persons in response to a potential or actual risk.
11. Evacuation Routes - Those roadways identified in state and local plans as the principal routes leading from the plume exposure pathway EPZ for use by vehicles in the event of an accident requiring evacuation.

12. Exclusion Area - The area established by control access to an evacuated area. An Exclusion Area is established after an area has been evacuated and its purpose is to control the spread of contamination and provide security.
13. GENERAL EMERGENCY - Of the Emergency Classifications, a GENERAL EMERGENCY is most severe. It may involve substantial degradation or melting of the reactor's radioactive core with potential for loss of containment integrity. Releases are expected to exceed the EPA Protective Action Guideline exposure levels beyond the power plant site boundary area.
14. Governor's Authorized Representative - The Governor's Authorized Representative is the person given the authority to act on behalf of the Governor in matters related to the RERP. In New Hampshire the Director of the Civil Defense Agency is given this designation.
15. Host Facility - Any facility outside of the EPZ to which special facility residents or patients are evacuated.
16. Incident Field Office (IFO) - The IFO is the location in close proximity to the Plume Exposure EPZ from which NH Civil Defense Agency will coordinate with the plant, and with Federal, State, and local emergency response organizations. The IFO supplements the emergency response capability of the State EOC in Concord.
17. Initial Notification - The first communication from the Utility Control Room to the Emergency Response Organization that an incident has occurred at the power plant which may involve activation of the RERP.
18. Ingestion Exposure Pathway - The pathway through which persons may take up radioactive material and receive a radiation dose from internally deposited radioactive materials (i.e., from ingestion of contaminated water, food, or milk).
19. Key Officials - Official representatives of State, local and Federal government or private organizations that have a specified role in the emergency response organization and have been authorized or directed by NHCDA to perform specified emergency response functions.
20. Media Center - The location where news media representatives obtain news information concerning an emergency at a nuclear power plant. The Public Information Representatives at the Media Center will gather, coordinate, and release information as it becomes available.
21. Off-site - The area beyond the authority of the Licensee of a Nuclear Facility.
22. On-site - The area including and around the Nuclear Facility under the authority of the Licensee.

23. Plume - An elongated and usually open and mobile mass of material that is dispersing through the atmosphere. In the case of a nuclear power plant, the material consists of radioactive particles and gases.
24. Plume Exposure Pathway - The pathway through which individuals may be exposed to radioactive material due to (a) whole body external exposure due to gamma radiation from the Plume and from deposited material, and (b) inhalation of radioactive particles or gases such as radioactive iodine, xenon, or krypton from the passing radioactive Plume.
25. Protective Action - Emergency measures to be taken by the public to mitigate the consequences of an accident by minimizing the radiological exposures that would likely occur if such actions were not undertaken. Examples are access control, sheltering, and evacuation.
26. Protective Action Guidelines (PAGs) - The numerically projected dose level criteria of radiation which act as trigger points for initiating protective response actions.
27. Shelter - A suitable building equipped, staffed, and organized to provide necessary services to evacuees. For the purpose of this plan, a shelter is a facility which can provide short-term protection in the event of a radiation plume, as well as provide longer term services for evacuees as a result of natural or other technological incidents.
28. Sheltering - Action where the public remains indoors, away from doors and windows, during and following the passage of the radioactive plume.
29. Site - The property owned by the utility in the immediate area of the nuclear power plant site.
30. SITE AREA EMERGENCY - A SITE AREA EMERGENCY indicates an incident which involves actual or likely major failures of plant functions needed for the protection of the public. Radiological releases, if any, are not expected to exceed the EPA Protective Action Guideline exposure levels except near the site boundary.
31. Special Facilities - Public and private schools, day care centers/nurseries, hospitals and nursing homes, or other facilities responsible for, or occupied by, special populations or groups.
32. Standby Status - A term used to describe the level of readiness of emergency personnel. It indicates that personnel have been notified and are available to activate duty stations if called upon.
33. Thyroid Blocking - The use of potassium iodide (KI) or other suitable drug for the purpose of saturating the thyroid gland with stable iodine and thereby preventing thyroid intake of radioiodine.

34. Transportation resources - Modes of transportation for evacuation of nursing home patients; generally includes ambulances, buses and trucks.
35. Unmet Needs - Capabilities and/or resources required to support emergency operations that are neither available nor provided for at the respective levels of emergency response.
36. UNUSUAL EVENT - an UNUSUAL EVENT is the least severe of the emergency classifications. Declaration at this level indicates that an incident which may lead to a potential degradation of the level of safety at the nuclear power plant has taken place.

II. BASIC PLAN

A. Responsibilities

1. Emergency Management Team

Implementation of this radiological emergency response plan is the responsibility of the Emergency Management Team. This team is comprised of the following individuals, with their stated responsibilities:

NOTE: The positions described below are meant to refer to the position or any designated alternate.

- a. Administrator - The overall authority for the implementation and direction of this Radiological Emergency Response Plan rests with the administrator or his/her designated alternate. Specific responsibilities include:
 - (1) Coordinating the emergency management response to all radiological incidents.
 - (2) Establishing the Emergency Operations Center (EOC) in the Administrator's Office and Conference Room.
 - (3) Establishing and maintaining communications with the Rockingham County Dispatch Center and providing for internal facility communications via telephone intercom, paging or messenger.
 - (4) Coordinating staff schedules with the Emergency Management Team to ensure adequate 24-hour staffing for emergency conditions.
 - (5) Coordinating the facility's emergency response with the Rockingham County Dispatch Center, designated host facilities and outside agencies.

- (6) Responding to all internal requests for personnel and equipment support.
 - (7) Receiving and maintaining current patient census, transportation requirements, staffing needs and reporting unmet needs to the Rockingham County Dispatch Center.
 - (8) Terminating the emergency and deactivating the emergency response when conditions stabilize, and returning the facility to normal operations.
 - (9) Documenting the emergency management effort when normal operations are restored (it is advisable to maintain a date-time log of events during incidents).
- b. Director of Nursing - The Director of Nursing is responsible for the assignment of all nursing service personnel and any volunteers needed to supplement staffing requirements. In the absence of the administrator, or his/her designate, the Director of Nursing shall assume total control of the emergency response. In addition, the Director of Nursing is responsible for overseeing the preparation of patient census reports, the classification of patients for transport, and the coordination of the patient care, clinical care and support departments.
 - c. Senior/First Floor Nursing Supervisor - The Nursing Supervisor on duty is responsible for duties assigned by the Director of Nursing. In the absence of the Director of Nursing, the Nursing Supervisor shall be responsible for the assignment of all nursing service personnel. In the absence of the Administrator and the Director of Nursing, the Nursing Supervisor shall assume control of the initial emergency response.
 - d. Medical Director - The primary responsibility of the Medical Director is to maintain medical care for Rockingham County Nursing Home patients. The Medical Director reviews and identifies patients eligible for discharge during census reduction efforts.
 - e. Director of Maintenance - The Director of Maintenance is responsible for electrical and mechanical functions necessary to maintain a safe building environment. The Director of Maintenance assigns appropriate personnel to answer emergency calls for service from all areas of the facility.

2. Other Agencies

There are a number of external agencies with specific responsibilities that impact the facility response in the event of an incident at Seabrook Station. These include:

a. Rockingham County

Responsibilities include:

- (1) Notification of protective action recommendations.
- (2) Coordination of emergency medical services to maintain routine coverage and, in the event of an evacuation, to provide assistance to Rockingham County Nursing Home residents.
- (3) Provision of health protection for County emergency workers by implementing plans for protective actions and related training.

b. New Hampshire Division of Public Health Services (DPHS)

Responsibilities include:

- (1) Coordination with Federal health authorities, the New Hampshire Civil Defense Agency, and the New Hampshire Department of Agriculture to assess any radiation hazard to the public, and develop corresponding health related guidance.
- (2) Provision of state and local support by means of technical advice, identification and coordination of medical resources.
- (3) Maintenance of a current inventory of statewide medical facilities with the capability of treating radiation exposure victims.
- (4) Maintenance of current site-specific lists of local and backup medical facilities having the capability of evaluating, handling and treating contaminated and irradiated individuals.
- (5) Provision of technical advice and assistance to hospitals and nursing homes within the plume exposure pathway EPZ and advising them regarding their respective emergency response plans.
- (6) Development and implementation of a uniform statewide system for recording the contamination data and treatment of radiologically exposed individuals.

c. New Hampshire Civil Defense Agency (NHCOA)

Responsibilities include:

- (1) Response as the lead State agency for emergency management and coordination of response activities.

- (2) Cooperation with applicable State agencies, coordinating the resource management of available State equipment and supplies to satisfy urgent needs of EPZ and host communities.
- (3) Establishment and maintenance of agreements with supporting Federal agencies, adjacent States, volunteer organizations and fixed nuclear facilities to provide for coordination and integration of emergency response planning and operations.
- (4) Coordination of a biennial exercise to evaluate radiological emergency response plans and capabilities.

B. Alert / Notification

1. Initial Notification

Upon receiving information from the Rockingham County Dispatch Center that a radiological incident at Seabrook Station has been classified as an ALERT, SITE AREA EMERGENCY or GENERAL EMERGENCY, the telephone operator immediately notifies the highest ranking staff person available within the facility, who will immediately notify the Administrator.

A telephone call, verifying the initial notification, should be placed to the Rockingham County Dispatch Center. Backup notification will be provided by a tone activated radio.

2. Implementation

The Administrator, once notified, implements this Radiological Emergency Response Plan, as appropriate (reference Section III - Concept of Operations).

3. Emergency Management Team (Department Heads) Notification

Upon implementation of this Radiological Emergency Response Plan, the telephone operator immediately notifies members of the Emergency Management Team (reference Attachment A). The highest ranking staff person on duty assumes the role of directing the response until such time as a higher ranking individual arrives at the facility and assumes responsibility.

4. On-Duty Personnel

On-duty personnel are notified of the situation by telephone or the public address system. Personnel should remain at their assigned stations unless directed elsewhere by a member of the Emergency Management Team. Members of the Emergency Management Team should report to the Emergency Operations Center (EOC).

5. Off-Duty Personnel

Off-duty personnel will be contacted, as needed, by the appropriate member of the Emergency Management Team or their department head. Upon notification, off-duty personnel should proceed to the Rockingham County Nursing Home and report to their appropriate department head or, in the case of those assigned to the Emergency Management Team, to the EOC in the Administrator's Office and Conference Room.

C. Communication

1. Telephone

The primary means of communication within and outside the facility will be the telephone.

2. ARES (Amateur Radio Emergency Services)

The Rockingham County Dispatch Center may provide an ARES operator and radio to the Rockingham County Nursing Home at an emergency classification of ALERT or higher. ARES provides back-up communications capacity, and may provide the primary means of notification for classification changes and protective actions and information exchange, when established.

D. Transportation

1. Rockingham County Nursing Home transportation resource(s) (vans, convalescent coaches, etc.), will be used in the event an evacuation is recommended.
2. Unmet transportation requirements will be arranged for and coordinated by the Rockingham County Dispatch Center.
3. Evacuation vehicle estimates are located in Attachment B. Actual numbers and types of vehicles needed are reviewed and updated at the time of an incident.

