PSNH

Public Service of New Hampshire

Wendell P. Johnson
Vice President

March 5, 1986

SBN- 960
T.F. 87.1.8

United States Nuclear Regulatory Commission
Washington, DC 20555

Attention: Mr. H. R. Denton, Director
Nuclear Reactor Regulation

References: (a) Construction Permits CPPR-135 and CPPR-136, Docket Nos. 50-443 and 50-444
(b) PSNH Letter (SBN-944), dated February 18, 1986, "Submittal by Applicants of Radiological Emergency Response Plans, State of New Hampshire and Affected New Hampshire Communities," G. S. Thomas to H. R. Denton

Subject: Radiological Emergency Response Plans, State of New Hampshire and Affected New Hampshire Communities: Additional Information

Dear Sir:

Enclosed please find four copies of the below listed additional/revised information regarding the Radiological Emergency Response Plans for the State of New Hampshire and affected New Hampshire communities. This information has been transmitted under separate cover (also enclosed with the information) by the State of New Hampshire Civil Defense Agency to the Federal Emergency Management Agency, Region I.

1. Final Design Report, Seabrook Station Public Alert and Notification System, dated January, 1984

2. Current Letters of Agreement

3. ETE Materials including Program Report No. 5 and Appendix I - Traffic Management and Control.

Also, by way of this letter, we are transmitting one copy of each of this information by prepaid delivery service/mail to the interested parties (i.e., to the ASLB Service List) as well as the ASLB Panel.

Very truly yours,

Wendell P. Johnson

Enclosures

A045
3/4

United States Nuclear Regulatory Commission
Attention: Mr. H. R. Denton

cc: Atomic Safety and Licensing Board Service List

Helen Hoyt, Esq., Chairman
Administrative Judge and Chairperson
Atomic Safety and Licensing
Board Panel
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Dr. Jerry Harbour
Administrative Judge
Atomic Safety and Licensing
Board Panel
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Dr. Emmeth A. Luebke
Administrative Judge
Atomic Safety and Licensing
Board Panel
U.S. Nuclear Regulatory Commission
Washington, DC 20555

STATE OF NEW HAMPSHIRE

Rockingham, ss. March 5, 1986

Then personally appeared before me, the above-named Wendell P. Johnson who, being duly sworn, did state that he is Vice President of Public Service Company of New Hampshire, that he is duly authorized to execute and file the foregoing information in the name and on the behalf of Public Service Company of New Hampshire, and that the statements therein are true to the best of his knowledge and belief.

Christina J. Poliquin, Notary Public
My Commission Expires: July 17, 1989

Diane Curran
Harmon & Weiss
20001 S. Street, N.W.
Suite 430
Washington, D.C. 20009

Sherwin E. Turk, Esq.
Office of the Executive Legal Director
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Robert A. Backus, Esquire
116 Lowell Street
P.O. Box 516
Manchester, NH 03105

Philip Ahrens, Esquire
Assistant Attorney General
Department of The Attorney General
Statehouse Station #6
Augusta, ME 04333

Mrs. Sandra Gavutis
Designated Representative of
the Town of Kensington
RFD 1
East Kingston, NH 03827

Jo Ann Shotwell, Esquire
Assistant Attorney General
Environmental Protection Bureau
Department of the Attorney General
One Ashburton Place, 19th Floor
Boston, MA 02108

Senator Gordon J. Humphrey
U.S. Senate
Washington, DC 20510
(ATTN: Tom Burack)

Diana P. Randall
70 Collins Street
Seabrook, NH 03874

Richard A. Hampe, Esq.
Hampe and McNicholas
35 Pleasant Street
Concord, NH 03301

Donald E. Chick
Town Manager
Town of Exeter
10 Front Street
Exeter, NH 03833

Brentwood Board of Selectmen
RFD Dalton Road
Brentwood, NH 03833

Peter J. Mathews, Mayor
City Hall
Newburyport, MA 01950

Calvin A. Canney
City Manager
City Hall
126 Daniel Street
Portsmouth, NH 03801

Stephen E. Merrill
Attorney General
Dana Bisbee, Esquire
Assistant Attorney General
Office of the Attorney General
25 Capitol Street
Concord, NH 03301-6397

Mr. J. P. Nadeau
Selectmen's Office
10 Central Road
Rye, NH 03870

Mr. Angle Machiros
Chairman of the Board of Selectmen
Town of Newbury
Newbury, MA 01950

Mr. William S. Lord
Board of Selectmen
Town Hall - Friend Street
Amesbury, MA 01913

Senator Gordon J. Humphrey
1 Pillsbury Street
Concord, NH 03301
(ATTN: Herb Boynton)

H. Joseph Flynn
Office of General Counsel
Federal Emergency Management Agency
500 C Street, SW
Washington, DC 20472

Matthew T. Brock, Esq.
Shaines, Madrigan & McEachern
25 Maplewood Avenue
P.O. Box 360
Portsmouth, NH 03801

Gary W. Holmes, Esq.
Holmes & Ells
47 Winnacunnet Road
Hampton, NH 03841

Ed Thomas
FEMA Region I
John W. McCormack PO & Courthouse
Boston, MA 02109

DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, PEASE (SAC)
PEASE AIR FORCE BASE, NEW HAMPSHIRE 03801

31 October 1983

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Dept of Health and Welfare
Health & Welfare Bldg
Hazen Drive
Concord, NH 03301

Dear Mr. Wallace

Thank you for your letter of 7 Oct 83.

USAF Hospital Pease is a 70 bed acute care hospital with general medical/surgical capabilities. We have a large outpatient service and offer most medical and surgical specialties and general primary care services to military personnel and their families who are assigned to Pease AFB or who live within a 40 mile radius of the base. We have a limited capability to care for radiologically contaminated patients, generally organized to provide support for on base accidents with some expansion capabilities for mass casualty situations. We are willing to cooperate fully with civilian hospitals and disaster authorities in assisting with care of civilian casualties to the extent that such care does not interfere with our primary responsibility to active duty military personnel.

In response to your specific questions, we would anticipate being able to provide the following services. It must be understood that our estimated capabilities are based on a peace-time emergency.

1. Our decontamination capabilities are approximately 10 ambulatory patients per hour and five (5) litter patients per hour.

2. USAF Hospital Pease has approximately 25 physicians and 15 other health care providers assigned. To the limit of our staff and facilities, we can provide medical care to radiologically contaminated patients.

3. The number of patients which can be treated would depend on the severity of the injury or illness, whether the patient is ambulatory or litter. Our limiting factors are likely to be two operating rooms, number of medical staff available, and our 70 beds, although some additional minimal care beds could be made available in nearby dormitories. Our decontamination capabilities include the ability to

decontaminate both ambulatory and litter patients contaminated with alpha radiation. This procedure is conducted either in a facility adjacent to the hospital or in the hospital if outside contamination is general. A special team is trained for these procedures. Medical treatment is generally provided after decontamination. Treatment at this hospital is possible without exposing the hospital, staff, and patients to exposure from the contaminated individual or from contamination brought to the hospital with the person.

4. We have a written protocol for handling and treatment of radiologically exposed individuals.

5. We have staff assigned and exercise our plans regularly.

We are willing to commit this hospital to assist in community emergencies as described in this letter.

F. R. STEPHEN, Lt Colonel, USAF, MSC
Administrator

Portsmouth Hospital

One Junkins Avenue
Portsmouth, New Hampshire 03
Tel. (603) 436-5110

October 29, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301

Dear Doctor Wallace:

In response to your letter of September 30, 1985, this is to advise that Portsmouth Hospital continues to have an Emergency Radiological Decontamination Program in collaboration with the Portsmouth Naval Shipyard. Routine drills are conducted twice a year, and we have a written plan and protocols relative to treatment of the radiologically exposed patient.

Our responses to the questions contained in your letter are herewith provided, and are basically the same as the information we forwarded to you in 1983.

1. How many individuals could your hospital accommodate, at any point in time, who have experienced an excessive exposure to radiation?

   The number of individuals experiencing excessive exposure to radiation who could be treated in our Emergency Department would vary, depending upon the severity of injuries or seriousness of illness of patients undergoing treatment in the Department at the time of the incident. The number that could be accommodated on our Medical/Surgical Units would also be determined by our census at that point in time.

2. Does your hospital have the capability to provide medical services to such an individual, or would the individual need to be transported to another hospital for care? If so, where?

   Portsmouth Hospital has the capability to provide the aforesaid medical services.

3. Is your hospital capable of providing services to individuals in need of medical care who are also radiologically contaminated? If you can provides services, please answer the following:

   - How many, at any one time? One, seriously injured.
   - Is that number in addition to the answer in question one

above? Yes; also have the capability of treating one uninjured every thirty minutes. Additional decontamination units available from Portsmouth Naval Shipyard, which would increase the number we could decontaminate.

- What decontamination capabilities do you have? Decontamination facilities are available in the Emergency Department with assistance from the PNSY.

- Would medical treatment be provided prior to, or after, decontamination? Both if necessary.

- Will treatment be possible without exposing your hospital, staff and patients to exposure from the contaminated individual or from contamination brought to the hospital with the person? Yes.

4. Does your hospital have a written protocol for the handling and treatment of radiologically exposed individuals?

Yes.

5. Does your hospital have the staff available, and the ability to assure their proficiency to execute such a protocol?

Upon notification of receiving contaminated patient(s), Portsmouth Hospital would initiate its Disaster Plan providing necessary staff to execute the program of decontamination. The Radiation Health Division of the Portsmouth Naval Shipyard provides a Health Physics Specialist to advise and assist in the management of contaminated patients.

I hope the above information is helpful to you in updating your information concerning resources available from health care providers in the State.

Sincerely yours,

William J. Schuler

William J. Schuler
Administrator

WJS:bjn

Sceva Speare Memorial Hospital

Daniel F. Ryder, Jr.
President

Plymouth, New Hampshire 03264 • (603) 536-1120

David L. Pearse
Administrator

17 October 1983

William T. Wallace, Jr., M.D., M.P.H.
Director
Division of Public Health Services
State of New Hampshire
Hazen Drive
Concord, New Hampshire
03301

Dear Dr. Wallace:

Mr. David Pearse, Administrator of Sceva Speare Memorial Hospital, has directed your recent inquiry about our plan for handling radiation casualties to me.

As far as I know, we have never treated such a patient at this hospital. However, we have established a policy and procedures for treating radiation accident victims. I believe the enclosed "Emergency Department Protocol for Radiation Accidents" will be of interest to you.

In response to your request for specific numbers of patients in various categories that we could accomodate at any one time, I am unable to provide an answer. As with any other sort of disaster we would mobilize the maximum complement of manpower and material, and do our best to appropriately process whatever number of victims of a radiological catastrophe is presented to us.

Inasmuch as radiological accidents are vanishingly rare in the United States except in catchments containing high-level nuclear facilities, our staff has had no experience in this area, nor have we felt justified in making it a training priority. We have no special facilities or equipment for radiological decontamination or isolation.

It is our policy to accept radiologically contaminated patients for the treatment of urgent and life-threatening medical and surgical problems. It is for this purpose that the enclosed protocol was created. Victims of radiation exposure without coexistent serious injury or illness would absolutely not be decontaminated in the hospital, nor should they be decontaminated in proximity to any densely occupied place. Medical treatment would be initiated before, during or after decontamination, depending on the patient's condition.