E. Principles of Evacuation

1. General

Evacuation is a protective action option which involves movement of the population from the affected area(s). It may be accomplished on a selective or general basis.

a. Evacuation

Evacuation involves the relocation of the entire population from the affected areas of the plume exposure pathway EPZ.

b. Authority

The Governor has the authority and responsibility for recommending an evacuation. The highest ranking elected municipal official in authority may recommend an evacuation for their jurisdiction. An evacuation of the Rockingham County Nursing Home may be implemented by the Administrator based upon the recommendations of appropriate officials or internal conditions.

c. Required Coordination

Any evacuation outside the Rockingham County Nursing Home complex must be coordinated with the Rockingham County Dispatch Center.

2. Evacuation Routes

- a. If necessary, the Rockingham County Nursing Home will evacuate via the routes described on attached maps (reference Attachment C) to a designated host facilities (reference Section E.3. below).

3. Host Facility

Evacuated residents will be transported to the following facilities:

- a. Hillsborough County Home
Grasmere, NH
- b. Veteran's Administration Hospital
Smyth Road
Manchester, NH
- c. Merrimack County Home
Gerrish, NH
- d. Strafford County Nursing Home
County Farm Crossroads
Dover, NH

F. Reduction of Census

During incidents of extended duration and based upon the recommendations of the Medical Director, families of patients whose medical status permits temporary discharge to family custody will be requested to pick up family members. NOTE: Patients requiring special transportation will not be recommended for temporary discharge.

G. Training, Drills and Exercises

The Rockingham County Nursing Home will participate in training, exercises and drills as coordinated and made available through the Rockingham County Dispatch Center.

III. CONCEPT OF OPERATIONS

Specific emergency management responses are dependent upon the "Emergency Classification Level" declared at the Seabrook Station. Notification of the emergency classification level, and of any subsequent changes in that classification, will be received from the Rockingham County Dispatch Center.

NOTE: PROCEDURES FOR ALL CLASSIFICATIONS ARE CUMULATIVE, THAT IS, PROCEDURES FOR EACH EMERGENCY CLASSIFICATION INCLUDE THOSE PROCEDURES ESTABLISHED FOR ALL LOWER CLASSIFICATIONS.

A. UNUSUAL EVENT

No formal notification will be received at this classification. No action is required.

B. ALERT

1. Assemble Emergency Management Team.
2. Establish Emergency Operations Center (EOC) in the Administrator's Office and Conference Room.
3. Perform an immediate update of resident census (reference Attachment B), classifying residents according to the following transportation status:
 - a. Bus Conversion Bed (litter patients)
 - b. Reclining seat (coach) bus
 - c. School bus
4. Code resident's charts in accordance with transport status, coding as follows:

C - Conversion beds
R - Reclining seat bus
S - School bus
5. Notify designated host facilities (reference Attachment A) of incident, requesting bed availability and reserving available beds for nursing home evacuees. Coordinate with host facilities to identify resources and supplies which would need to be transferred with patient evacuees.
6. Determine on-duty staff census.

7. Determine emergency staff needs for (a) sheltering and (b) evacuation.
8. Inventory and replenish housekeeping supplies, medications, and oxygen supplies for a minimum five (5) day period.
9. Check facility vehicles (buses, vans, trucks, etc.) for fuel and operability.
10. Provide an immediate report of the following (reference Attachment D) to the Rockingham County Dispatch Center.
 - a. Resident census and transportation requirements.
 - b. Host facility bed availability.
 - c. On-duty staff census.
 - d. All unmet needs.
11. Test emergency generator.
12. Stock kitchen with a 5-day supply of canned foods, fruits and juices, disposable plates, cups and utensils.
13. Identify residents whose medical status would permit temporary discharge to family custody (excluding those who would require special transportation from their homes within the EPZ).
14. Have staff move cars as required to activate the state staging area.

C. Site Area Emergency

1. Prerequisite - PERFORM ALL APPROPRIATE ACTIONS OUTLINED UNDER ALERT.
2. Terminate visiting hours for the duration of the emergency.
3. Recall off-duty personnel, as required.
4. Prepare abbreviated resident transfer forms providing personal data, diagnosis, medications, etc.
5. Place identification bracelets or identification/disaster triage tags on all residents.
6. Time permitting, contact families to pick up residents identified as being appropriate for discharge, and discharge residents to family care wherever possible.
7. Consolidate nursing units as possible in order to reduce staffing requirements, and dismiss staff as appropriate.
8. Ensure that medication carts contain a minimum (5) five-day requirement of residents' medication.

9. Assemble required special care transportation needs (e.g., portable oxygen apparatus, patient restraints, etc.) at the appropriate nursing stations.

NOTE: Any personal items to be evacuated should also be assembled at this time.

10. Contact host facilities (reference Attachment A), confirming bed availability and reserve confirmed beds for resident evacuees. Request additional beds through the Rockingham County Dispatch Center, if required.
11. Confirm transportation resources through the Rockingham County Dispatch Center and assure that transportation providers have been readied for dispatch.
12. Ensure that potassium iodide (KI) and dosimetry is distributed to on-duty staff and nursing stations, and that all staff are briefed on procedures and medical protocols for the administration of KI to themselves and residents. (reference Attachment E).
13. Time permitting, notify residents' families of the possibility of an evacuation and provide the name and location of the appropriate host facilities.

D. General Emergency

1. Prerequisite - PERFORM ALL APPROPRIATE ACTIONS OUTLINED UNDER ALERT AND SITE AREA EMERGENCY.
2. Await Protective Action Recommendations from the Rockingham County Dispatch Center. Such guidelines should consist of either Sheltering or Evacuation.

NOTE: The New Hampshire Division of Public Health Services (DPHS) has conducted a technical assessment of the sheltering capabilities of each health care facility located within the Seabrook Emergency Planning Zone. Recommendations regarding sheltering or evacuation of the Rockingham County Nursing Home will be based on the protection provided by the facility's structure and will be made by DPHS. Consequently, the staff and residents of the Rockingham County Nursing Home may be advised to shelter in place even if the general population of Brentwood is evacuated. If projected radiation doses to the staff and residents of the Rockingham County Nursing Home exceed EPA Protective Action Guidelines, an evacuation of the Rockingham County Nursing Home will be recommended.

3. If advised by DPHS, instruct staff to administer KI to themselves and residents (if consistent with physician orders and medication protocols) in accordance with instructions provided. (reference Attachment E)

4. If Sheltering is recommended:
 1. Remain indoors with all doors and windows closed.
 2. Maintenance should adjust heating, ventilation, or air conditioning systems, where possible, to minimize the intake of outside air. (NOTE: HVAC systems should not be shut down unless specifically directed to do so by the DPHS.)

5. If Evacuation is recommended:
 - a. Notify host facilities (reference Attachment A) of the evacuation, commissioning confirmed beds for patient evacuees and determining arrangements to accommodate transfer of staff, reporting any unmet needs to the DPHS. Confirm resources and supplies to be transferred.
 - b. Confirm the dispatch of required transport vehicles with the Rockingham County Dispatch Center.
 - c. Prepare a roster of residents, their destinations and mode of transportation. Prepare copies of the roster for all host facilities, the Rockingham County Dispatch Center and DPHS. (Reference Attachment G)
 - d. As evacuation vehicles arrive, assemble residents, together with residents' charts, medication carts, transfer forms and other necessary medical support equipment at departure areas as follows:
 - (1) Bus Conversion bed cases will be assembled at the loading docks.
 - (2) Reclining Seat Bus cases will be assembled at the rear of the Blaisdell Building.
 - (3) School Bus cases will be assembled at the rear of the Blaisdell Building.

NOTE: The rear lot of the Rockingham County Nursing Home has been designated as the County's transportation staging area. Ensure that the designation of patient departure areas does not conflict with staging area operations.

 - e. Assign staff to provide external traffic direction for departure areas. Request assistance from Rockingham County Dispatch if needed.
 - f. Assign nursing staff to conversion bed buses and other transportation vehicles, as appropriate and available.
 - g. Ensure drivers have been provided evacuation route maps (reference Attachment C).

- h. Assist residents into appropriate transportation vehicles.
- i. Dispatch selected staff to establish a temporary administrative headquarters at a designated host facility.
- j. Secure the facility via the shutdown of non-essential mechanical, electrical and physical plant systems with the exception of safety systems such as sprinkler and alarm systems, or heat in cold weather.
- k. Secure records by locking all file cabinets and/or fire files, locking important records in fire files.
- l. Secure residents' personal valuables and lock the safe, depositing an inventory list in a separate locked file and take a copy to the temporary administrative headquarters.
- m. Secure drugs/medications not being transported by locking all medication cabinets.
- n. Notify the Rockingham County Dispatch Center of the host facilities selected as the temporary administrative headquarters, indicating that evacuation is complete.
- o. Depart with the facility locked and secured.

E. De-Escalation of Incident

Upon notification from the Rockingham County Dispatch Center that the incident has been de-escalated, the Administrator oversees the orderly return of the facility to the level of preparation indicated by the new emergency classification level. The specific steps to be taken and their consequences are determined by the Administrator, based on the concept of operations included in this plan.

F. Re-Entry

After evacuation, safety inspection of the physical plant and surrounding areas is performed by the Administrator and the Director of Maintenance. Upon the determination that reoccupation of the Rockingham County Nursing Home complex is considered safe, the Emergency Management Team ensures that the facility is fully prepared to resume normal operations prior to reoccupation. When the facility is fully prepared, the EOC is re-established in the Administrator's Office and Conference Room and the Administrator coordinates transportation and reoccupation through the Rockingham County Dispatch Center.

G. Termination of Incident

Upon notification from the Rockingham County Dispatch Center that the incident is terminated, the Administrator oversees the orderly return

of the facility to pre-incident operations. If reduction of census was accomplished, the Administrator will monitor the return of those residents temporarily discharged, notifying the Rockingham County Dispatch Center when census has returned to pre-incident levels.

A. Maintenance

1. The Administrator ensures the currency of the Rockingham County Nursing Home RERP including the development and distribution of all changes, and accomplishes an annual review.
2. The date shall be placed on any page that is changed.
3. All changes to the Rockingham County Nursing Home RERP will be coordinated with the New Hampshire Civil Defense Agency.

B. Distribution

1. This plan will be distributed in a controlled manner as an Attachment to the Rockingham County emergency plan implementing procedures.
2. In addition, a total of 20 current copies of this plan will be maintained on file at the Rockingham County Nursing Home for reference purposes.