We would not undertake to treat a patient for radiation sickness. In the short term, radiation sickness is no emergency since prognosis is determined by dose received rather than by immediate interventions. In the long-term, special expertise and possibly bacteriologic isolation facilities not available at Seavey Speare would be required.

In the case of radiation accident in our district involving more than a few injured patients or severely injured patients we would expect, as a very small hospital, to function primarily in life-saving stabilization and transfer-coordination mode. In this respect, a radiation accident/mass casualty incident is no different from a mass casualty incident without radiation exposure.

If a radioactively contaminated patient was treated at Seavey Speare according to the present protocol, contamination of some staff members would be probable and of some patients possible, in my estimation. The degree of contamination, again in my estimation, would probably not be severe. I doubt that any changes could be made in our policies and procedures to lessen this likelihood.

It is not clear to me what sort of an agreement to deliver services in the course of a radiological emergency the Division of Public Health is developing. Obviously, there is little we could offer in the role of referral hospital. However, please feel free to send further information on this plan as the specifics are formulated.

Please contact me if I can be of any further assistance.

Sincerely,

Douglas S. McVicar MD
Director
Emergency Department

DSM/kes
Enc.

SCEVA SPEARE MEMORIAL HOSPITAL
Plymouth, N. H.

EMERGENCY DEPARTMENT PROTOCOL FOR RADIATION ACCIDENTS

I. Introduction:

Contamination with radioactive material will send panic stricken patients and bystanders flocking to the nearest hospital. In the absence of associated injury or illness, routine decontamination is most safely accomplished away from the hospital and other densely populated places. Bear this in mind when you are notified of a radiation accident.

II. Pre-Hospital Phase:

The hospital will learn of a radiation accident in one of several ways.

A. If the patient telephones, advise him to remove and isolate clothing, then shower with soap and water. A radiation safety officer (RSO) will be dispatched to the scene to assist and monitor the decontamination.

B. If the patient walks in, he will be held at the desk until the RSO can determine the need to implement this plan.

C. If the patient arrives by auto, he will be instructed to remain in the vehicle (covering no skin) injury or illness until the RSO arrives.

D. If the ambulance calls, the squad should transport only sick and injured patients. Other victims are best surveyed and decontaminated away from the hospital.

III. Notification:

The Emergency Department physician on duty will implement the plan and notify:

A. Director of Nursing

B. Radiation Safety Officer (can be reached through MD dispatch)
Brian Farris
Gary Mack

C. Mr. Haaland

IV. Consultation:

Calling for advice and assistance early is a must.

A. New Hampshire: Mary Hitchcock Memorial Hospital, Dan Hertzberg MD, Radiation Safety Officer and Radiologist for Sceva Speare Memorial Hospital.

B. Massachusetts: Peter Bent Brigham Hospital has a radiosurgery suite specially equipped to handle a severely contaminated patient.

C. National: Oak Ridge National Laboratory
Tel. (615) 574-1000 can advise in matters of decontamination

V. ED Preparations:

A. Evacuate patients.

1. Critical patients to ICU
2. Non-critical patients to waiting room and exit route.
3. Pregnant and possible pregnant patients and other staff to other areas.

B. Preparation for arrival.

1. Floor - cover with plastic (4 foot rolls in Environmental Services Department) and secure the joints and edges with tape. (See attached map for floor areas to be covered).

2. Decontamination Team.

a. Turn off ventilation system.

b. Remove non-essential equipment from area.

c. Cover light switches and door/cabinet handles with tape.

d. RSO will stand at (a) with survey meter to monitor all personnel, equipment with sample leaving area.

e. RSO will designate a person to stay at point (B) and (C) to keep traffic out of the area.

f. Charge Nurse will designate person outside area to be runner for supplies.

Decontamination of Room (cont.)

g. Make decontamination trough on stretcher.

(1) Roll two sheets together lengthwise and place along edge and head of table.

(2) Place plastic sheeting over rolled sheets, tucking it under the sides and head.

(3) Form ends of plastic sheet at the foot of table into a trough that empties into a large plastic container or wastebasket lined with a heavy plastic bag.

(4) Elevate head of table or stretcher so that all water runs into container.

h. Containers and plastic liners to receive contaminated clothing and supplies are available through Environmental Services.

C. Decontamination team preparation:

1. Anyone having direct contact with patient or irrigation material should don full surgical dress.

a. Scrub suit
b. Hood
c. Shoe covers
d. Surgical gown
e. Surgical gloves - type gloves to elasticon and cuffs to shoe covers, if possible.
f. Second pair of surgical gloves.
g. Mask

2. Attach dosimeter upper chest or neck after dressing. Dosimeters are kept in Emergency Department or supplied by RSO. Read at intervals and report to RSO. Rotate staff to keep individual doses below 300 Mrem.

IV. Patient Arrival

A. Physician and RSO will examine the patient at ambulance entrance to determine extent of injury and/or contamination.

1. If the contaminated patient is critical, he will be taken directly to the treatment/decontamination area.

2. If the contaminated patient is not critical, his clothing is removed in the ambulance.

B. Decontamination stretcher is brought in the ambulance to receive the patient and he is covered with a sheet.

C. Ambulance attendants will stay with the ambulance until released for duty by the RSO.

V. Treatment of Patient:

A. Attend to ABC's as usual.
B. Radiation evaluation

(1) Remove patients' clothing and seal in plastic bags.
(2) RSO will monitor the entire patient.
(3) Nurse will record contaminated areas.
(4) RSO will monitor swabs taken from patients ears, nose and mouth.

C. Decontamination

1. Contaminated wounds have first priority.

(a) Consider debridement (Appendix VII).

(b) Irrigate with normal saline for 3 minutes or more.

(c) If contamination persists, irrigate the wound with H_2O_2. As a further step, consider surgical debridement.

(d) Never decontaminate wounds, to prevent re-contamination.

2. Rinse contaminated eyes with normal saline in a room to control dilution.

3. Irrigate contaminated ear canals with normal saline.

4. Contaminated noses and mouths by turning head down or to the side. Rinse and suction frequently. Try to prevent patient from swallowing irritant.

5. Monitor stomach contents with NG tube. Lavage until clear of radioactivity with normal saline.

6. Wash contaminated skin with soap, water and soft brush for 3 minutes. Avoid irritating skin with abrasion to dry, water. Use Lava soap. Mixture of 50% Tide and 50% corn meal, or diluted Clorox for resistant areas.

7. Contaminated hair should be shampooed with mild soap for 3 minutes. Clip hair (do not shave) and wash again, if persistent activity.

8. Save all wash and rinse water in a plastic-lined container. RSO will monitor for level of contamination and dispose.

VI. Removal of Patient:

A. Dry patient.

B. RSO will re-monitor entire patient and repeat swabs samples of previously contaminated areas.

C. New covering is placed on floor from door to patient. Bring in a clean stretcher. Transfer patient to a new stretcher as it leaves the room.

VII. Exit of staff:

A. Each person goes to a clean line at the door, removes protective clothing there and places it in a plastic lined container.

1. Remove outer gloves first.

2. Give dosimeter to RSO.

3. Remove all caps.

4. Remove gown, shirt, head cover, trousers, shoe covers and inner gloves in that order.

5. Avoid putting a clean shoe inside the clean line and putting a contaminated shoe outside the line.

B. Monitor hands and feet and then step.

C. Shower.

VIII. Treatment Following Decontamination:

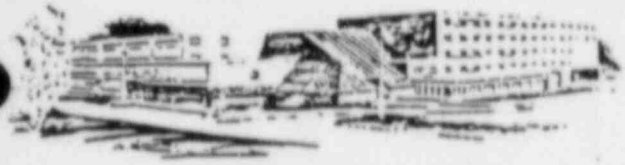
A. Monitor and decontaminate ambulance and attendants.

B. Remove and dispose of contaminated items and waste.

C. Monitor dosimeters and assure proper follow-up.

John Burke

RECEIVED
OCT 25 1985
Office of the Director
Division of
Public Health Services



A 209 BED COMMUNITY GENERAL HOSPITAL

St. Joseph Hospital

TELEPHONE 603/889-6681

172 KINSLEY STREET, NASHUA, NEW HAMPSHIRE 03061

October 23, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

The following information is provided in response to your letter regarding our facility's ability to provide services to individuals who might be contaminated by radiation.

Our responses coincide with the questions as posed in your letter of September 30, 1985.

1. 12 individuals
2. Yes, no transfer to another facility would be necessary for medical services for these patients, unless medical problem present is one that would precipitate a transfer under usual circumstances.
3. Yes
   a) 12 at most
   b) No, it is the same number.
   c) Decontamination shower in E.R.
      Decontamination shower in morgue facility.
   d) Medical treatment would be provided after decontamination unless otherwise indicated.
   e) Treatment should be possible without exposing staff, provided protocol is followed.
4. See enclosure: Policy/Procedure for "Radiation Exposure or Casualty Patients."
5. Yes

If you require additional information, please contact me.

Sincerely,

Peter B. Davis
Executive Director

PBD/mdd

Enc.

ST. JOSEPH HOSPITAL
NASHUA, NEW HAMPSHIRE

HOSPITAL PROCEDURAL GUIDE
NUMBER 150-3

ORIGINAL: 12/8/74
REVISED: 12/11/81

1. SUBJECT: Procedure for the Care of Radiation Exposure or Casualty Patients

2. PURPOSE: To outline the procedures and precautions necessary for the handling and care of persons who have become contaminated with radioactive materials.

3. OBJECTIVE: To make all hospital personnel aware of the special handling requirements of patients who may be brought to the hospital due to exposure to radiation.

4. PROCEDURE:

a. General Instructions

(1) The Emergency Room will be alerted by ambulance radio to expect the arrival of a patient who may have been in contact with radioactive materials.

(2) The Emergency Room nurse will immediately notify the Director of Nursing or her designee. The Director of Nursing or her designee will in turn notify the Executive Director and Radiologist.

(3) The Executive Director and/or the Radiologist may wish to seek expert professional consultation for technical management of the case. (Refer to Enclosure #1 - Consultation List)

(4) The Radiologist is responsible for obtaining a survey meter and/or any other equipment he may deem necessary. In the hospital, the Geiger Counter and other pertinent equipment are located in the Emergency Room. Additional equipment is available in Nuclear Medicine.

(5) It should be emphasized that most of these patients present no radiation hazard to people working around them and therefore, the acute medical care of these patients should not be delayed because of fear of radiation contamination.

b. Prepare a special room for the reception of the patient

(1) One of the following may be used:

(a) Emergency Room-Ambulance Entrance
(b) Morgue
(c) Private Rooms (*Isolation Rooms)

235	365	434	502
236	368	458	507*
302A*	369*	460	508*
302B*	401	461	517
317	402	462	518
358	407*	463	519
360	408*	465	520
361	417	468	523
362	418	469*	524
363	425	501	525

Placard (s) restricting admission to "authorized personnel only" will be applied to door (s) of area selected.

(2) The Emergency Room-Ambulance Entrance shall be the first choice because of the decontamination shower. The Morgue shall be considered as the second choice for care and/or equipment. The Morgue table lends itself to washing with water. The Morgue entrance would then be used rather than the Emergency Room-Ambulance Entrance.

When the Morgue is used, the patient and his family must be reassured as to why this room is being utilized.

(3) The floor adjacent to the entrance used must be covered with absorbent paper and taped to the floor with masking tape. The floor area covered by absorbent paper should be made large enough to include several waste containers in addition to the stretcher and attendants.

The decontamination kit (gowns, shoe covers, gloves, poly bags, respirators and cleaning supplies), brown paper and masking tape will be located in the Emergency Room decontamination shower. A back-up container is located in Nuclear Medicine.

(4) If there is any dust involved, be prepared to shut off the air circulation system to prevent any spread of contamination. Contact the Director, Building & Grounds or the Maintenance Supervisor should shut down be necessary.

c. Upon arrival of the ambulance

(1) The Radiologist must check the patient for radiation and/or contamination before moving him/her from the ambulance. Any emergency medical procedures may be accomplished while the patient is still in the ambulance.

(2) Personnel handling the contaminated patient or assisting in the area must wear disposable gowns, caps, gloves, masks, and shoe covers.

(3) When external contamination is involved, save all clothing ambulance bedding, blood, stool, vomitus, metal objects, belts and dentures and put in a red plastic bag, clearly label same with patient's name, location on part of body from which the items were removed, time and date.

d. Decontamination Procedure - Nursing Duties (soap and warm water

(1) Each step in the decontamination procedure shall be followed by monitoring and recording the extent of contamination and the location of contamination.

(2) If medical status permits, cleanse and scrub with soap and water the area (of the patient) of the highest contamination first, being careful as possible so as not to spread the contamination.

(3) If a extremity alone is involved, clothing may serve as an effective barrier and the affected limb alone may be scrubbed and cleaned.

(4) Wash water waste, unless markedly radioactive (a reading of 2 times background) may be flushed into the community sewerage system where dilution will eliminate any hazardou effect. Should waste water be markedly radioactive, the w water should be drained into a plastic container/bottle of appropriate size and placed in storage for subsequent monitoring. Containers are available in the Laboratory. When determined to be "safe" it may be flushed into the community sewerage system.

(5) If the patient's body as a whole is involved, or the cloth permeated by contaminated materials, showering and scrubbi will be necessary, paying special attention to hair parts, body orifices and body fold areas.

(6) The Radiologist will remeasure and record measurement take with the survey meter after each washing or showering.

(7) If a wound is involved, prepare and cover the wound with a self-adhering vi-drape. Cleanse the neighboring skin surface. Seal off the cleansed area with a self-adhering vi-drape. Remove wound covering and irrigate the wound wi sterile water, catching the irrigating fluid in a receptacl and handling as described in item 4. Vi-drapes may be obtained from the Operating Room.

Care must be taken not to cross-contaminate the surrounding surfaces from the wound and vice-versa.

(8) If confronted with a grossly contaminated wound, with dirt particles and crushed tissue, the physician in attendance should be prepared to do a preliminary simple wet debridement. Further measurement may necessitate the use of a sophisticated wound counting detection instrument supplied by the consultant who will advise if further definite debridement is necessary.

(9) The protective clothing worn by those caring for the patient (physicians, nurses, attendants, etc.) should be saved as described in item c (3). This clothing must also follow the same monitoring and decontamination routine as outlined for the patient.

e. Decontamination Procedure - Housekeeping Duties

(1) The Housekeeping Supervisor will coordinate the duties of her personnel with the E.R. Coordinator who will obtain clearance from the Radiologist that the area is within safe limits to enter.

(2) All Housekeeping personnel assigned to final clean up of the area must wear disposable gowns, caps, gloves, masks, and shoe covers.

(3) Final clean up of the area will include washing of the whole room (walls, ceilings, windows, floors) and all equipment in the room.

(4) Normal isolation cleaning techniques will be used.

(5) All materials used will be placed in a container marked as "RADIOACTIVE - DO NOT DISCARD". This container will be located in the Emergency Room decontamination shower. A back-up container is located in the Nuclear Medicine room.

(6) Water used in the final clean up must be monitored by the Radiologist in charge before being disposed of.

(7) All equipment used must be cleaned and monitored for return to normal use upon completion of clean up.

(8) The protective disposable clothing worn by Housekeeping personnel performing the clean up must be placed in the containers marked "RADIOACTIVE-DO NOT DISCARD" upon completion of the room.

(9) Housekeeping personnel must be monitored upon completion of the room and removal of protective clothing, with special attention being paid to hands and feet.

(10) Final release of personnel from the area will be determined by the Radiologist in charge.

f. Decontamination Procedure - Rooms, Equipment & Attendants

(1) Attendants are to be monitored, paying special attention to hands and feet, after removal of protective clothing, to prevent the spread of contamination.

(2) Following the handling of a radiation case, the room must be monitored and cleaned prior to its release for re-use by others.

(3) Prior to its release, the ambulance should be monitored and cleaned.

g. Disposition of Contaminated Materials

(1) If it is known that the contaminant has a short half-life, contaminated material will be stored for an appropriate number of half-lives to reduce the radiation. This will be determined by the Radiologist in charge.

Following appropriate storage, material could then be handled as any other hospital items would be; that is, laundered or disposed of in the normal manner.

If the contaminant has a long half-life, confiscation and disposal as radioactive waste would most probably be required. This determination will also be made by the Radiologist in charge.

In any case, information on the radioactive materials involved must be obtained before any decision of this nature could be made.

Containers of contaminated materials will be stored in the Hot Lab (Nuclear Medicine) until sufficient time has passed to allow the radioactive material to decay. The two doors of this area must be labeled "DO NOT ENTER-RADIOACTIVE MATERIAL." When the radiation is decayed to below BK9d 0.1 mr/hr it may be disposed of.

h. This procedure is suitable only for cases where the radiation/contamination levels are relatively low. Procedures for handling cases where gross contamination and/or high levels of radiation may be present require a distinctly different approach. In such an instance, such things as increased protection for medical personnel might be necessary; i.e. additional shielding or possible rotation of personnel to limit their exposures to more acceptable levels. These determinations will be made by the Radiologist and/or a representative from the State Radiation Agency.

William J. Clegg Jr.
William J. Clegg, Jr., FAAMA
Colonel, MSC, USA, Ret.
Executive Director

WJC:h

CONSULTATION LIST

In the event consultation is needed on notification of a nuclear accident or radiological incident:

NOTIFY

1.	Diane Tefst State Lab Bldg., Hazen Drive Concord, N.H. 03301	271-4588
	Res: 171 Gold Street Laconia, N.H. 03246	524-3358
2.	Donald Halle State Lab Bldg., Hazen Drive Concord, N.H. 03301	271-4585
	Res: Camelot Drive Hooksett, N.H.	622-9618
3.	John R. Stanton State Lab Bldg., Hazen Drive Concord, N.H. 03301	271-2281
	Res: 129 Moore Street Manchester, N.H. 03102	623-4743

IF NO ANSWER, CONTACT ONE OF THE FOLLOWING:

4.	Robert F. Normandin St. Anslem's College Manchester, N.H. 03102	669-1010 Ext. 242
	Res: Old Coach Road New Boston, N.H. 03070	487-2463
5.	Wesley R. Williams State Military Reservation Concord, N.H. 03301	271-2281
	Res: 7 Thomas Street Rochester, N.H. 03867	332-5240
6.	CPT Roger Beaudoin State Office Building Concord, N.H. 03301	271-3573
	Res: 43 Oak Street Gonic, N.H. 03839	332-8687

Enclosure #1

upper connecticut valley hospital

SERVING THE HEALTH NEEDS OF THE 650 SQUARE MILE COMMUNITY IN THE UPPER CONNECTICUT RIVER VALLEY

October 21, 1985

William T. Wallace Jr., MD
Director of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

This letter is in response to your letter dated September 30, 1985 concerning the capability of the Upper Connecticut Valley Hospital to handle individuals presenting with radiation contamination. I will attempt to answer the questions posed in that letter, and clarify our procedures/protocols/capabilities.

Our hospital has established, written protocols for the handling and treatment of radiologically exposed individuals. We would be unable to accomodate any patients who have experienced an excessive exposure to radiation. These patients would have to be transferred, after medical stabilization, from here to Mary Hitchcock Memorial Hospital (approx. 2½ hours) or to Brigham and Womens Hospital, Boston, MA (approx. 4 hours).

The Upper Connecticut Valley Hospital does have the capability of providing medical car to persons who have been radiologically comtaminated. The number of patients we could accomodate would vary, dependant upon the nature of injuries and amount of contamination. We would be able to treat 1 or 2 severely injured, and several (up to 6 total) ambulatory or with minor injuries. Our current procedures and policies regarding decontamination include both decontamination of the non-injured, and patients with minor injuries before medical treatment, and treatment of patients with life-threatening injuries prior to decontamination.

The designated radiation treatment area in the hospital is the Obstetrics Department, which is separated from the main floor of the hospital. It would enable us to treat these contaminated patients without exposure to the remainder of the hospital. Our staff would respond to such an emergency, and we would be able to provide adequate staff to execute the protocol. We are currently in the process of coordinating a radiation drill to be held late this fall.

I hope this has answered your questions. If I may be of any further assistance, please do not hesitate to contact me.

Sincerely yours,

Ann Carrier, RN

Ann Carrier, RN
Director of Nursing

AC:alj

Valley Regional Hospital
243 Elm Street / Claremont, New Hampshire 03743 / (603) 542-7771

October 7, 1985

William T. Wallace, Jr., M.D., M.P.N.
Director of Public Health Services
Department of Health and Welfare
Health & Welfare Building
Hazen Drive
Concord, New Hampshire 03301

Dear Dr. Wallace:

In response to your letter of September 30, 1985, please be advised that our position with regard to the provision of medical services in radiologic emergencies remains essentially unchanged.

As indicated in our communication with your office in 1983, the physical design of our facility, and in particular our emergency receiving area, would make appropriate isolation of the contaminated patient impossible. The highly specialized nature of radiation decontamination mandates that medical and nursing staff be specifically trained in sophisticated management techniques which are clearly beyond the scope of our operations. It remains our position, therefore, that the needs of the public in the event of a radiologic emergency in our vicinity would be best met by referring exposed individuals to facilities equipped to provide the proper care. Given our geographic proximity to Mary Hitchcock Memorial Hospital, it would seem logical that this would be the site most appropriate for referral.

Should you require any further clarification of our position in this regard, please do not hesitate to contact me.

Sincerely,

VALLEY REGIONAL HOSPITAL

Donald R Holl

DONALD R. HOLL
President

DRH:jem

Weeks Memorial Hospital

WEEKS-CRAWFORD SKILLED NURSING FACILITY

November 4, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Health and Welfare Building
Hazen Drive
Concord, NH 03301

Dear Mr. Wallace:

Our apologies for not responding to your letter of September 30, 1985, more promptly. This letter was in essence a follow-up to your letter of September 1983 in which you were surveying State hospitals regarding ability to provide services to individuals who might be contaminated by radiation.

I have reviewed the questions submitted with appropriate personnel of Weeks Memorial Hospital and have determined that our responses would be the same as submitted to you in December of 1983.

1. How many individuals could be cared for?

   Answer: None.

2. At this time the individual would have to be transported to another hospital.

3. This would be dependent upon the type and extent of contamination. We do not have any decontamination capabilities and treatment would not be possible without exposing the hospital and staff to radiation.

4. Yes, and another copy is attached.

5. We do not have the staff available to assure proficiency in executing appropriate protocols.

Again, any information you could provide us that would enable us to enhance our very limited capabilities in this area would be appreciated.

Sincerely,

Patsy L. Pilgrim, RN
Assistant Administrator
Director of Clinical Services

PLP:hp
Attachments

WEEKS MEMORIAL HOSPITAL
EMERGENCY ROOM.....RADIATION EXPOSURE

Types of radiation exposure:

A. Whole or partial body external radiation. This type of exposure involves no hazard to attendants, other patients or environment.