ATTACHMENT A
NOTIFICATION ROSTER

I. <u>Emergency Management Team</u>	<u>Name</u>	<u>Telephone</u>
Administrator:	William Sturtevant	
Director of Administrative Services:	Nancy Lange	
Director of Fiscal Services:	Phyllis Rogers	
Director of Nursing:	Norma Dodge	
Assistant Director of Nursing:	Marilyn Wingate	
Medical Director:	Dr. Karl Singer	
Social Services Director:		
Director of Maintenance:	Al Paradis	
Director of Food Services:	Linda Andrejewski	
Director of Physical Therapy:	Marlene Skorupski	
Director of Occupational Therapy:	Wendy Lombardo	
Director of Environmental Services:	Louise Haley	
Director of Adult Medical Day Care:	Greg Ginchereau	
Geriatric Nurse Practitioner:	Beverly Rohr	
Director of Pharmacy:	Gilbert Hoss	
Mental Health Coordinator:	Sally Vaughn	
II. <u>Host Facility</u>		
Facility:	Hillsborough County Nursing Home Grasmere, NH	
Telephone:	(603) 627-5540	
Facility:	Merrimack County Nursing Home Gerrish, NH	
Telephone:	(603) 224-2284	
Facility:	Strafford County Nursing Home County Farm Crossroads Dover, NH	
Telephone:	(603) 742-1348	
Facility:	Veteran's Administration Hospital Manchester, NH	
Telephone:	(603) 624-4366	

HOST FACILITY AGREEMENT

Verbal authorization from the designated host facility(ies)
has been received. A written confirmation is currently
under review.



The County of Hillsborough
New Hampshire

Board of Commissioners

District 1

ROBERT F. KEEFE

Office 627-5600 Res. 627-7003

District 2

ALICE RECORD

Office 882-9471 Res. 882-2403

District 3

EDWARD J. LOBACKI

Office 627-5600 Res. 924-3936

County Treasurer
DANIEL D. WILBY

Office 627-5602 Res. 608-0375

300 CHESTNUT STREET
MANCHESTER, N. H.
03101

August 8, 1986

Mr. Richard Strome, Director
New Hampshire Civil Defense Agency
107 Pleasant St
Concord NH 03301

Dear Director Strome:

This letter confirms the willingness and capability of Hillsborough County Nursing Home to accept evacuees from nursing homes and health care facilities located within the Emergency Planning Zone of the Seabrook Station.

Our facility can accommodate evacuees on a temporary basis.

It is understood that the administration of Hillsborough County Nursing Home will be contacted directly by the affected facilities in the event of an emergency, and that the response would be coordinated by the New Hampshire Civil Defense Agency.

Arrangements regarding staff transfers and temporary medical staff privileges will be formalized at the time of an actual emergency.

These arrangements were unanimously approved by vote of the Board of County Commissioners on August 6, 1986.

Sincerely yours,

Alice B. Record

Alice B. Record, Clerk
Board of County Commissioners

ABR/pg

cc: H. Wilson,
Rockingham County



Veterans
Administration

August 19, 1986

In Reply Refer To: 608/00

Mr. William Sturtevant, Administrator
Rockingham County Nursing Home
Epping, NH 03042

Dear Mr. Sturtevant:

This letter will confirm the willingness of this Medical Center to accept evacuees from the Rockingham County Nursing Home on a temporary basis in the event of an evacuation due to an accident at Seabrook Station. We can accommodate, on average, 30-35 additional patients on a short-term emergency basis.

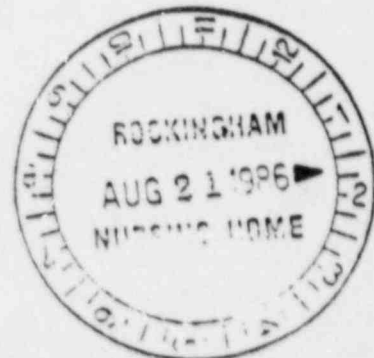
It is understood that we will be contacted directly by Rockingham County Nursing Home in the event of an emergency and that your response will be coordinated with the New Hampshire Civil Defense Agency.

The point of contact for this Medical Center is Eduardo Anzola, M.D., Chief of Staff, telephone #624-4366, ext. 262/263.

Sincerely,

WILLIAM H. KELLEHER
Director

cc: New Hampshire Civil Defense Agency



Commissioners
PAUL J. DUMONT, Chairman
Rochester, NH
DANIEL P. HERLIHY, Vice-Chairman
Dover, NH
ROLAND R. ROBERGE, Clerk
Rochester, NH
CHARLES A. CROCCO, Treasurer
Dover, NH

County Commissioners

STRAFFORD COUNTY
Justice & Administration Building
DOVER, NEW HAMPSHIRE 03820
Telephone 742-1458



August 15, 1986

Richard Strome, Director
New Hampshire Civil Defense Agency
107 Pleasant Street
Concord, New Hampshire 03301

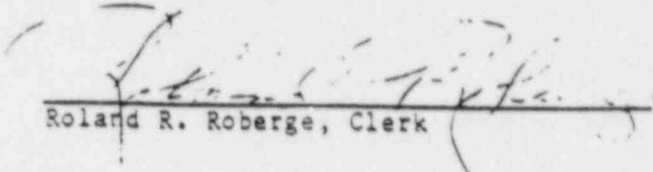
Dear Mr. Strome:

Per long-standing policy, the Strafford County Commissioners are willing to assist any public entity in times of emergency. Mutual aid in regard to evacuees from County nursing homes or corrections facilities is a concept we fully support.

At this time, it is difficult to determine the exact number of nursing home residents our facilities can accommodate in a time of emergency. However, Riverside Rest Home has a census of two-hundred and five (205) beds and could accommodate a good number of temporary evacuees.

It is understood that Riverside Rest Home Administrator David Cundiff or Corrections Captain Nelson Goodfield will be contacted directly in the event of an emergency and that the response will be coordinated by the New Hampshire Civil Defense Agency.

Very truly yours,


Roland R. Roberge, Clerk

jma

cc: ✓Helen Wilson, Commissioner Rockingham County
Captain Nelson Goodfield
Administrator David Cundiff

ATTACHMENT B

AVERAGE CENSUS/ESTIMATED RESOURCE REQUIREMENTS

I. Average Census

Staff Census: 360

Resident Census: 290 + 30 Adult Medical Day Care Clients

II. Estimated Resource Requirements

RESOURCE	REQUIRED TO EVACUATE	AVAILABLE AT THE FACILITY	NEEDED
School Buses for Conversion Beds ¹ (C)	11	0	11
Reclining Seat Buses ² (R)	2	0	2
School Buses ² (S)	3*	0	3
Wheelchair Vans ³	3	3	0
Other			

1 Bus conversion beds will accommodate 10 patients per bus.

2 Assuming 40 persons per bus. Reclining seat buses (coaches) have individual reclining seat backs. School buses have bench type seats.

3 For Adult Day Care Clients

* Overflow will be accommodated on reclining seat buses or extra space on conversion bed buses.

ATTACHMENT C
EVACUATION ROUTE MAPS

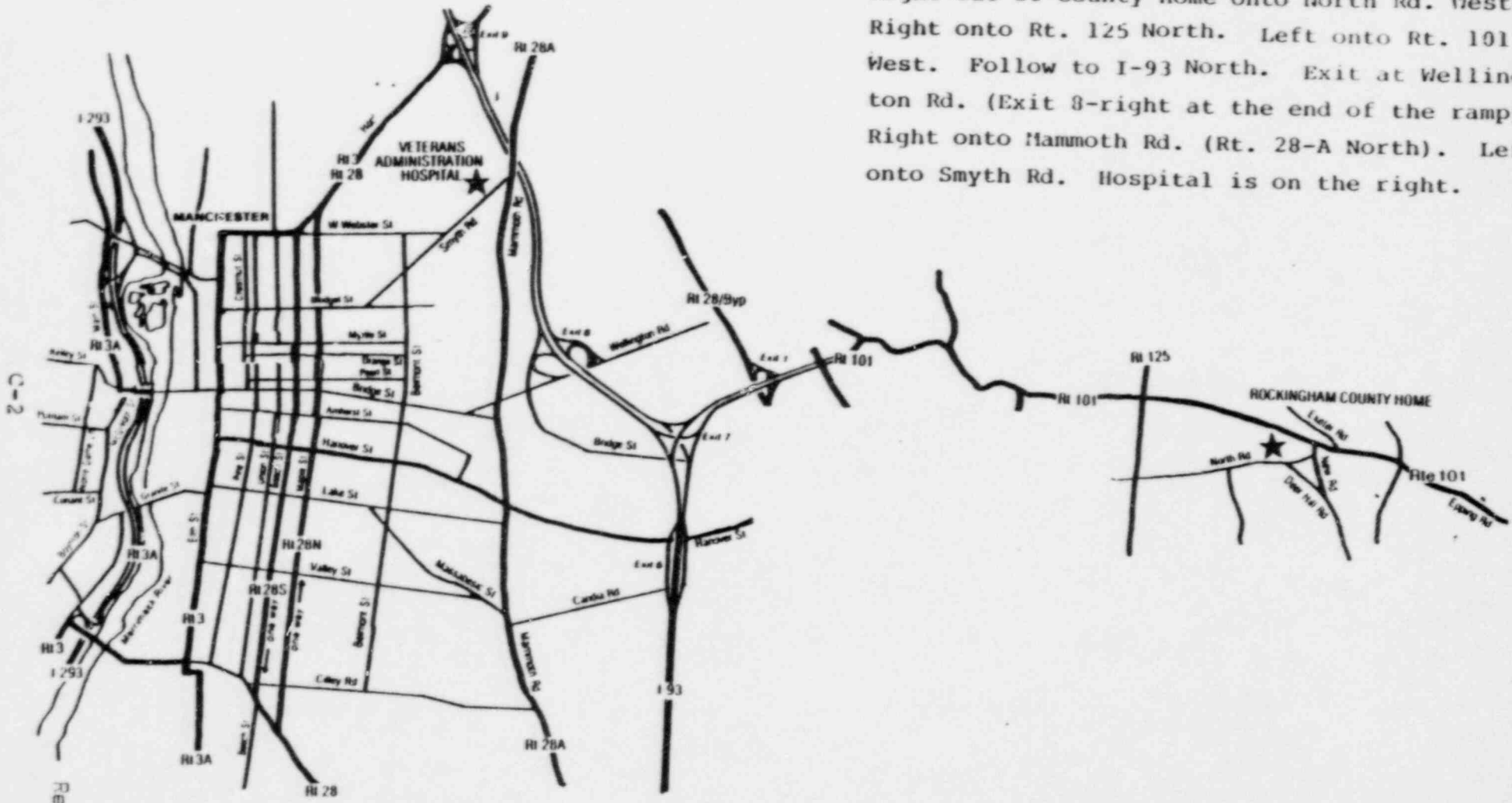
The Rockingham County Nursing Home will utilize the following evacuation routes to relocate to its designated host facilities. Maps depicting these routes are attached:

Rockingham County Home (Brentwood)

to

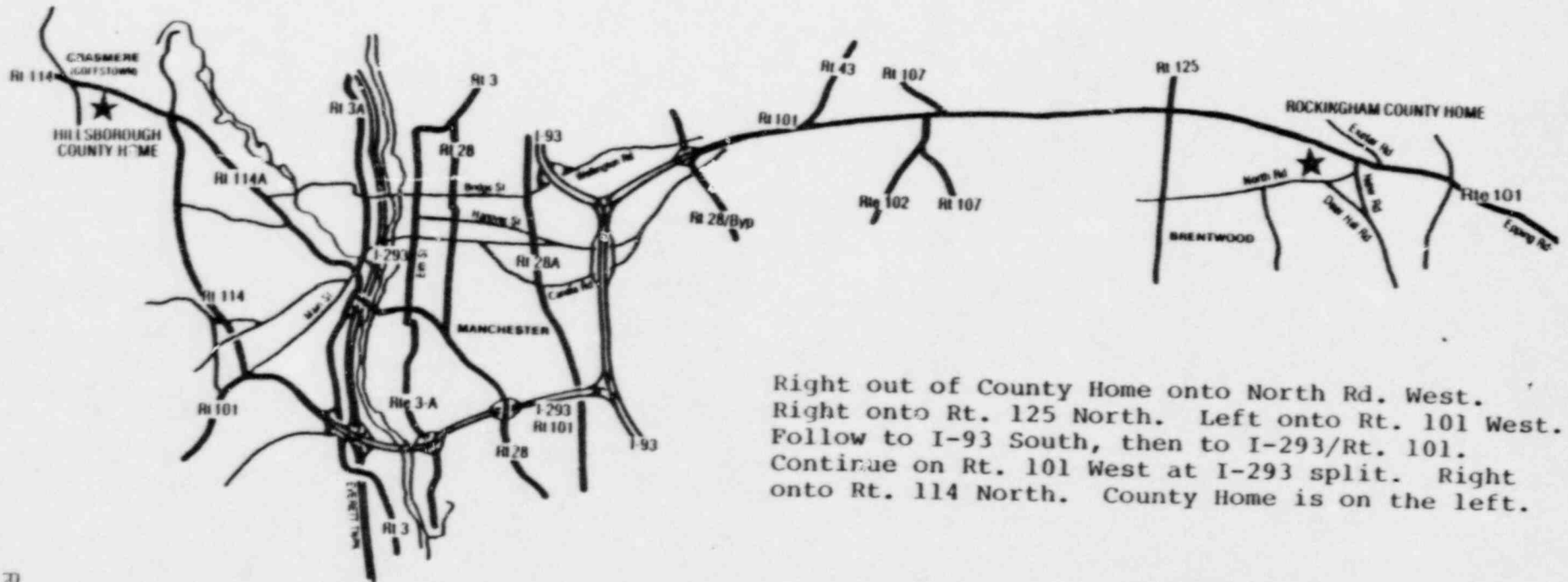
Veterans Administration Hospital (Manchester)

Right out of County Home onto North Rd. West.
Right onto Rt. 125 North. Left onto Rt. 101
West. Follow to I-93 North. Exit at Wellington
Rd. (Exit 8-right at the end of the ramp).
Right onto Mammoth Rd. (Rt. 28-A North). Left
onto Smyth Rd. Hospital is on the right.



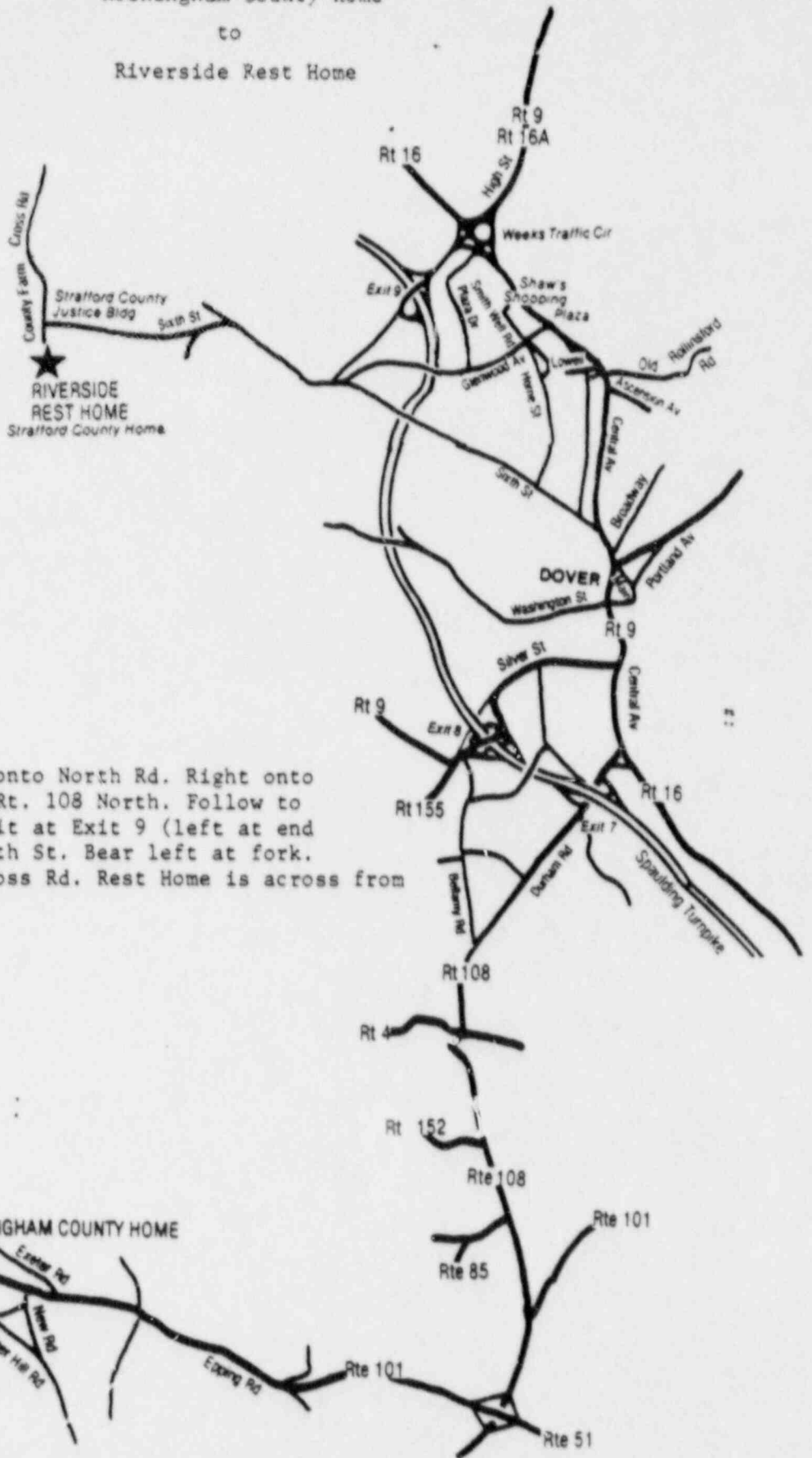
C-2

Rockingham County Home (Brentwood)
to
Hillsborough County Home (Grasmere)



Right out of County Home onto North Rd. West.
Right onto Rt. 125 North. Left onto Rt. 101 West.
Follow to I-93 South, then to I-293/Rt. 101.
Continue on Rt. 101 West at I-293 split. Right
onto Rt. 114 North. County Home is on the left.

Rockingham County Home
to
Riverside Rest Home



Left out of County Home onto North Rd. Right onto Rt. 101 East. Exit onto Rt. 108 North. Follow to Spaulding Tpk. North. Exit at Exit 9 (left at end of ramp). Right onto Sixth St. Bear left at fork. Left onto County Farm Cross Rd. Rest Home is across from Court House.

ATTACHMENT D
REPORTING INFORMATION

Report #: _____
Date: _____
Time: _____

Part I: Census and Transportation Requirements

Current Census	Resident Transportation Classifications For Evacuation			
	Buses			
	School Buses for Conversion Beds (C)	Reclining (R) Seat	School (S)	Chairvan(C)
Residents Total				

On Duty Staff Census _____

Part II: Host Arrangements

Host Facility	<u>Available Beds</u>
Strafford County Home	
Hillsborough County Home	
Manchester VA Hospital	
Merrimack County Home	
Total:	

Part III: Urmet Needs

NOTE: To be completed at the time of an incident or exercise and reflect actual census for date indicated.

Prepare a separate form for each report made and provide updated transportation and census data to the Rockingham County Dispatch Center every 12 hours.

PROCEDURE FOR ISSUING DOSIMETRY AND
POTASSIUM IODIDE (KI)

1. PURPOSE

This document provides guidance and instruction for the authorization and administration of KI to the staff and patients/residents of hospitals and nursing homes.

2. RESPONSIBILITIES

- A. The Director of the New Hampshire Division of Public Health Services (DPHS) is responsible for authorizing the ingestion of KI. This authorization, if and when made, will be provided to hospitals and nursing homes through civil defense channels.
- B. The senior official in each institution is responsible for overseeing the distribution of KI to the staff and residents/patients.

NOTE

KI IS TO BE DISTRIBUTED ONLY TO THOSE PATIENTS AND RESIDENTS OF HOSPITALS AND NURSING HOMES WHOSE PHYSICIANS HAVE GRANTED PRIOR AUTHORIZATION FOR ITS USE.

- C. The senior official in each institution is responsible for ensuring that a record for each ingestion of KI by residents/patients is maintained.
- D. Each institution staff person is responsible for maintaining a personal dosimetry - KI Report Form (Attachment 1).
- E. Each institution staff person is responsible for reading his/her self-reading dosimeters every 30 minutes, maintaining personal dosimetry/KI record forms and reporting readings as directed by their supervisor.
- F. The senior official in each institution is responsible for collecting dosimetry readings from staff and reporting them to DPHS and the local Radiological Officer.

3. DISTRIBUTION OF DOSIMETRY/KI TO STAFF

Actions

- 1. Divide dosimetry for staff into units consisting of:
 - a. 1 CDV-730 or DCA-622 (0-20R self-reading dosimeter);
 - b. 1 CDV-138 (0-200mR self-reading dosimeter);
 - c. 1 Thermoluminescent Dosimeter (TLD);
 - d. 1 Bottle of Potassium Iodide (KI);
 - e. 1 Dosimetry-KI Report Form (Figure 1);
 - f. 1 Potassium Iodide Acknowledgement Form (Attachment 1).
 - g. 1 Emergency Worker Information Sheet

Each on duty staff person receives one unit as described above.

2. Have each staff person complete the top section of the Dosimetry/KI Report Form (Figure 1).
3. While staff person is completing top section of the Dosimetry/KI Form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with Attachment 2.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (Figure 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (Figure 2).
6. Have the staff person complete the Potassium Iodide Acknowledgement Form as specified.
7. Have the staff person verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff person should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (Figure 2).
9. Record the appropriate information on the Dosimetry Log Form (Figure 2). Have staff person sign the form.
10. Provide each staff person with an Emergency Workers Information Sheet (Attachment 4).
11. Individually, or as a group, brief the staff person(s) on the following:
 - a. Dosimetry:
 - (1) Dosimetry should be worn in the pocket of an outer garment from the time of issue until the worker is dismissed from duty or until the worker is notified by his supervisor that dosimetry is no longer necessary.
 - (2) In no case should a TLD be used by more than one person.
 - (3) Each worker should read the self-reading dosimeter at least once every 30 minutes.
 - b. Dosimetry-KI Form:
 - (1) Personnel must keep the form in their possession at all times.
 - (2) Make sure that all workers understand how to use the form.

c. Potassium Iodide Acknowledgement Form

- (1) Make sure that all workers understand the instructions on this form.
- (2) Make sure that these forms are turned in before emergency workers are dispatched.

d. Radiation Exposure Control:

- (1) If notified by their supervisor that a release of radioactive material has occurred at the station, workers should begin reading their dosimeters every 15 minutes.
- (2) If an emergency worker's CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, the worker is to notify his supervisor and begin reading his CDV-730 (0-20R) dosimeter.
- (3) If an emergency worker's CDV-730 (0-20R) dosimeter indicates an exposure of 1R, the worker is to notify his supervisor. The supervisor will instruct the worker to either leave the affected area or assign the worker a new exposure level, at which he will report his dosimeter reading.
- (4) The maximum amount of whole body exposure a worker is allowed to receive is 5 Roentgen; however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposures as low as reasonably achievable. The exposure to radiation should be kept to a minimum for all persons.

Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor. The supervisor will instruct the worker to proceed to a location outside of the affected area.

- (5) Supervisory personnel are responsible for maintaining records of exposure readings provided them by staff and for reporting, on an hourly basis, any exposure readings in excess of 175 mR, 1R, 2R, 3R, 4R and 5R to the senior official on duty at the institution.
- (6) The senior official on duty within the institution is responsible for reporting to DPHS, on an hourly basis, any staff exposure readings in excess of 175 mR, 1R, 2R, 3R, 4R and 5R.

e. Potassium Iodide (KI):

- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio Iodine in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodine (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not lose it or discard it.
- (8) When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
- (9) If you experience any side effects, report them immediately.
- (10) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.

f. Termination of Assignment:

- (1) Unless otherwise directed by their supervisor, workers should report back to their duty station at the end of their assignment. Workers should record the final reading of their dosimeter in the after block on the Dosimetry-KI Report Form, subtract the before reading from the after reading and record results in the mission total block, and report mission completion and the total mission exposure to their supervisor.
- (2) If workers are being relieved by another individual, they should:
 - (a) Turn over all logs, procedures and equipment except dosimetry/KI to their relief.
 - (b) Notify their supervisor of the turnover.
 - (c) Report to the area where they were issued dosimetry to turn in their dosimetry, unless otherwise directed by their supervisor.

4. DISTRIBUTION OF KI TO PATIENTS

Actions

1. Assemble patient KI units consisting of:
 - a. 1 Bottle of Potassium Iodide
 - b. 1 Patient KI Log Form (Attachment 5)
2. Store patient units at appropriate nursing stations.
3. If the Director of the New Hampshire Department of Public Health recommends administration of KI:
 - a. Nursing staff will administer KI ONLY to patients whose attending physician has previously authorized its administration. Standard dose is one tablet per day.
 - b. Nursing staff will complete a Patient KI Log Form (Attachment 5) indicating the date and time of each KI administration.
 - c. Any side effects from KI administration to patients should be immediately reported to the patient's attending physician or the Medical Director/Chief of Staff. Discontinue KI and note all reactions and pertinent information on the patient's chart.
 - d. Administer KI for a 10-day period unless advised to terminate by DPHS or the attending physician. If patient is discharged prior to this time, provide appropriate instructions to patient and/or patient's family in order to maintain administration of KI for full 10-day period.
 - e. Prepare copies of Patient KI Log Form (Attachment 5) for DPHS if so requested.

DOSIMETRY—KI REPORT FORM

(Please print legibly)
Emergency Worker's Name _____

Social Security Number _____

Home Address _____

Emergency Worker's Organization _____

Town/City _____

Emergency Worker's Signature: **X**

MISSION NO. DESCRIPTION	DATE	CD V-730 or DCA-622 (0-200r)		CD V-138 (0-200mR)		MISSION TOTAL	MISSION TOTAL
		SERIAL NO.	BEFORE AFTER	SERIAL NO.	BEFORE AFTER		
1.			R			mR	mR
2.			R		R	mR	mR
3.			R		R	mR	mR
4.			R		R	mR	mR
5.			R		R	mR	mR
			TOTAL		TOTAL		

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-138 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (See form distribution below)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radioactive uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading _____

Signature of Monitor: **X** _____

DOSIMETRY—KI REPORT FORM DISTRIBUTION: Complete this form and forward the original copy with the TLD through emergency management channels to DPHS. If the self-reading dosimetry indicates total exposure of 5 R or more, expedite delivery to DPHS. DPHS will forward to the individual and to the Town or City Civil Defense Director the TLD reading as well as a: explanation of the reading. Copy 2 is retained by the Town or City Civil Defense Agency. Copy 3 is retained by the individual.

KI INSTRUCTIONS: Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day if you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

TLD (thermoluminescent dosimeter)		PERSON/ ORGANIZATION
Serial No. of TLD	DATE/TIME	
Issued		By _____
Turned In		To _____
READING OF TLD		
m/rem		
Date of Reading		
RSP #		
POTASSIUM IODIDE		RECORD
Date	Time	Amount Taken
Day 1		1 tablet/130 mg
Day 2		1 tablet/130 mg
Day 3		1 tablet/130 mg
Day 4		1 tablet/130 mg
Day 5		1 tablet/130 mg
Day 6		1 tablet/130 mg
Day 7		1 tablet/130 mg
Day 8		1 tablet/130 mg
Day 9		1 tablet/130 mg
Day 10		1 tablet/130 mg

ATTACHMENT 1
POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection of the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioiodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____

DATE _____

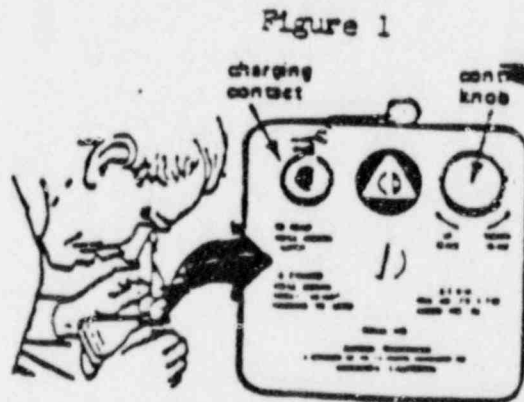
When completed, copies of this form should be forwarded to the IFO/EOF RHTA.

ATTACHMENT 2

OPERATIONAL CHECK FOR
THE CDV-750 DOSIMETER CHARGER

ACTIONS

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface, such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eye piece on charging contact of charger. (See Figure 1)



3. Apply downward pressure; you should see a meter scale and a line while looking through the dosimeter. If no one is visible, rotate the control knob, located in the upper right-hand corner (Figure 1), until a line appears.
4. Set line to or near zero (Figure 2) by turning control knob (Figure 1).
5. The charger is considered operational if the light source for reading dosimeters is working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

ATTACHMENT 3

OPERATIONAL CHECK/ZEROING-
SELF-READING DOSIMETERS

ACTIONS

1. Place the end of the dosimeter, opposite the pocket clip and eye piece, on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter; you should see a meter scale and a line while looking through the dosimeter (Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

FIGURE 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER

- (a) APPLY MORE PRESSURE ON THE DOSIMETER; OR
 - (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER; OR
 - (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.
3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
 4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING THE DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure, but when charging the dosimeter, set line slightly below zero.
7. If the reading is below zero, repeat the procedure, but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If the dosimeter is not to be issued immediately, allow it to sit for 15 minutes and then read it. If the reading has increased, the dosimeter has excessive drift and should not be used.

ATTACHMENT 4

EMERGENCY WORKER INFORMATION

- a. Dosimetry:
- (1) Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
 - (2) In no case should your TLD be used by another person.
 - (3) You should read your self-reading dosimeter at least once every 30 minutes.
- b. Dosimetry-KI Report Form:
- (1) Keep the form in your possession at all times.
- c. Potassium Iodide Acknowledgement Form:
- (1) Ensure you understand all the instructions on the form.
- d. Radiation Exposure Control:
- (1) If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
 - (2) If your CDV-L38 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
 - (3) If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
 - (4) The maximum amount of whole body exposure a worker is allowed to receive prior to being removed is 5 Roentgen; however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor. The supervisor will instruct you to proceed to a location outside of the affected area.
- e. Potassium Iodide (KI):
- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radio Iodine in the thyroid and thereby reduce the exposure to radiation of the thyroid.

- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not lose it or discard it.
- (8) When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
- (9) If you experience any side effects, report them immediately.
- (10) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.

f. Termination of Assignment:

- (1) Unless otherwise directed by their supervisor, workers should report back to their duty station at the end of their assignment. Workers should record the final reading of their dosimeter in the after block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the mission total block, and report mission completion and the total mission exposure to their supervisor.

NOTE

BASED ON CONDITIONS OF THE PLANT AND PROTECTIVE ACTION RECOMMENDATIONS RECEIVED FROM THE STATE, YOU MAY BE DIRECTED BY YOUR SUPERVISOR TO REPORT TO ANOTHER LOCATION OTHER THAN YOUR DUTY STATION UPON TERMINATION OF ASSIGNMENT. IF THIS OCCURS, REPORT TO THE LOCATION AS INSTRUCTED AND COMPLETE ACTIONS AS STATED ABOVE.

(Continued)

- (2) If workers are being relieved by another individual, they should:
 - (a) Turn over all logs, procedures and equipment except dosimetry/KI to their relief.
 - (b) Notify their supervisor of the turnover.
 - (c) Report to the area where they were issued dosimetry to turn in their dosimetry, unless otherwise directed by their supervisor.

ATTACHMENT 5

PATIENT KI LOG SHEET

Patient Name _____

Patient Address _____

Social Security No. _____

Attending Physician _____

	Date and Time	Administered By:
Dosage #1		
Dosage #2		
Dosage #3		
Dosage #4		
Dosage #5		
Dosage #6		
Dosage #7		
Dosage #8		
Dosage #9		
Dosage #10		

ROCKINGHAM COUNTY NURSING HOMEEMERGENCY RESPONSE PLAN TRANSPORTATION ASSESSMENT

This assessment is provided to estimate the transportation requirements needed if a resident and staff evacuation were necessary for the Rockingham County Nursing Home. Hospital patients and nursing home residents are categorized into four types based upon their physical health, the medical attention they require and their means of movement. These four types are:

TYPE I - PATIENTS:

Patients who require continued monitoring and "hands-on" medical attention while in-transit to host facilities. These patients may require advanced life support and are totally dependent upon litter transport.

TYPE II - RESIDENTS:

Residents who are "litter - dependent" but do not require the continued hands-on medical attention found with Type I patients. These residents will be monitored and have their needs attended to but should not require advanced life support.

TYPE III - RESIDENTS:

Residents who are non-ambulatory and can only sit for long periods in a reclining position. These residents will be monitored and have their needs attended to.

TYPE IV - RESIDENTS:

Residents who may be ambulatory or non-ambulatory but who can sit for long periods in a normal position with only limited assistance and monitoring.

In the event of an evacuation, the four types of residents and patients require the following transportation modes and personnel to effect a transfer to a host facility:

TYPE I - PATIENTS:

Patients require ambulances which should be staffed and equipped to provide the same level of care which the patient had been receiving at the risk facility.

TYPE II - RESIDENTS:

Residents will be transported via a school bus which has been converted to an "ambulance" and should be staffed by institution staff or emergency medical personnel who will provide the same level of care residents had been receiving at the risk facility. Residents will be dependent upon litter transport to and from the bus.