B. Internal contamination by inhalation or ingestion: This type of exposure involves no hazard to attendants, other patients or environment. Body wastes should be collected and saved for measurement of nuclides to assist in determination of appropriate therapy.

C. External contamination of body surface and or clothing by liquid or by dirt particles: This type of contamination requires surgical isolation technique to protect attendants and cleansing to protect other patients, attendants and the hospital environment. These patients should be confined and treated to remove potential hazard.

D. External contamination complicated by a wound: Surgical isolation technique would be required as in C. In addition care must be taken to avoid cross contamination from wound to surrounding surfaces. Wound and surrounding surfaces are cleaned separately and sealed off when clean.

Weeks Memorial Hospital accepts as official protocol for the treatment of radiation addident cases the material published as

"Emergency Handling of Radiation Cases"
prepared by
The U.S. Energy Research and Development Administration
in cooperation with
The American Medical Association
Published: April, 1979 - ERDA-17

Consultation available by: Contacting
Brookhaven Area Office
Telephone: 516-345-2200

Note: All of above information obtained in this literature which is in the Emergency room policy manual.

Procedure to follow in the event a victim arrives at the hosp.tal

1. Staff members should wear gown and gloves
2. Determine the type of exposure
3. Obtain geiger counter from Maintenance and measure amount of radiation.
4. If C or D exposure, remove clothing immediately and place in a plastic bag....Be sure bag is well sealed and labeled.
5. Take patient via stretcher to a private room. If possible have the patient get in a shower and wash very well with soap and water. If a wound is involved this may not be possible and the patient will have to be washed by the staff.
6. Implement surgical isolation as indicated, & limit staff used in re
7. Consult with the Brookhaven Area Office (phone # listed above)
8. Transfer the patient if indicated after consultation. Process clothing as indicated after consultation.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF PUBLIC HEALTH SERVICES

Sylvio L. Dupuis. O.D.
Commissioner
Department of Health and Welfare

William T. Wallace, Jr., M.D., M.P.H.
Director
Division of Public Health Services

Health & Welfare Bldg.
Hazen Drive
Concord. NH 03301
Tel. (603) 271-

September 30, 1985

Guilbert A. Desrochers, Administrator
Weeks Memorial Hospital
Middle Street
Lancaster, NH 03584

Dear Mr. Desrochers:

In September, 1983, the Division of Public Health Services conducted a survey of the state's hospitals regarding their ability to provide services to individuals who might be contaminated by radiation. This letter is prompted by the passage of time since the initial survey and the ongoing need to have accurate and updated information upon which I as the Division's Director can rely, should the need ever arise.

I would appreciate your consideration of the following questions. They are the same as those originally posed and deal with two eventualities: handling individuals who have experienced contamination that cannot be removed through simple showering and clothes changes, and handling individuals who have been contaminated (to any degree) and who have other medical problems.

1. How many individuals could your hospital accommodate, at any point in time, who have experienced an excessive exposure to radiation?

2. Does your hospital have the capability to provide medical services to such an individual, or would the individual need to be transported to another hospital for care? If so, where?

3. Is your hospital capable of providing services to individuals in need of medical care who are also radiologically contaminated? If you can provide services, please answer the following:

   - How many, at any one time?

- Is that number in addition to the answer to question one above?

- What decontamination capabilities do you have?

- Would medical treatment be provided prior to, or after, decontamination?

- Will treatment be possible without exposing your hospital, staff and patients to exposure from the contaminated individual or from contamination brought to the hospital with the person?

4. Does your hospital have a written protocol for the handling and treatment of radiologically exposed individuals?

5. Does your hospital have the staff available, and the ability to assure their proficiency to execute such a protocol?

I am not unmindful of the time and effort that answering the foregoing will require. To ease that effort, I am enclosing the response to the previous survey. Whatever the outcome of your effort, all assistance is greatly appreciated. The ability to respond to radiological emergencies, whether the result of transportation accidents or related to nuclear facilities, and to respond to other environmental emergencies, makes necessary the close cooperation of this Division and the state's health care providers.

Thank you for your cooperation. If you have any questions please call. I would appreciate your reply by October 30th.

Sincerely,

William T. Wallace, Jr., M. D., M.P.H.
Director of Public Health Services

WTW:ja

WENTWORTH-DOUGLASS HOSPITAL

October 8, 1985

RECEIVED
OCT 15 1985
Office of the Director
Division of
Public Health Services

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Health & Welfare Bldg. - Hazen Drive
Concord, New Hampshire 03301

Dear Doctor Wallace:

In follow-up to your letter dated September 30, 1985, I have responded below on behalf of Wentworth-Douglass Hospital to the questions which you raised regarding the hospital's ability to deal with a radiological emergency:

(1) How many individuals could your hospital accommodate, at any point in time, who have experienced an excessive exposure to radiation?

--Because of limited facilities at present, the hospital could accommodate no more than two patients at any one time, who have experienced an excessive exposure to radiation. During the summer months, under certain favorable weather conditions, it is possible that up to six individuals could be accommodated.

(2) Does your hospital have the capability to provide medical services to such an individual, or would the individual need to be transported to another hospital for care?

--See above. Wentworth-Douglass Hospital is designated as a Level II Trauma Center. As such, the hospital is prepared to treat most types of medical emergencies--with the exception of severe radiation exposure or radiation poisoning. In such cases, appropriate life-saving treatment would be initiated, and the patient transferred to a more appropriate facility such as Brigham And Women's Hospital in Boston, (with their permission.)

(3) Is your hospital capable of providing services to individuals in need of medical care, who are also radiologically contaminated?

--Yes.

If you can provide services, please answer the following:

How many, at any one time?

--See response to No. 1 above (no more than six patients).

Is that number in addition to the answer to question No. 1 above?

--No.

What decontamination capabilities do you have?

--The hospital offers basic wash-down and monitoring capability (i.e., surface decontamination).

Would medical treatment be provided prior to, or after, decontamination?

--In general, decontamination would occur prior to medical treatment; however, if the patient's condition is life-threatening, medical treatment would be initiated prior to decontamination.

Will treatment be possible without exposing your hospital, staff, and patients to exposure from the contaminated individual or from contamination brought to the hospital with the person?

--Very likely, because of physical limitations, it is probable that the staff who treat the patient and involved physical space will be subject to exposure. It is expected that other patients would be isolated from the contaminated individual.

(4) Does your hospital have a written protocol for the handling and treatment of radiologically-exposed individuals?

--Yes. However, this plan is currently under review. In concert with the hospital's current building/renovation project, it is expected that an appropriate physical facility will be incorporated within a new Trauma Center to accommodate patient(s) exposed to radiation. With this new area, we will update our existing procedures.

(5) Does your hospital have the staff available and the ability to assure their proficiency to execute such a proposal?

--Yes. Present staff, including emergency department physicians, radiologists, emergency department nursing staff, radiological nuclear medicine technologists, are capable of dealing with a limited number of patients exposed to radiation.

Please do not hesitate to contact me should you have any questions regarding the responses provided above.

Sincerely,

William C. Richwagen

William C. Richwagen
Executive Director

WCR/jd

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Berry Transportation Company of North Hampton recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Berry Transportation Company agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 65.

The passenger capacity of each bus is 65. The total passenger capacity of all buses is 4,225.

The central maintenance facility for the Berry Transportation Company of buses is located in North Hampton during the school year. Buses are located throughout the EPZ. Assignment of buses is based on this distribution.

The number of drivers available for buses and vans during an emergency response is 60.

In the event of an emergency and in coordination with the State, Berry Transportation Company will make all efforts to deploy its buses as specified below:

A. 5 buses to Seabrook.

B. 6 buses to Hampton Falls.

C. 31 buses to Hampton.

D. 11 buses to North Hampton.

E. 5 buses to Stratham.

F. 5 buses to Rye.

G. 2 buses to Brentwood.

2570B/sjc

Two-way communications capability is available on all buses on 462.625.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 12/24/85

Berry Transportation Company

By _____
Its Agent Or Representative

Executed This Day 12-20-85

2570B/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

Roy Roy

LETTER OF AGREEMENT

The Coast/UNH Kari-Van Bus Service of Durham recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Coast/UNH Kari-Van Bus Service agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 10.

The passenger capacities of buses are as follows:

1. 2 buses with 48 passenger capacity.

2. 2 buses with 52 passenger capacity.

3. 6 buses with 45 passenger capacity.

The total capacity of all buses is 470.

The location(s) of buses is UNH, Durham.

The number of drivers available for buses and vans during an emergency response is ~~[illegible]~~ 50

In the event of an emergency and in coordination with the State, Coast/UNH Kari-Van Bus Service will make all efforts to deploy its vehicles as specified below:

A. 6 buses to Newfields.

B. X buses to Greenland.
3

2546B/sjc

Two-way communications capability is available on all buses on 156 MHz and bus dispatch on 158.895.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/23/86

Coast/UNH Kari-Van Bus Service

By _____
Its Agent Or Representative

Executed This Day 1/23/86

2546B/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Jan-Car Leasing Corporation of Nashua recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Jan-Car Leasing Corporation agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 197.

The passenger capacity of each bus is 65. The total passenger capacity of all buses is 12,805.

The location(s) of buses is Nashua.

The number of vans available for emergency response is 30.

The passenger capacity of each van is 15. The total passenger capacity of all vans is 450.

The number of drivers available for buses and vans during an emergency response is 150.

In the event of an emergency and in coordination with the State, Jan-Car Corporation will make all efforts to deploy its vehicles as specified below:

4 buses/3 vans to New Castle.

15 buses/5 vans to Newton.

1 bus/6 vans to Stratham.

5 vans to Hampton Falls.

17 buses/1 van to Kingston.

5 buses to Brentwood.

93 buses/6 vans to Portsmouth.

62 buses to Exeter.

2 vans to North Hampton.

2 vans to Hampton.

Two-way communications capability is available on all buses on 151.655.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/8/86

Jan-Car Leasing Corporation

By _____
Its Agent Or Representative

Executed This Day 1-9-86

25383/Disk 0038B/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Timberlane Transportation Company of Portsmouth recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Timberlane Transportation Company agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 31.

The passenger capacity of each bus is 66. The total passenger capacity of all buses is 2,046.

The location(s) of buses is 2 Central Avenue, Portsmouth.

The number of drivers available for buses and vans during an emergency response is 38.

In the event of an emergency and in coordination with the State, Timberlane Transportation Company will make all efforts to deploy its vehicles as specified below:

31 buses to Portsmouth.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/29/86

Timberlane Transportation Company

By Stephen O. Heidt
Its Agent or Representative

Executed This Day 1-23-86

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Timberlane Transportation Company of Exeter recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Timberlane Transportation Company agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 21.

The passenger capacities of buses are as follows:

1. 19 buses with 49 passenger capacity.

2. 3 buses with 66 passenger capacity.

The total capacity of all buses is 1,129.

The location(s) of buses is 11 Court Street, Exeter.

The number of drivers available for buses and vans during an emergency response is 21. 14

In the event of an emergency and in coordination with the State, Timberlane Transportation Company will make all efforts to deploy its vehicles as specified below:

21 buses to Rye.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/23/86

Timberlane Transportation Company

By _____
Its Agent Or Representative

Executed This Day 1-23-86

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Timberlane Transportation Company of Salem recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Timberlane Transportation Company agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 40.

The passenger capacity of each bus is 66. The total passenger capacity of all buses is 2,640.

The location(s) of buses is 51 Lowell Road, Salem.

The number of drivers available for buses and vans during an emergency response is 45. 40

In the event of an emergency and in coordination with the State, Timberlane Transportation Company will make all efforts to deploy its vehicles as specified below:

A. 4 buses to East Kingston.

B. 36 buses to Hampton.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/23/86

Timberlane Transportation Company

By _____
Its Agent Or Representative

Executed This Day 1-23-86

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Timberlane Trans Co of Derry and Londonderry recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Timberlane Trans. Co agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 40.

The passenger capacity of each bus is 65. The total passenger capacity of all buses is 2600.

The location(s) of buses Derry and Londonderry and drivers homes.

The number of vans available for emergency response is N/A.

The passenger capacity of each van is N/A. The total passenger capacity of all vans is N/A.

The number of drivers available for buses and vans during an emergency response is 50.

In the event of an emergency and in coordination with the State, Timberlane Trans. Co will make all efforts to deploy its vehicles as specified below:

A. 10 buses to Kingston.
B. 30 buses to Portsmouth.
C. / to /.
D. / to /.
E. / to /.
F. / to /.
G. / to /.
H. / to /.
I. / to /.
J. / to /.

ZePLB/sjc

Two-way communications capability is available on 28 buses on _____.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/23/86

Timberlane Transportation Company

By Stephen O. Gadd
Its Agent Or Representative

Executed This Day 1-23-86

26918/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Timberlane Trans. Co of Plaistow recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, Timberlane Trans. agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 32.

The passenger capacity of each bus is 65. The total passenger capacity of all buses is 2080.

The location(s) of buses Plaistow and drivers homes.

The number of vans available for emergency response is NA.

The passenger capacity of each van is NA. The total passenger capacity of all vans is NA.

The number of drivers available for buses and vans during an emergency response is 27.

In the event of an emergency and in coordination with the State, Timberlane Trans will make all efforts to deploy its vehicles as specified below:

A. 4 buses	to South Hampton.	B. 5 buses	to Kensington.
C. 23 buses	to Seabrook.	D. /	to /.
E. /	to /.	F. /	to /.
G. /	to /.	H. /	to /.
I. /	to /.	J. /	to /.

Two-way communications capability is available on 20 buses on _____.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/23/86

Timberlane Transportation, Inc.

By Stephen O. Gadd
Its Agent Or Representative

Executed This Day 1-23-86

26918/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The A. S. Welch & Sons, Inc. of Raymond recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, including the Vermont Yankee and Seabrook Nuclear Power Plants, and other emergencies. For this reason, A. S. Welch & Sons, Inc. agrees to assist the State Emergency response effort, in particular the New Hampshire Civil Defense Agency, by providing transportation as detailed under the terms of this agreement or as requested by the New Hampshire Civil Defense Agency, and for such compensation as is deemed fair and equitable by proper authority.

The number of buses available for transportation purposes during an emergency is approximately 8.

The passenger capacity of each bus is 66. The total passenger capacity of all buses is 528.

The location(s) of buses is 26 Main Street, Raymond.

The number of drivers available for buses and vans during an emergency response is 8.

In the event of an emergency and in coordination with the State, A. S. Welch & Sons, Inc. will make all efforts to deploy its vehicles as specified below:

5 buses to Stratham.

3 buses to East Kingston.

Two-way communications capability is available on all buses on CB.

New Hampshire Civil Defense

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/25/86

A. S. Welch & Sons, Inc.

By Frederick S. Welch
Its Agent Or Representative

Executed This Day 1/26/86

MEMORANDUM OF UNDERSTANDING

The Coast Guard is always prepared to assist in any incident involving danger to any waterfront area, waterfront facility, and personnel thereon. In the event of an emergency at the Seabrook Nuclear Power Plant, Seabrook NH, Coast Guard response authorized by the Port and Tanker Safety Act of 1978, would consist of control, notification, and restriction of waterborne traffic from an established dangerous area which the Captain of the Port, Boston MA would designate as a safety zone.

The authority for the Coast Guard to make its personnel and equipment available to assist a State entity is found in Title 14, United States Code, Section 141.

Responsibility for overall coordination of Coast Guard forces responding to a radiological incident at the Seabrook Nuclear Power Plant will be with the Captain of the Port, Boston MA. In the event Coast Guard assistance is desired under this agreement during an emergency or exercise the appropriate state agency shall notify the Captain of the Port, Boston MA at (617) 223-1470, alternative point of contact is the First Coast Guard District Operations Center, Boston at (617) 223-3648.

The Government's liability for damage or loss of property, personal injury, or death resulting from activity coordinated under this memorandum of understanding shall be prescribed by the Federal Tort Claims Act, as amended (28 USC 267-2680).

R. A. BAUMAN 7 FEB 1984

Richard Strome (date)
Director
NH Civil Defense Agency

Richard A. Bauman (date)
Rear Admiral, U. S. Coast Guard
Commander, First Coast Guard
District

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
UNITED STATES AIR FORCE
AND THE
STATE OF NEW HAMPSHIRE

1. This memorandum of understanding between the State of New Hampshire, represented by the Governor, and the United States Air Force (USAF), represented by the Commander 509th Combat Support Group (SAC), establishes mutually agreeable procedures for the following:

   A. Response, containment, and recovery operations necessitated by major accidents involving Department of Defense resources that may occur in the several civilian communities.

   B. Air Force support in natural disaster relief operations in accordance with Department of Defense policy to assist civil authorities with personnel, equipment or other services when disasters are beyond the capabilities of civil resources.

2. The primary points of contact between the State of New Hampshire and Pease Air Force Base will be the New Hampshire Director of Civil Defense as the agent for the Governor of New Hampshire; and the Base Disaster Preparedness Officer as the agent for the Commander, 509th Combat Support Group.

3. Addendum I, establishes the memorandum of understanding between the State of New Hampshire and Pease Air Force Base for response, containment and recovery operations necessitated by major accidents that may occur in the several civilian communities involving Department of Defense resources.

4. Addendum II, establishes the memorandum of understanding between the State of New Hampshire and Pease Air Force Base for Air Force support in Natural Disaster Relief Operations.

5. Addendum III, is a consolidated list of legal references that may be pertinent to the subjects of this memorandum of understanding.

-5-

Governor
State of New Hampshire

-5-

Base Commander
Pease Air Force Base, N.H.

-5-

New Hampshire Director of Civil Defense

-5-

Base Disaster Preparedness Officer

ADDENDUM I
PEASE AIR FORCE BASE
RESPONSE TO MAJOR ACCIDENTS
INVOLVING MILITARY RESOURCES

AUTHORITY:

Authority supporting this agreement is found in NH RSA 107, the New Hampshire Civil Defense Act, and the various Federal statutes and regulations referred to in addendum III of this agreement.

I. SITUATIONS AND ASSUMPTIONS

A. SITUATION:

The several communities within the State of New Hampshire may be subjected to the adverse effects of major accidents involving military resources or resulting from Department of Defense activities to include accidents involving nuclear material.

B. ASSUMPTIONS:

1. The primary responsibility for response to and control at the scene of an off-base major accident rests with civil authorities. The rights and responsibilities of civil authorities in their area of jurisdiction will be recognized and respected.

2. The commander of the military installation nearest a major accident involving military resources or resulting from activities of the Department of Defense must respond with a Disaster Response Force composed of specialists required by the situation.

3. When applicable, the Pease Air Force Disaster Response Force will assume responsibility for the immediate area of the disaster after coordination with the New Hampshire Civil Defense Agency, and permission from, the senior civilian authority present.

II. MISSION

To define the procedures used by the Disaster Response Forces during Major Accident Operations, and to affect the most expeditious recovery consonant with the welfare of the people of the State of New Hampshire and the Mission of the Department of Defense .

III. EXECUTION

A. POLICY

1. A U.S. Air Force organization uses its Disaster Response Force (DRF) for major accident responses. The on-scene commander deploys to the accident and acts as the military representative at the scene.

2. The presence of nuclear weapons presents unique and difficult problems that will need to be addressed judiciously. It is the Department of Defense policy to neither confirm nor deny the presence of nuclear weapons or components. However, in the case of a nuclear weapons accident, Department of Defense Instruction 5230.16 provides an exception in that official confirmation of such weapons may be made when it will have significant value in conjunction with public safety or as a means of reducing or preventing widespread public alarm. Such official confirmation will be provided if the accident requires evacuation of personnel, or is follwed by a radiation team or other unusual activity observable by the general public. The Air Force Public Affairs Official will provide complete and accurate information to the New Hampshire State Civil Defense Agency and coordinate the release of information to the media, and the general public with State Civil Defense. This will insure that a timely, coordinated and accurate State/DOD response is presented.

3. A National Defense Area will be established any time an accident involving nuclear weapons, components or classified material occurs on non-Federal Property. Department of Defense Directive 5200.8 and Section 21 of the Internal Security Act of 1950 (50 USC 797) constitutes the legal basis for establishing a national defense area. A definition of the National Defense Area is found in Addendum III. The New Hampshire Civil Defense Agency will be advised of such an occurance.

B. CONCEPT OF OPERATIONS:

1. Notification Phase. This phase consists of the variety of communications possibilities arising when the municipalities and Pease Air Force Base become aware of an off-base major accident. In the event civil officials are first to be cognizant of a major accident, police or fire fighting officials should immediately notify the Pease Air Force Base Command Post, ext 430-3507 and New Hampshire State Police Communications Center, 271-3636 or 1-800-852-3411. On receipt of pertinent information relative to the major accident, Pease security and fire fighting officials will immediately notify their civilian counterparts and the State Civil Defense Agency of special precautions necessary during fire fighting, containment or rescue operations. In the event Pease Air Force Base becomes cognizant of the accident first, the aforementioned communications will be completed. Notification of all off-base major accidents will be made immediately to the Governor's agent, the New Hampshire Civil Defense Director (24 hours)271-2231 or through the State Police Communications Center 271-3636 or 1-800-352-3411.

2. Response Phase. This phase consists of response to the major accident site by civilian and military forces. The New Hampshire Civil Defense Agency will deploy liason personnel in order to coordinate the state response. Communications and coordination will be maintained throughout the recovery phase of an operation by the New Hampshire Civil Defense Agency. On notification of a major accident, the Pease Air Force Base Commander will deploy to the site with the following specialists.

2-1. Base Disaster Preparedness Officer

2-2. Fire Fighting Forces

2-3. Public Affairs Officer who will work with civil news media personnel.

2-4. Security Forces

2-5. A Medical Officer and Technicians

2-6. Bioenvironmental Engineering Team

2-7. Civil Engineers

2-8. Aircraft Maintenance Officers

2-9. Munitions or Explosive Ordinance Personnel

2-10. Judge Advocate who will provide assistance on claims and other legal matters.

2-11. Chaplain

2-12. Mortuary Officer and Teams

2-13. Transportation Specialist

2-14. Procurement Representative to obtain or rent supplies, services or equipment not available from DOD sources.

3. Recovery Phase. This phase consists of all operations necessary to remove debris and prepare damaged property for release to owners.

4. Transfer of Responsibility. This phase consists of Pease Air Force Base transfer of responsibility to another military command or transfer of the affected area to owners after recovery operations.