TYPE III - RESIDENTS:

Residents will be transported via a commercial-type climate-controlled bus whose seats have the capability to recline. These buses will be staffed by institution personnel or emergency medical personnel who will provide the same level of care residents had been receiving at the risk facility. Residents will be transferred to and from the bus by wheelchairs and ambulance-type "stairchairs".

TYPE IV - RESIDENTS:

Residents will be transported via a school bus. Residents will be transferred to and from the bus by wheelchairs and ambulance-type "stairchairs" or may ambulate with or without assistance.

ROCKINGHAM COUNTY NURSING HOME

TRANSPORTATION REQUIREMENTS

(Maximum Resident Census = 290)

<u>Resident Type</u>	<u>Resident Total</u>	<u>Vehicle Notes</u>	<u>Total School Bus Evacuation Beds (For Type II only)</u>
I	0	-	-
II	105	11-School Buses	53
III	48	2-Coach Bus	
IV	137	3-School Buses*	

VEHICLE REQUIREMENTS:

12 School Buses, 2 Coach Buses

- * Will accommodate 120 residents. Remaining Type IV residents will be accommodated on coach bus and/or school bus used for evacuation beds.

ROCKINGHAM COUNTY NURSING HOME POTASSIUM IODIDE (KI)
REQUIREMENT FOR RESIDENTS AND STAFF:

290 Residents
360 Staff
650 Total
arrangements.

Ample KI will be provided for 650 persons.

ROCKINGHAM COUNTY JAIL FACILITY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT
SEABROOK STATION

August 1986

SPECIAL FACILITIES
EMERGENCY RESPONSE PLAN
ROCKINGHAM COUNTY JAIL FACILITY

COUNTY FARM ROAD (7)
BRENTWOOD, NH 03833

OR

EPPING, NH 03042

Telephone No:

John D. Courtney

Corrections Department Administrator

I. PURPOSE

This document provides a checklist of procedures describing the preparation and protective response required by the Rockingham County Jail to react to an emergency condition at the Seabrook Station Nuclear Power Plant. This document is contained in the NH Radiological Emergency Response Plan (RERP) Procedures, which may be referred to for additional information.

Initial Notification of a potential, or actual emergency condition, at the Seabrook Station will contain one of the Emergency Classification Levels: UNUSUAL EVENT, ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY. The following procedure checklists for each Emergency Classification Level represent the minimum actions the Rockingham County Corrections Department personnel are required to fulfill. Additional instructions, if any, will be provided by the Civil Defense Agency from the State Emergency Operations Center Incident Field Office, either directly, or through the Rockingham County Dispatch.*

The Corrections Department Administrator is responsible for ensuring that appropriate protective actions are implemented to protect correction facility inmates.

These checklists of step-by-step procedures are written as guidance for the Administrator and Corrections Department personnel. Common sense should dictate appropriate actions in doubtful situations.

*NOTE: Rockingham County Dispatch is located within the Rockingham County Jail Facility with the Corrections Department.

II. EMERGENCY PREPAREDNESS RESPONSIBILITIES

A. The Corrections Department Administrator

1. The Administrator is responsible for performing an annual review of this plan. Corrections should be forwarded to the New Hampshire Civil Defense Agency Technological Hazards Division.
2. Preparedness functions are the responsibility of the Administrator.

B. The Deputy Administrator

1. The Deputy Administrator is responsible for maintaining a tone-activated radio at the Jail where it will be continuously monitored.
2. The Deputy Administrator is responsible for ensuring that staff members have copies of this procedure and public information materials and are familiar with emergency procedures to be used by them during sheltering and/or evacuation.
3. The Deputy Administrator is responsible that appropriate staff members attend emergency response training classes, drills, and exercises as provided by the New Hampshire Civil Defense Agency.

C. The Chief Guard on duty has the following responsibility:

1. The Chief Guard on duty is responsible that all guard personnel attend emergency response training classes, drills, and exercises as requested by the Deputy Administrator.
2. The Chief Guard on duty is responsible for familiarizing himself with the procedures in this document, the public information materials and the New Hampshire Radiological Emergency Response Plan, which is available in the Administrator's office.

D. Corrections Department Personnel

Corrections Department Personnel are responsible for familiarizing themselves with the procedures in this document, the public information materials, and the New Hampshire Radiological Emergency Response Plan, which is available in the Administrator's office.

III. EMERGENCY RESPONSE PROCEDURES

Note Time

A. ROCKINGHAM COUNTY CORRECTIONS ADMINISTRATOR

Unusual Event

1. No notification. No action required.

Alert

1. If notified by the Chief Guard on Duty, review procedures for SITE AREA EMERGENCY and GENERAL EMERGENCY. _____
2. Stand by for escalation or termination of event. _____

Site Area or General Emergency

1. Receive notification from Chief Guard on Duty. _____
2. Respond to Corrections Facility.
3. Ensure that dosimetry and KI are distributed to corrections facility staff and Rockingham County Dispatch center personnel, and that all staff are briefed on procedures and medical protocols for administration of KI to themselves and inmates (see Appendix C). _____
4. Provide current inmate population numbers to the NHCOA Transportation Coordinator at the IFO (Chief Guard on duty will provide this information). Review Appendices A and B to ensure evacuation resources will be adequate. Inform the IFO of any deficiencies. _____
5. Supervise Corrections Facility personnel and activities in preparation to take directed protective actions. Be prepared to support the needs of local Police Chiefs within the EPZ should their communities be required to evacuate. In this situation, local prisoners may be transferred to Rockingham County Jail or NH State Corrections Facility on an interim basis. _____

6. Be prepared to receive Protective Action recommendations from the State:

a. If the jail is advised to shelter, ensure the following actions are performed: .

1. Close all windows and doors. _____
2. Turn off all non-essential ventilation systems using outside air (i.e.; fans, air conditioning, etc.). _____
3. Remain indoors. The County Jail Facility is of substantial construction and offers a significant protection factor. Generally, the best protection is available in an interior room away from windows. _____
4. Await further instructions. _____
5. Be prepared to distribute KI if indicated by Protective Action Recommendation, from state DPHS in accordance with Appendix C to this plan. _____

b. If the jail is advised to Evacuate, ensure the following actions are performed:

1. Account for all inmates present. _____
2. Request transportation from the State EOC Resources Coordinator and receive time of arrival of transportation. _____
3. Assign a sufficient number of guards to supervise inmates while being transported and upon arrival at the State Correctional Facility, Concord, NH. _____
4. Notify State EOC and New Hampshire State Corrections Facility of number of inmates, pretrial and sentenced, enroute and estimated time of arrival. _____

5. Notify the State EOC through Rockingham County Sheriff's system upon arrival at the NH State Corrections Facility in Concord. _____

6. Request any additional support from State IFO. _____

NOTE: Sentenced inmates may volunteer to assist the nursing home staff upon request of the nursing home administrator if evacuation of the county nursing home is advised and at the discretion of the Corrections Administrator. Inmates on pretrial confinement should not be considered for this activity.

7. If at any time during operations, personnel or resources (dosimetry, etc.) problems surface which cannot be solved onsite, request assistance from the State IFO. _____

8. When instructed by the State of de-escalation of Emergency Classification Level:

A. Inform Corrections department personnel of emergency status. _____

B. Collect all logs and message forms from the staff. _____

C. Instruct the staff to return any equipment and dosimetry. _____

9. Any inquiries from the media should be referred to the Media Center at _____

10. Prepare a final report to include:

A. Names of all inmates.

B. Names and addresses of all staff.

Note Time

C. All dosimetry and KI records.

Forward all information to the NHCOA upon termination of the event.

B. ROCKINGHAM COUNTY DEPUTY CORRECTIONS ADMINISTRATOR

Unusual Event

1. No notification. No action required.

Alert

1. If notified by the Chief Guard on duty, review procedures for SITE AREA EMERGENCY and GENERAL EMERGENCY. _____
2. Stand by for escalation or termination of event. _____

Site Area or General Emergency

1. Receive notification from Chief Guard on duty. _____
2. Respond to Corrections Facility. _____
3. If not already present, assume the duties and responsibilities of the Corrections Administrator until the Administrator arrives. _____
4. Assist the Corrections Administrator in supervision of corrections facility personnel and activities related to implementation of protective response, as required. _____

C. CHIEF GUARD ON DUTY

Unusual Event

1. No notification. No action required.

Alert

1. You may be notified by Rockingham County Dispatch.
If notified, inform Corrections Department
Administrator and Deputy Administrator of event. _____
2. Review procedures for Site Area Emergency and
General Emergency. _____
3. Stand by for escalation or termination of event. _____

Site Area or General Emergency

1. Receive notification from Rockingham County Dispatch.
2. Notify Corrections Department Administrator and
Deputy Administrator of event and any appropriate
details. Provide current inmate population numbers. _____
3. Notify additional Corrections Department staff as
directed by the Administrator or Deputy
Administrator. _____
4. Support emergency response activities as directed by
the Administrator or Deputy Administrator. _____

D. CORRECTIONS DEPARTMENT STAFF

Unusual Event and Alert

1. You will not normally be notified. No action required.

Site Area and General Emergency

1. Receive notification from the Chief Guard on duty. _____
2. Account for all inmates under your supervision. _____
3. If you are not on duty, and are notified to support the emergency response, report to the Corrections Facility. _____
4. ~~Be~~ prepared to respond to recommended protective actions of sheltering or evacuation as directed by the Administrator or Deputy Administrator. _____
5. Confinement and/or transfer of inmates shall include adherence to regular jail policy and procedure, unless otherwise directed by the Administrator or Deputy Administrator. _____

APPENDIX A

JAIL TRANSPORTATION NEEDS

<u>Number of Inmates (1985)</u>	<u>Current Number</u>	<u>Buses Needed</u>	<u>Allocated</u>
Sentenced <u>65</u>	_____ 36	= _____ buses	2
Pretrial <u>35</u>	_____ 36	= _____ buses	1

Number of correction personnel to accompany each bus (on board) 3 per/bus

Escort vehicles

Total 9 correction personnel

1 per/bus with 4 correction personnel

Total 3 vehicles and 12 correction personnel

APPENDIX B

ROCKINGHAM COUNTY JAIL TRANSPORTATION RESOURCES

Call EOC Resources Coordinator. Telephone:

Also see NHRERP Vol. 2, Appendix I.

APPENDIX C
PROCEDURE FOR ISSUING DOSIMETRY AND
POTASSIUM IODIDE (KI)

1. PURPOSE

This document provides guidance and instruction for the authorization and administration of KI to the staff and inmates of jail facilities.

2. RESPONSIBILITIES

- A. The Director of the New Hampshire Division of Public Health Services (DPHS) is responsible for authorizing the ingestion of KI. This authorization, if and when made, will be provided to hospitals and nursing homes through civil defense channels.
- B. The senior official in each institution is responsible for overseeing the distribution of KI to the staff and inmates.

NOTE

KI IS TO BE DISTRIBUTED ONLY TO THOSE INMATES WHO HAVE READ THE KI INFORMATION SHEET AND HAVE SIGNED THE ACKNOWLEDGEMENT FORM.