5. Any coordination with Federal Emergency Management Agency will be made by the New Hampshire Civil Defense Agency.

ADDENDUM II
PEASE AIR FORCE BASE
SUPPORT IN
NATURAL DISASTER RELIEF OPERATIONS

AUTHORITY:

See Addendum 3

I. SITUATION AND ASSUMPTIONS

A. Situation:

1. The several communities within the state of New Hampshire may be subjected to the adverse effects of disaster situations to include flood, explosion, fire, hurricane, tornado, utility failure, snowstorm, epidemic, fuel shortage, earthquake or other disaster.

2. The several communities within the state of New Hampshire possess the resolve to control the effects of most major emergencies. However, some situations may require the assistance of outside agencies, including the Air Force.

B. Assumptions:

1. The primary responsibility of alleviating the conditions created by disaster rests with individuals, families, private industry, local and state governments, the American Red Cross and various nonmilitary federal agencies possessing resources which may be employed.

2. Resources of local county and state agencies will be exhausted prior to receipt of Department of the Air Force assistance with the exception of imminently serious conditions.

II. MISSION

To state the Air Force policy, assign responsibilities, outline basic operational concepts and prescribe procedures for requesting and using Air Force resources within the several communities within the State of New Hampshire.

III. EXECUTION

A. Policy:

It is the policy of the Department of the Air Force to provide assistance in the form of personnel, equipment or services in cases where disasters are beyond the capabilities of the resources available to civil authorities. There are three categories of such emergencies in which the Department of the Air Force provides such assistance.

1. Declared Major Disasters: Upon declaration by the President that a "Major Disaster" exists under the Disaster Relief Act of 1970, authorized Air Force resources will, consistent with defense priorities, be made available as requested by the Federal Emergency Management Agency (FEMA).

2. Threatened Major Disaster: Upon determination by the Administrator, Federal Emergency Management Agency, that a condition exists which threatens such destruction as to constitute a major disaster, authorized Air Force resources will, consistent with defense priorities, be made available as requested by the Regional Director for the Federal Emergency Management Agency to assist in disaster relief effort.

3. Imminently Serious Conditions: When a disaster situation, whether or not previously declared a "Major Disaster" or a "Threatened Major Disaster" as provided in subparagraphs 1 and 2 above, is of such imminent seriousness as to preclude receipt of instruction from higher authority, and immediate action is necessary to save human life, prevent human suffering or mitigate great destruction of, or damage to property, the commander, Pease Air Force Base will take such action and provide such assistance as is required and justified under the circumstances.

4. In emergency situations not covered by subparagraphs 1,2 and 3 above, but for which a request for Air Force assistance has been received, support will be delayed pending approval from the Air Force Reserve Region.

B. Concept of Operations:

1. While there is no way to specifically define the actions to be taken in each possible type of disaster in this publication, the basic objective of the concept of operations is to provide a single point of contact for requesting and employing Air Force personnel and resources in any type of disaster. This is essential to prevent duplication of effort, insure that only the minimum amount of Air Force resources required are committed, and that those resources committed are utilized effectively.

2. The various heads of local government are responsible for emergency operations within their respective areas of jurisdiction. Accordingly, requests for Air Force assistance may emanate from the offices of the chief Elected and/or Administrative officials of local jurisdictions. Requests for assistance will be made through the New Hampshire Civil Defense Agency 271-2231,to the Pease Air Force Base Command Post, ext. 430-3507. The Pease Air Force Base Director of Disaster Planning will be informed of all requests which may be made directly to Pease Air Force Base by the Base Commanders, in order to insure that proper coordination has taken place.

3. Coordination with Federal Emergency Management Agency will be conducted by the New Hampshire Civil Defense Agency.

C. Procedures for Requesting Assistance:

1. Request for assistance in the event of A "Declared Major Disaster" or A "Threatened Major Disaster" will be submitted to the New Hampshire Civil Defense Agency.

2. Request for assistance in the event of an "Imminently Serious Condition" will be submitted to the Pease Air Force Base Command Post, through the New Hampshire Civil Defense Agency by the head of local government.

IV. ADMINISTRATION AND LOGISTICS

A. Administration: Not applicable

B. Logistics: If the disaster is not declared a major disaster by the President or threatened major disaster by the Administrator, Federal Emergency Management Agency, requests for reimbursements may be made to the recipients of the support.

V. DIRECTION AND CONTROL

A. Direction: Air Force personnel will not participate in the preservation of law and order in violation of the Posse Comitatus Act (18USC) which prohibits the use of any part of the Air Force to execute local, state or federal laws, unless authorized by the Consitution or Act of Congress.

B. Control: In all instances where Air Force support is provided under the provisions of this Addendum; a military "On-Scene Commander" will be designated to coordinate and maintain liaison with New Hampshire Civil Defense Agency personnel and the head of local government.

ADDENDUM III

AUTHORITY TO EXCLUDE PUBLIC

(1) 42 U.S.C. 2271 (a) Unlawful Dissemination of Restricted Data.

(2) 42 U.S.C. 2278 (a) Trespassing

(3) 42 U.S.C. 2278 (b) Photographing, etc.

AUTHORITY TO ESTABLISH RESTRUCTURED AREA TO PROTECT CLASSIFIED INFORMATION

(1) Section 21 of the Internal Security Act of 1950 (50 USC 797) and DOD Instructions 5200.8, constitutes the legal basis for establishing a National Defense Area (NDA). A NDA is; An area established on non-Federal lands located within the United States, its possesions or territories, for the purpose of safeguarding classified defense information, or protecting Department of Defense equipment and/or material. Establishment of a National Defense Area temporarily places such non-Federal land under the effective control of the Department of Defense and results only from an emergency event. The senior Department of Defense representative at the scene will define the boundary, mark it with a physical barrier, and post warning signs. The landowner's consent and cooperation should be obtained whenever possible, however, military necessity will dictate the final decision regarding location, shape and size of the National Defense Area. Also called NDA.

(2) 18 U.S.C. 793 (a) Criminal Penalties - Unauthorized Possession.

(3) 18 U.S.C. 795 Criminal Penalties - Photographing, etc.

(4) 18 U.S.C. 797 Criminal Penalties - Publication and Sale.

(5) Department of Defense Directive 5200.8: Authority of Military Commanders under the Internal Security Act of 1950 to Issue Security Orders and Regulations for the Protection of Property or Places under their command.

(6) Proposed Draft - Department of Defense Directive 5200.8.

(7) Department of Defense Directive 5210.2: Access to an Dissemination of Restricted Data.

(8) Department of Defense Directive 5210.41: Security Criteria and Standards for Protecting Nuclear Weapons.

AUTHORITY FOR RESPONSE TO ACCIDENT

(1) 42 U.S.C. 5122 Definitions

(2) 42 U.S.C. 5141-5152 Disaster Assistance

(3) 50 App. 2251 Civil Defense

(4) Executive Order 11490: Assignment of Emergency Preparedness Functions to Federal Agencies and Departments.

(5) Exeuctive Order 12148: Federal Emergency Management

(6) Department of Defense Instruction 5100.52: Radiological Assistance Responsibilities in the Event of an Accident Involving Radioactive Material.

(7) Department of Defense Instruction 7730.12: Notification Procedures for Accident and Significant Incidents Involving Nuclear Weapons, Reactors, and Radioactive Material.

(8) Department of Defense Instruction 5230.16: Nuclear Accident and Incident Public Affairs Guidance.

(9) Department of Defense Directive 5410.14: Cooperation with U.S. News Media Representatives at the Scene of Military Accidents Occurring Outside Military Installations.

CRIMINAL STATUTES

(1) 18 U.S.C. 111 Assaulting, Resisting, or Impending Officer

(2) 18 U.S.C. 231 Civil Disorders

(3) 18 U.S.C. 241 Conspiracy against Rights of Citizens

(4) 18 U.S.C. 245 Federally Protected Activities

(5) 18 U.S.C. 372 Conspiracy to Impede or Injure Officer

(6) 18 U.S.C. 641 Public Money, Property of Records

(7) 18 U.S.C. 1113 Protection of Officers and Employees of United States

(8) 18 U.S.C. 1361 Government Property or Contracts

(9) 18 U.S.C. 1362 Communications Lines

(10) 18 U.S.C. 1382 Entering Military, Naval or Cost Guard Property

(11) 18 U.S.C. 1383 Restrictions in Military Areas and Zones

(12) 18 U.S.C. 1385 Use of Army and Air Force as Posse Comitatus

(a) 10 U.S.C. 331 Federal Aid for State Governments

(b) 10 U.S.C. 332 Use of Militia and Armed Forces to Enforce Federal Authority.

(c) 10 U.S.C. 333 Interference with State and Federal law.

(13) 18 U.S.C. 2101 Riots
(14) 18 U.S.C. 2231 Assault or Resistance

(15) 18 U.S.C. 2384 Seditious Conspiracy

AUTHORITY OF FEDERAL BUREAU OF INVESTIGATION

18 U.S.C. 3052

AUTHORITY FOR MILITARY ACQUISITION OF LAND

10 U.S.C. 2672

AUTHORITY FOR JUST COMPENSATION FOR PROPERTY

(1) Amendment V - Constitution

(2) Case Law References

AUTHORITY FOR PAYMENT OF CLAIMS

(1) 10 U.S.C. 2733 Property loss; personal injury or death; incident to noncombat activities of Department of Army, Navy or Air Force.

(2) 28 U.S.C. 2672 Administrative adjustment of claims of $2,500 or less.

STATE OF NEW HAMPSHIRE

NUCLEAR ACCIDENT AND RADIOLOGICAL INCIDENT

CONTROL PLAN

ADDENDUM C

INTERIM SUPPLEMENTAL PLAN
FOR
PORTSMOUTH NAVAL SHIPYARD

APPROVED: F. R. Kroner, Jr.

F. R. KRONER, JR.
DIRECTOR, RADIOLOGICAL CONTROL
PORTSMOUTH NAVAL SHIPYARD

E. Foley

E. FOLEY, DIRECTOR
N. H. CIVIL DEFENSE AGENCY

M. H. Mires, M. D.

M. MIRES, M.D., DIRECTOR
N. H. DIV. OF PUBLIC HEALTH SERVICES

DATED: DECEMBER 1980

NUCLEAR ACCIDENT AND RADIOLOGICAL INCIDENT
CONTROL PLAN

DEC 1980

Addendum C

Interim Supplemental Plan
for
Portsmouth Naval Shipyard

1. Background

The Portsmouth Naval Shipyard maintains in operational readiness an emergency plan and organization with the capability of adequately coping with radiological emergencies. The Shipyard maintains a high order of preparedness to assure orderly and timely notification and the decision making process necessary for control and recovery action. The following is an interim supplemental plan in support of the basic Nuclear Accident and Radiological Incident Control Plan for the State of New Hampshire (NHNARICP). It relates to those actions interfacing the Shipyard and the State of New Hampshire during a radiological emergency at the Snipyard.

2. Procedures for Notifying the State

A. General

(1) The Shipyard has established procedures for the prompt notification of State authorities when preliminary assessment indicates that a radiological emergency may affect areas outside the Shipyard boundaries. The notification will include recommendations on any protective actions that should be considered based on the assessment. In the event that protective actions have to be taken immediately, notification will first be made to local authorities. The order of notification is shown in Figure 1. The format used to convey information is shown in enclosure (1).

B. Verification

(1). The procedure to be used to verify the authenticity of a notification is as follows:

a. Portsmouth Naval Shipyard personnel authorized to notify State and local authorities of a radiological emergency are listed in enclosure (2). Primary verification consists of calling the office or home of the individual making the notification as listed in enclosure (2).

b. If the individual making the notification is not at his home or office, verification will be made by calling the Emergency Control Center at the Shipyard (see enclosure (2)).

C. Local Authorities

(1) Notification of local authorities, when required, will be made in accordance with enclosure (3).

3. Organization

A. Authority

(1) Authority for this Addendum is contained in section I of the preface of the NHNARICP and the New Hampshire Basic Emergency Plan.

B. Emergency Headquarters

(1) State. Emergency Headquarters will be located at the State Emergency Operations Center (EOC).

(2) Shipyard. Emergency Headquarters will be in The Shipyard's Emergency Control Center, Building 170.

C. Communications

(1) In the event of a radiological emergency, communications will be maintained between the Shipyard and the State EOC. Telephone and radio communications between the State Police and the Portsmouth Naval Shipyard will be utilized. Also, communications between the State Police, the State Civil Defense Agency, and the Rockingham County Dispatch Office will utilize the existing NAWAS network. Rockingham County will maintain communications with local police and fire units. Data pertaining to the emergency as well as directing and controlling information will be transmitted to the State EOC by the most expedient means. Primary communication links exist between the State Police and the Shipyard, and between State Civil Defense Agency and Rockingham County. Secondary links are between State Police and Rockingham County, and between State Civil Defense Agency and the Shipyard.

(2) The Shipyard has provided two (2) telephone lines to the Shipyard's Emergency Control Center which are dedicated for exclusive use by the State. The numbers for these lines are unlisted and are provided to appropriate officials.

D. Personnel

(1) New Hampshire radiological incident emergency personnel and radiological emergency teams are listed in Annexes D and E of NHNARICP. Additional emergency personnel and equipment are available from the Department of Energy's Brookhaven New York Regional Office, U.S. Public Health Service, Winchester Engineering & Analytical Laboratory, Winchester, Massachusetts, and through the provisions of the New England Compact on Radiological Health.

...ties

...outh Naval Shipyard

The Portsmouth Naval Shipyard will immediately notify the New ...e Police Communication Center, State Police Headquarters, Concord, by telephone (see Figure 1) or radio, of the occurrence of any ...ergency which requires or may require that off-yard protective ...n.

Protective actions, when recommended, are based on the U.S. ...rotection Agency Protective Action Guides, which are provided in ...yard Emergency Action Levels, which implement these Protective ...are provided in enclosure (1), Table 1.

...mpshire State Police

...lotification

...pon receipt of notification by the Shipyard of a radiological ...ew Hampshire State Police will notify New Hampshire State ...nel in accordance with Annex C of the NHNARICP.

...ommunications

... New Hampshire State Police will act as radio communications ... Portsmouth Naval Shipyard and the State EOC for the dura... ...cy.

...affic Control

...ate Police personnel will establish road blocks and traffic ...tate evacuation of people from such areas as directed by the

...pshire Radiological Health Program

...e Manager of the New Hampshire Radiological Health Program will ...e emergency by State Police in accordance with Annex C of the ...Portsmouth Naval Shipyard as a follow-up.

...accordance with the NHNARICP, the Manager of the New Hampshire ...th Program shall make recommendations to the Governor or his ...ntative for emergency actions required to be taken within the ...hire.

... Manager of the New Hampshire Radiological Health Program will ...lowing:

a. In accordance with Annex C of the NHNARICP contact the State Civil Defense Agency and direct the activation of the State EOC in Concord.

b. Contact emergency team members by telephone and deploy them as required. Use data provided by the teams to further evaluate existing conditions.

c. Determine the extent of any hazard to public health and safety, and order appropriate protective measures as required.

d. Recommend to the New Hampshire Civil Defense Agency implementation of evacuation plans if advisable.

e. Request out-of-state assistance as required.

f. Direct decontamination procedures in contaminated areas, supervise reentry into evacuated areas and supervise other recovery operations.

D. New Hamcshire Civil Defense Agency

(1) The New Hampshire Civil Defense Agency will be notified of the emergency in accordarce with Annex C of the NHNARICP.

(2) The New Hampshire Civil Defense Agency will:

a. Assist in implementing protective actions as recommended by the Manager of the New Hampshire Radiological Health Program.

b. Activate and man the State EOC. The EOC will be manned by personnel from the State Civil Defense Agency, State Radiological Health Program and other State Agencies as the situation demands.

c. Provice assistance and coordination between Federal, State, and local agencies involved.

d. Coordinate the evacuation of affected local communities.

E. Emergency Teams

(1) Emergency Radiological Control Team personnel will proceed as directed by the Manager of the State Radiological Health Program.

5. Off-Site Considerations

A. Supporting Data

To assist State and local authorities in their assessment of the effects of a radiological emergency to the general public, the following supporting data is provided:

Enclosure (4) is the map of the Shipyard showing access locations.

osure (5) is the area map used for Off-site Monitoring.

Enclosure (5) is the harbor map used for Off-site Monitoring
to water.

Enclosure (7) is a list of dairy herds in the vicinity of the
al Shipyard.

ess Control

Procedures have been established to secure the Shipyard Main
enclosure (4) in the event of a radiological emergency, allowing
orized personnel only. Traffic and personnel immediately outside
will be controlled by Maine State and local police in accordance
provided by the State of Maine. Marine traffic on the Piscataqua
controlled by the Coast Guard in accordance with guidance provided
Naval Shipyard.

ulation Distribution

Enclosure (8) represents the population distribution within
e Portsmouth Naval Shipyard by 22.5 degree sectors. Enclosure (9)
ulation distribution within 10 miles.

d Use

nd use within the 0 - 10 mile radius varies with industrial,
esidential, military, educational, and recreational uses repre-
use factors dependent upon seasonal and time-of-day considerations.

er Use

The Piscataqua River is a wide, deep, navigable river with tidal
nsiderable velocity. The tidal current is of the reversing tide.
a River is not used as a source of irrigation or drinking water.
r boating, sport fishing, swimming, transportation, and as a source
cooling water. The Portsmouth Harbor and tributaries are used
or fishing, lobstering, and shell fishing. Restrictions on the
scataqua River within the boundaries of the State of New Hampshire,
lished by State authorities.

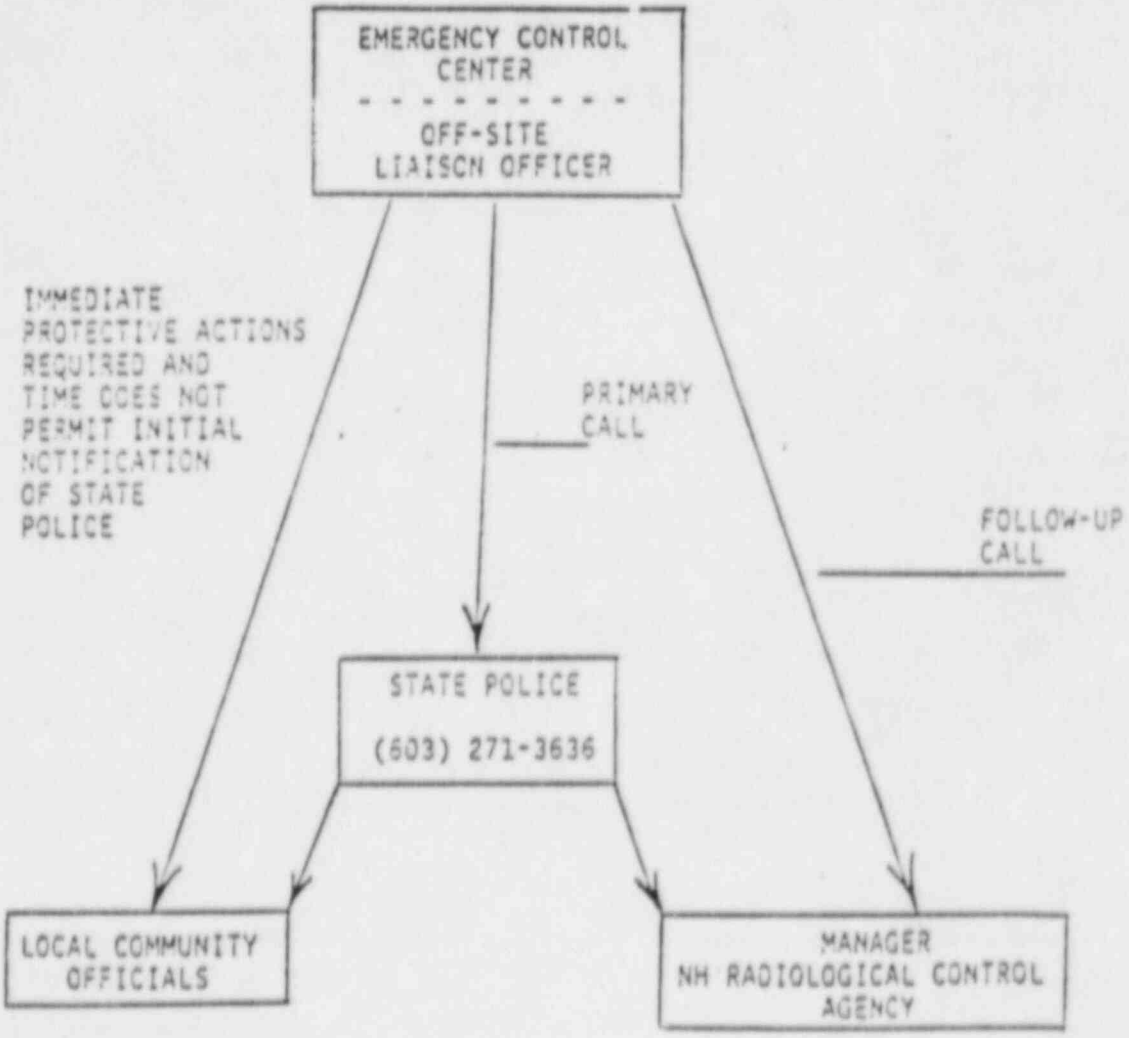
ernal Support Agencies

External agencies which will support the Portsmouth Naval Ship-
ed in enclosure (10).

FIGURE 1

PORTSMOUTH NAVAL SHIPYARD TO STATE OF NEW HAMPSHIRE

NOTIFICATION DIAGRAM



Recommended protective actions to avoid whole body and thyroid dose from exposure to a gaseous plume

Projected Dose (Rem) to the Population		Recommended Actions[a]	Comments
Whole body	< 1	No planned protective actions[b]. State may issue an advisory to seek shelter and await further instructions or to voluntarily evacuate. Monitor environmental radiation levels.	Previously recommended protective actions may be reconsidered or terminated.
Thyroid	< 5		
Whole body	1 to 5	Seek shelter as a minimum. Consider evacuation. Evacuate unless constraints make it impractical. Monitor environmental radiation levels. Control access.	If constraints exist, special consideration should be given for evacuation of children and pregnant women.
Thyroid	5 to 25		
Whole body	5 and above	Conduct mandatory evacuation of population in the predetermined area. Monitor environmental radiation levels and adjust area for mandatory evacuation based on these levels. Control access	Seeking shelter would be an alternative if evacuation were not immediately possible.
Thyroid	25 and above		

(a) These actions are recommended for planning purposes. Protective action decisions at the time of the incident must take into consideration the impact of existing constraints.