- C. The senior official in each institution is responsible for ensuring that a record for each ingestion of KI by inmates is maintained.
- D. Each institution staff person is responsible for maintaining a personal dosimetry - KI Report Form (Figure 1).
- E. Each institution staff person is responsible for reading his/her self-reading dosimeters every 30 minutes, maintaining personal dosimetry/KI record forms and reporting readings as directed by their supervisor.
- F. The senior official in each institution is responsible for collecting dosimetry readings from staff and reporting them to DPHS and the local Radiological Officer.

3. DISTRIBUTION OF DOSIMETRY/KI TO STAFF

Actions

1. Divide dosimetry into units consisting of:
 - a. 1 CDV-730 or DCA-622 (0-20R self-reading dosimeter);
 - b. 1 CDV-138 (0-200mR self-reading dosimeter);
 - c. 1 Thermoluminescent Dosimeter (TLD);
 - d. 1 Bottle of Potassium Iodide (KI);
 - e. 1 Dosimetry-KI Report Form (Figure 1);
 - f. 1 Potassium Iodide Acknowledgement Form (Attachment 1).

Each emergency worker receives one unit as described above.

2. Have the emergency worker complete the top section of the Dosimetry/KI Report Form (Figure 1).
3. While worker is completing top section of the Dosimetry/KI form, read the self-reading dosimeters. If not done previously, recharge or zero the dosimeter in accordance with Attachment 2.
4. Record the serial number of the self-reading dosimeters and TLD on the Dosimetry Log Sheet (Figure 2).
5. Record the date, time, your name and organization in the TLD issued blocks on the Dosimetry Log Sheet (Figure 2).
6. Have the staff person complete the Potassium Iodide Acknowledgement Form as specified.
7. Have the staff person verify the serial numbers of their self-reading dosimeters and TLD with the numbers recorded on the sheet.
8. The staff person should read both self-reading dosimeters and record the reading in the "before" block for each dosimeter (Figure 2).
9. Record the appropriate information on the Dosimetry Log Form (Figure 2). Have staff person sign the form.

10. Provide each staff person with an Emergency Workers Information Sheet (Attachment 4).

11. Individually, or as a group, brief the staff person(s) on the following:
 - a. Dosimetry:
 - (1) Dosimetry should be worn in the pocket of an outer garment from the time of issue until the worker is dismissed from duty or until the worker is notified by his supervisor that dosimetry is no longer necessary.
 - (2) In no case should a TLD be used by more than one person.
 - (3) Each emergency worker should read the self-reading dosimeter at least once every 30 minutes.

 - b. Dosimetry-KI Form:
 - (1) Personnel must keep the form in their possession at all times.
 - (2) Make sure that all workers understand how to use the form.

 - c. Potassium Iodide Acknowledgement Form:
 - (1) Make sure that all workers understand the instructions on this form.
 - (2) Make sure that these forms are turned in before emergency workers are dispatched.

 - d. Radiation Exposure Control:
 - (1) If notified by their supervisor that a release of radioactive material has occurred at the station, workers should begin reading their dosimeters every 15 minutes.

- (2) If an emergency worker's CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, the worker is to notify his supervisor and begin reading his CDV-730 (0-20R) dosimeter.
- (3) If an emergency worker's CDV-730 (0-20R) dosimeter indicates an exposure of 1R, the worker is to notify his supervisor. The supervisor will instruct the worker to either leave the affected area or assign the worker to a new exposure level, at which he will report his dosimeter reading.
- (2) The maximum amount of whole body exposure a worker is allowed to receive is 5 Roentgen; however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. The exposure to radiation should be kept to a minimum for all persons.

Any one individual should not receive a total dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor. The supervisor will instruct the worker to proceed to a location outside of the affected area.

- (5) Supervisory personnel are responsible for maintaining records of exposure readings provided them by staff and for reporting, on an hourly basis, any exposure readings in excess of 175 mR, 1R, 2R, 3R, 4R and 5R to the senior official on duty at the institution.
- (6) The senior official on duty within the institution is responsible for reporting to DPHS, on an hourly basis, any staff exposure readings in excess of 175 mR, 1R, 2R, 3R, 4R and 5R.

e. Potassium Iodide (KI):

- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radioiodine in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodine (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not use it or discard it.
- (8) When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
- (9) If you experience any side effects, report them immediately.
- (10) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.

f. Termination of Assignment

- (1) Unless otherwise directed by your supervisor, workers should report back to their duty station at the end of their assignment. Workers should record the final reading of dosimeter in the after block on the Dosimetry-KI Report Form, subtract the before reading from the after reading and record results in the mission total block, and report mission completion and the total mission exposure to their supervisor.
- (2) If workers are being relieved by another individual, they should:
 - (a) Turn over all logs, procedures and equipment except dosimetry/KI to their relief.
 - (b) Notify their supervisor of the turnover.
 - (c) Report to the area where you were issued dosimetry to turn in their dosimetry, unless otherwise directed by their supervisor.

4. DISTRIBUTION OF KI TO INMATES

Actions

1. Assemble inmate KI units consisting of:
 - a. 1 Bottle of Potassium Iodide
 - b. 1 Potassium Iodide Information Sheet (Attachment 6)
 - c. 1 Potassium Iodide Acknowledgement Form (Attachment 1)
 - d. 1 Inmate KI Log Form (Attachment 5)
2. Store inmate units at an appropriate locked location.
3. If the Director of the New Hampshire Department of Public Health recommends administration of KI:

- a. Each inmate shall be provided a KI Information Sheet (Attachment 6) and Acknowledgement Form (Attachment 1). Corrections staff will administer KI only to inmates who have signed the Acknowledgement Form, thereby verifying that they have read the information sheet and wish to receive KI. Standard dose is one tablet per day.
- b. Corrections staff shall complete an Inmate KI Log Form (Attachment 5) indicating the date and time of each KI administration.
- c. Any side effects from KI administration to inmates should be immediately reported to DPHS. Discontinue KI and note all reactions and pertinent information on the Inmate KI Log Form.
- d. Administer KI for a 10-day period unless advised to terminate by DPHS. If inmate is released prior to this time, provide appropriate instructions to inmate in order to maintain administration of KI for full 10-day period.
- e. Prepare copies of Inmate KI Log Form (Attachment 5) for DPHS if so requested.

DOSIMETRY—KI REPORT FORM

(Please print legibly)
 Emergency Worker's Name: _____
 Home Address: _____

Social Security Number: _____
 Emergency Worker's Organization: _____

Town/City: _____
 Emergency Worker's Signature: **X**

MISSION NO. DESCRIPTION	DATE	CD V-730 or DCA-622 (0-20R)		CD V-138 (0-200mR)		MISSION TOTAL
		SERIAL NO.	BEFORE AFTER	SERIAL NO.	BEFORE AFTER	
1.			R R		R R	mR mR
2.			R R		R R	mR mR
3.			R R		R R	mR mR
4.			R R		R R	mR mR
5.			R R		R R	mR mR
			TOTAL		TOTAL	mR mR

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-138 each half hour. Do not exceed 1 R cumulative total. The TLD gives an accurate reading of the total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below.)

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker must undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally emergency workers should be screened for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 100 cpm above background or higher when using the CD V-700 survey meter.

CD V-700 Serial No. _____ Reading: _____

Signature of Monitor **X** _____

TLD (thermoluminescent dosimeter)		PERSON/ORGANIZATION
Serial No. of TLD:		
Issued	DATE/TIME	By:
Turned In		To:
READING OF TLD		
m/rem		
Date of Reading		
RSP #		

POTASSIUM IODIDE RECORD		
Date	Time	Amount Taken
Day 1		1 tablet/130 mg
Day 2		1 tablet/130 mg
Day 3		1 tablet/130 mg
Day 4		1 tablet/130 mg
Day 5		1 tablet/130 mg
Day 6		1 tablet/130 mg
Day 7		1 tablet/130 mg
Day 8		1 tablet/130 mg
Day 9		1 tablet/130 mg
Day 10		1 tablet/130 mg

KI INSTRUCTIONS: Take KI only on the direction of your supervisor. Take one tablet (130 mg) once a day if you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

ATTACHMENT 1
POTASSIUM IODIDE ACKNOWLEDGEMENT FORM

I will not take my first KI tablet until I receive instructions to do so. If instructed to do so, I, _____, understand that in order to obtain maximum protection of the thyroid I will receive 130 milligrams per day for the next 10 days of the thyroid blocking agent potassium iodide. I have been informed that this drug will block the absorption of radioiodine by my thyroid and thereby reduce the exposure to radiation of the thyroid, that potassium iodide does not reduce the uptake of other radioactive materials by the body, nor, does it provide protection against exposure from external radiation. I have been told that if I am allergic to iodine that I should not take potassium iodide.

SIGNATURE _____

DATE _____

When completed, copies of this form should be forwarded to the IFQ/EOF RHTA.

ATTACHMENT 2
OPERATIONAL CHECKS FOR
THE CDV-750 DOSIMETER CHARGER

1. To check the Dosimeter Charger, loosen thumbscrew in the top or bottom center of the charger with a coin, such as a dime, and remove bottom case. Install battery (in correct way, + and -) and reassemble.
2. Position the charger on a flat surface such as a table. Unscrew the cap on the charging contact and place end of the dosimeter opposite pocket clip and eyepiece on charging contact of charger (see Figure 1).

Figure 1



3. Apply downward pressure and you should see a meter scale and a vertical line while looking through the dosimeter. If no line is visible, rotate the control knob, located in the upper right hand corner (Figure 1), until a line appears.
4. Set line to or near zero (see Figure 2) by turning control knob (see Figure 1).

Figure 2



5. The charger is considered operational if the light sources for reading dosimeters is working and the charger can move the hairline on a self-reading dosimeter to, or close to, zero.
6. If the light source fails to work, replace battery and repeat check sequence. If light still fails to operate, replace the light bulb with the spare provided inside the charger case and repeat check sequence.
7. If the light source works but you are unable to move the line on the dosimeter, clean the charging contact on the charger by rubbing with a pencil eraser and repeat the check sequence.

ATTACHMENT 3
OPERATION CHECK/ZEROING
SELF-READING DOSIMETERS

1. Place the end of the dosimeter, opposite the pocket clip and eyepiece on the charging contact of the CDV-750 dosimeter charger.
2. Apply downward pressure on the dosimeter and you should see a meter scale and a vertical line, while looking through the dosimeter (see Figure 1). If no line is visible, rotate the control knob of the dosimeter charger until a line appears.

Figure 1



NOTE: IF YOU HAVE TROUBLE FINDING THE LINE ON A DOSIMETER:

- (a) APPLY MORE PRESSURE ON THE DOSIMETER, OR
- (b) CLEAN THE CHARGING CONTACTS ON THE DOSIMETER AND THE CDV-750 WITH A PENCIL ERASER, OR
- (c) REPLACE THE BATTERY IN THE CDV-750 DOSIMETER CHARGER.

3. Set the line on the dosimeter to zero by turning the control knob on the CDV-750.
4. Remove the dosimeter from the charging contact. Read the dosimeter.

NOTE: WHEN READING DOSIMETER, KEEP THE DOSIMETER AS LEVEL AS POSSIBLE AND ENSURE THAT THE SCALE IS PARALLEL WITH THE HORIZON.

5. If the dosimeter reading is zero, continue to Step 8.
6. If the reading is above zero, repeat the procedure; but when charging the dosimeter, set line slightly below zero.
7. If the reading is below zero, repeat the procedure; but when charging the dosimeter, set line slightly above zero.

NOTE: IF TIME IS CRITICAL, A READING OF MID-SCALE OR LESS IS AN ACCEPTABLE CHARGE ON A SELF-READING DOSIMETER.

8. If a dosimeter is not to be issued immediately, allow the dosimeter to sit for 15 minutes, then read the dosimeter. If the reading has increased, the dosimeter has excessive drift and should not be used.

ATTACHMENT 4
EMERGENCY WORKER INFORMATION

a. Dosimetry:

- (1) Dosimetry should be worn in the pocket of an outer garment from the time of issue until you are dismissed from duty or until you are notified by your supervisor that dosimetry is no longer necessary.
- (2) In no case should your TLD be used by another person.
- (3) You should read your self-reading dosimeters at least once every thirty minutes.

b. Dosimetry-KI Report Form:

- (1) Keep the form in your possession at all times;

c. Potassium Iodide Acknowledgement Form:

- (1) Ensure you understand all the instructions on the form.

d. Radiation Exposure Control:

- (1) If notified by your supervisor that a release of radioactive material has occurred at the station, begin reading your dosimeters every 15 minutes.
- (2) If your CDV-138 (0-200mR) dosimeter indicates an exposure of 175mR, notify your supervisor and begin reading CDV-730 (0-20R) dosimeter.
- (3) If your CDV-730 (0-20R) dosimeter indicates an exposure of 1R, notify your supervisor. The supervisor will instruct you either to leave the affected area or assign you a new exposure level to report your dosimeter reading.
- (4) The maximum amount of whole body exposure a worker is allowed to receive prior to being removed is 5 Roentgen, however, emergency workers and supervisors are cautioned that the 5 Roentgen figure is a guide and should attempt to keep exposure as low as reasonably achievable. The exposure to radiation should be kept to a minimum for all persons. Any one individual should not receive a total

dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor. The supervisor will instruct you to proceed to a location outside of the affected area.

e. Potassium Iodide (KI):

- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radiiodines in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not lose it or discard it.

dose far in excess of other emergency workers if circumstances permit substitution of personnel, termination of assignment or other protective action. If your dosimeter indicates an exposure of 5R or greater, notify your supervisor. The supervisor will instruct you to proceed to a location outside of the affected area.

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- (3) If you are allergic to Iodide (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI. Inform your supervisor and, when instructed to take a KI tablet, make arrangements with your supervisor to leave the affected area.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) Keep the bottle of KI with you at all times. Do not lose it or discard it.

- (8) When instructed to do so, take one KI tablet and record the time and date on your Dosimetry-KI Report Form.
- (9) If you experience any side effects, report them immediately.
- (10) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days, recording each on the Dosimetry-KI Report Form.

f. Termination of Assignment:

- (1) Unless directed otherwise by your supervisor, at the end of your assignment report back to your duty station. Record the final reading of your dosimeter in the after block on the Dosimetry-KI Report Form. Subtract the before reading from the after reading and record results in the mission total block. Report mission completion and the total mission exposure to your supervisor. Stand by for further instructions from your supervisor.

NOTE: BASED ON CONDITIONS OF THE PLANT AND PROTECTIVE ACTION RECOMMENDATIONS RECEIVED FROM THE STATE, YOU MAY BE DIRECTED BY YOUR SUPERVISOR TO REPORT TO ANOTHER LOCATION OTHER THAN YOUR DUTY STATION UPON TERMINATION OF ASSIGNMENT. IF THIS OCCURS, REPORT TO THE LOCATION AS INSTRUCTED AND COMPLETE ACTIONS AS STATED ABOVE.

- (2) If you are being relieved of your assignment by another individual then:
 - (a) Turnover all logs, procedures and equipment except dosimetry/KI to your relief.
 - (b) Notify your supervisor of the turnover.
 - (c) Report to the area where you were issued dosimetry to turn in your dosimetry, unless directed otherwise by your supervisor.

ATTACHMENT 5

INMATE KI LOG SHEET

Inmate Name _____

Social Security No. _____

	Date and Time	Administered By	Side Effects (if any)
Dosage #1			
Dosage #2			
Dosage #3			
Dosage #4			
Dosage #5			
Dosage #6			
Dosage #7			
Dosage #8			
Dosage #9			
Dosage #10			

ATTACHMENT 6

KI INFORMATION SHEET

- (1) Potassium Iodide (KI) is an over-the-counter drug that will block the absorption of Radioiodine in the thyroid and thereby reduce the exposure to radiation of the thyroid.
- (2) KI DOES NOT reduce the uptake of other radioactive materials by the body, nor does it provide protection against exposure from external radioactive contamination.
- (3) If you are allergic to Iodine (i.e., allergic to shellfish, iodized salt, etc.) DO NOT take KI.
- (4) Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.
- (5) Possible side effects include skin rashes, swelling of the salivary glands and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold and sometimes stomach upset and diarrhea).
- (6) A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- (7) If you experience any side effects, report them immediately.
- (8) Unless instructed otherwise, continue to take ONE tablet each day for the next nine (9) days.

PUBLIC UTILITIES COMMISSION
EMERGENCY RESPONSE PROCEDURES
FOR THE
SEABROOK STATION NUCLEAR POWER PLANT

PUBLIC UTILITIES COMMISSION
EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

2

This document provides checklist procedures to be followed in the event of emergency conditions at the Seabrook Nuclear Power Station.

The Public Utilities Commission provides an avenue for considering the implementation of emergency regulations in the event of a utility emergency. Involvement of the commission, and its staff, also provides the State Emergency Response Organization additional on-site information and a back-up mechanism for monitoring the performance of utilities in response to an emergency.

The Public Utilities Commission has responsibilities for three tasks. Task one involves providing technical support to the State Emergency Operations Center. This is done by providing the services of the PUC engineering staff at both the State EOC, in Concord, and at the IFO/EDF in Newington. PUC Engineering staff will provide information concerning plant conditions and parameters during an emergency. Task two involves providing liaison with the utility corporate headquarters. The third task involves considering, in cooperation with the State Emergency Response Organization, the potential need for promulgating emergency regulations.

A supplementary benefit of PUC participation in emergency response activities is the provision of independent verification of the utility's notification of its emergency response organization. The PUC engineering staff is notified through the utility's notification scheme.

Procedures are for the following positions:

1. PUC Chief Engineer
2. PUC Resident Engineer
3. PUC Chairman

List of Appendices:

Appendix A - PUC Telephone List

1. Public Utilities Commission
PUC Chief Engineer

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of emergency conditions at the Seabrook Nuclear Power Station.

Note Time

UNUSUAL EVENT

Upon notification of an UNUSUAL EVENT by the utility staff:

1. Notify Resident Engineer. _____
2. Notify NHCDA at the State EOC or advise Resident Engineer to do so. _____
3. Notify Chairman PUC. _____
4. Stand by for notification of termination or escalation of event. _____

ALERT

Upon notification of an ALERT by the utility staff:

1. Notify Resident Engineer. _____
2. Notify NHCDA at the State EOC or advise Resident Engineer to do so. _____
3. Notify Chairman PUC of ALERT Classification. _____
4. Report to State EOC, sign in with NHCDA Agency Liaison. _____
5. Assume duties as PUC Representative to State Accident Assessment Team. _____

ALERT (Cont'd)

6. Exchange briefings with the NHCOA Operations Officer and/or the Director NHCOA. _____
7. Stand by for notification of (a) termination of emergency status, or (b) escalation of emergency status. If the event is terminated, see that all PUC personnel are notified and released. If emergency escalates, proceed with checklist. _____

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Upon notification of a SITE AREA EMERGENCY or GENERAL EMERGENCY, ensure that all procedural steps for previous classification levels have been accomplished. _____
2. Upon arrival and check-in at the State EOC confer with the NHCOA Operations Officer, or the Director NHCOA, to determine if a Utility Representative should be sent to the EOC. _____
3. Coordinate liaison with the Utility Corporate Headquarters during the emergency. _____
4. Stand by to receive and respond to requests for aid and directions from NHCOA personnel. _____

2. Public Utilities Commission
PUC Resident Engineer

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of emergency conditions at the Seabrook Nuclear Power Station.

Note Time

UNUSUAL EVENT

1. Receive notification of UNUSUAL EVENT from PUC Chief Engineer. _____
2. If directed, by Chief Engineer, notify NHCOA at State EOC. _____
3. Stand by for notification of (a) termination of emergency status, or (b) escalation of emergency status. If emergency escalates, proceed with procedures below. _____

ALERT

1. Receive notification of ALERT from PUC Chief Engineer. _____
2. If directed notify NHCOA at State EOC. _____
3. Report to IFO/EOF in Newington. Make your presence known to NHCOA EOF Liaison. Provide technical advice concerning utility on-site conditions. _____
4. Stand by for (a) termination of the emergency, or (b) escalation of the emergency. If emergency escalates, proceed with procedure for next level of emergency. _____

STATE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification of SITE AREA EMERGENCY or GENERAL EMERGENCY from PUC Chief Engineer. _____
2. Ensure that all steps for previous classification levels are accomplished. _____
3. Provide technical support to the State response team in the IFD/EOF. _____

3. Public Utilities Commission
PUC Chairman

EMERGENCY RESPONSE PROCEDURES
for the
Seabrook Station Nuclear Power Plant

This document provides checklist procedures to be followed in the event of emergency conditions at the Seabrook Nuclear Power Station.

Note Time

UNUSUAL EVENT

1. Recieve notification of UNUSUAL EVENT from PUC Chief Engineer. _____
2. Receive notification of termination or escalation from PUC Chief Engineer. _____

ALERT

1. Receive notification of ALERT status from PUC Chief Engineer. _____
2. Ensure that Resident Engineer is proceeding to IFO/EOF in Newington, and that Chief Engineer is proceeding to the State EOC in Concord. _____
3. Upon arrival of PUC Chief Engineer at State EOC, receive status report from him and determine if any future PUC response is required. (PUC Chairman may determine the need for his presence at the EOC at any classification level he deems appropriate. _____
4. Stand by for further information or notification of termination or escalation of event. _____

Note Time

SITE AREA EMERGENCY and GENERAL EMERGENCY

1. Receive notification of SITE AREA EMERGENCY and GENERAL EMERGENCY from PUC Chief Engineer. _____
2. Ensure that all PUC responses for previous classification levels have been accomplished. _____
3. Determine if further PUC response is warranted and advise Chief Engineer to implement that response from the State EOC. _____
4. Stand by to receive information concerning status of the event. _____

APPENDIX A

PUC TELEPHONE LIST

<u>TITLE</u>	<u>NAME</u>	<u>BUSINESS</u>	<u>HOME</u>
Chairman	Vincent J. Iacopino		
Commissioner	Lea H. Aeschliman		
Commissioner	Bruce B. Ellsworth		
Chief Engineer	---		
Electrical Engineer	Arthur C. Johnson		
PUC Resident Engineer	H.S. Prabhakar		