(b) At the time of the incident, officials may implement low-impact protective actions in keeping with the principle of maintaining radiation exposure as low as reasonably achievable.

ected Dose (Rem) to gency Team Workers	Recommended Actions	Comments
Whole body 25 Thyroid 125	Control exposure of emergency team members to these levels except for lifesaving missions. (Appropriate controls for emergency workers, include time limitations, respirators, and stable iodine.)	Although respirators and stable iodine should be used where effective to control dose to emergency team workers, thyroid dose may not be a limiting factor for lifesaving missions.
Whole body 75	Control exposure of emergency team members performing lifesaving missions to this level. (Control of time of exposure will be most effective.)	

(a) These actions are recommended for planning purposes. Protective action decisions at the time of the incident must take into consideration the impact of existing constraints.

(Source: Manual of Protective Action Guides and Protective Actions for Nuclear Incidents, U. S. Environmental Protection Agency, Washington, DC September 1975, Revised 6/80)

NOTIFICATION FORMAT

NOTE: This is the general format for initial notification and early warning. Notification should not be delayed if all information is not yet available.

_____ of the Radiological Control
(name)

rtsmouth Naval Shipyard, Portsmouth, NH. In accordance with
th Naval Shipyard Radiological Emergency Plan, I am notifying
ccurrence of a radiological emergency at the Shipyard."

ation of this call may be made by calling me: (1) At my
e) or (2) other (Shipyard Emergency Control Center).

e and class of emergency are as follows:

pe

] Transportation accident

] Reactor accident

] Fire involving radioactive material

] Liquid discharge

] Other: _____

] Notification of unusual event

] Alert

] Site area emergency

] General Emergency

imary effect to off-site areas will be due to:

elease to the atmosphere

elease to water

irect radiation

cation of the emergency is _____.

E. The emergency occurred at _____ (time) on _____ (date).

F. The wind speed is _____ mph (steady, variable).

G. The wind direction is FROM _____ degrees, true (steady, variable).

H. The Pasquill wind stability category is _____.

I. Tide status is _____; river current status is approx. _____.

J. The approximate amount and kind of radioactive material is _____

_____

K. Perimeter survey results are: (as applicable)

1. Distance from release point/radiation source _____ ft. and bearing _____ degrees.

2. Radioiodine _____ x 10- _____ Ci/ml.

3. Radiation _____ mR/hr from _____ degrees to _____ degrees.

4. Water activity _____ x 10- _____ Ci/ml.

L. Emergency Action Levels are indicated in Table 1 with recommended actions. Specific levels will be reviewed and briefly discussed:

Recommended Actions	Affected Sectors	Distances
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

M. Portsmouth Naval Shipyard has notified the following agencies of the situation:

1. U. S. Coast Guard _____ Information given and response

_____

2. State of New Hampshire _____ Information given and response

_____

al Communities — Information given and response

er — Information given and response

TABLE 1

EMERGENCY ACTION LEVELS

SAMPLE LOCATION/TYPE	ACTION LEVEL	ACTIONS
Radioiodine concentration in air ---	1×10^{-7} to 1×10^{-6} μCi/ml	Notify State authorities and
or		
Harbor water ----------	6×10^{-4} to 6×10^{-3} μCi/ml	Recommend no specific protective action at this time
or		and
Direct radiation ----------	10 to 100 mrem/hr	Dispatch off-site monitoring personnel
Radioiodine concentration in air ---	1×10^{-6} to 5×10^{-6} μCi/ml	Notify civil authorities immediately and
or		Recommend steps be taken to control access to affected sectors and warn the general public and
Harbor water ----------	6×10^{-3} to 3×10^{-2} μCi/ml	Recommend preparatory steps be taken for directing the general public in the affected area to take shelter or evacuate and
or		
Direct radiation ----------	100 mrem/hr to 500 mrem/hr	Dispatch off-site monitoring personnel.
Radioiodine concentration in air ---	> 5×10^{-6} μCi/ml	Notify civil authorities immediately and
or		Recommend steps be taken to control access and
Harbor water ----------	> 3×10^{-2} μCi/ml	Recommend the general public in affected sect be directed to take shelter or evacuate and
or		
Direct radiation ----------	> 500 mrem/hr	Dispatch off-site monitoring team.

Note: See notes on the following page for further information

TABLE 1 NOTES
(EMERGENCY ACTION LEVELS)

isted are initiated by perimeter measurements
ed as required based on off-site measurements.

ency Action Levels relating to Environmental Protection Agency
ction Action Guides are based on a continuous eight-hour expo-
The action levels are conservatively rounded off to simple
numbers. For short-term incidents in which the Environmental
ction Agency Protection Action Guides are not exceeded, notifi-
n will be made in accordance with the Navy's policy to ensure
State radiological officials are notified of occurrences that
cause concern because of radiological effects outside of ships
ore facilities.

iodine concentrations of 1×10^{-7} µCi/ml for eight (8) hours
yield a thyroid dose of approximately 0.5 rem to a child,
10^{-6} µCi/ml will yield approximately 5 rem and 5×10^{-6} µCi/ml
yield approximately 25 rem. Radioiodine concentration can be
mined by direct measurement or by inferring from direct radia-
measurements assuming 1.6×10^{-6} µCi/ml for a gamma exposure
of 1 mrem/hr (assuming time after shutdown = 4 hours (Fig. 4.4
-56 of PAG Manual applies) and assuming stability Class D, 0.5
downwind measurement (Fig. 4.5 Pg. D-59 of PAG Manual applies).

t radiation Emergency Action Levels for eight hours will yield
body dose of approximately 0.1 rem for 10 mrem/hr, 1 rem for
r and 5 rem for 500 mrem/hr.

concentrations relate to whole body dose based on eight hour
ure near the surface of a body of water. The Emergency Action
s are based on protective action guides which are approximately
wentieth of Environmental Protection Agency Protective Action
s for whole body exposure. This is to allow for the possibility
ter inlets concentrating radioactivity and for increased dose
immersion in the water. The dose vs. radioactivity concentra-
conversions are based on adaptation of data which shows that a
ntration of mixed fission products of 3×10^{-2} µCi/ml will re-
in a dose to boaters of 30 mrem/hr. The water source measured
t used for drinking water.

ction levels were developed for planning purposes and should
ed as general guidance. Protective actions taken during an
l emergency must consider existing constraints at the time.
xample, panic or stoppage of vital services may have more
us consequences than exceeding some of the above exposures.
ent must be exercised in cooperation with other competent
rities to determine precisely what action should be taken
many conflicting factors may be involved.

VERIFICATION OF NOTIFICATION OF A
RADIOLOGICAL EMERGENCY

authenticity of the call, call the home or office number
ual who called.

	Home	Office
Jr.	(207) 439-3223	(207) 439-1000 x2472
	(603) 868-9640	(207) 439-1000 x1629
	(603) 692-2618	(207) 439-1000 x2588
n	(603) 868-9652	(207) 439-1000 x1784

individual above cannot be reached call the Portsmouth Naval
d Emergency Control Center (207) 439-0784, (207) 439-0715, or
39-1000, Ext. 1668.

STATE OF NEW HAMPSHIRE NOTIFICATION
OF TOWNS SURROUNDING
PORTSMOUTH NAVAL SHIPYARD

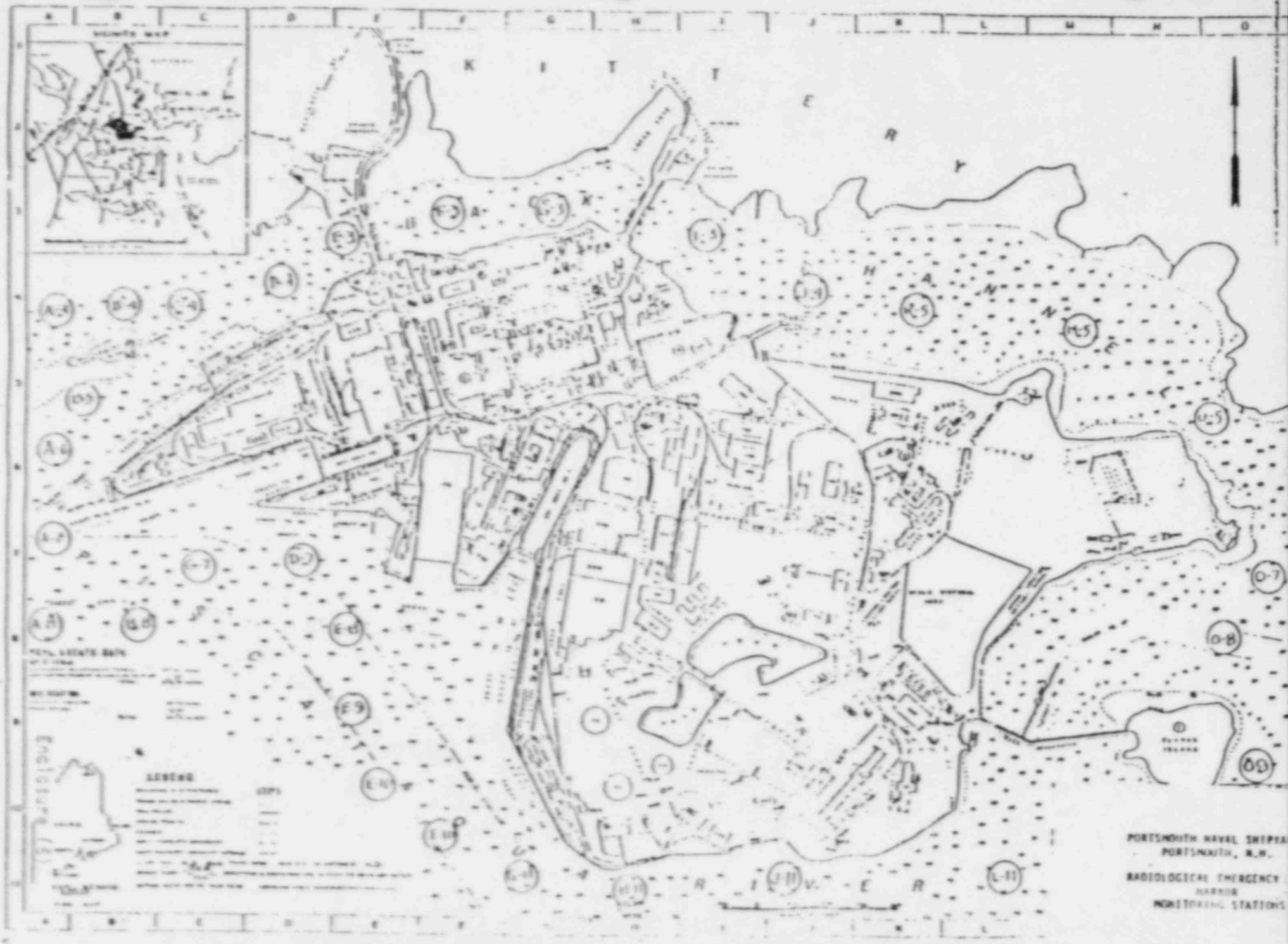
NOTE: In accordance with the NHNARICP, the State Police, State Civil Defense Agency, or State Department of Health and Welfare will notify local communities during radiological emergencies. Should urgency require the Shipyard to make specific notifications, the 24-hour numbers listed below will be used to alert the affected communities as required. State agencies will be informed of these notifications per enclosure (1).

City/Town	Telephone Number
Dover	742-4646
Durham	862-1212
Greenland	772-4716
Hampton	926-3333
Madbury	862-1212
New Castle	772-4716
Newington	772-4716
Newfields	742-4960
Newmarket	659-3950
N. Hampton	772-4716
Portsmouth	436-2145
Rollinsford	742-4960
Rye	964-5521
Stratham	772-4716

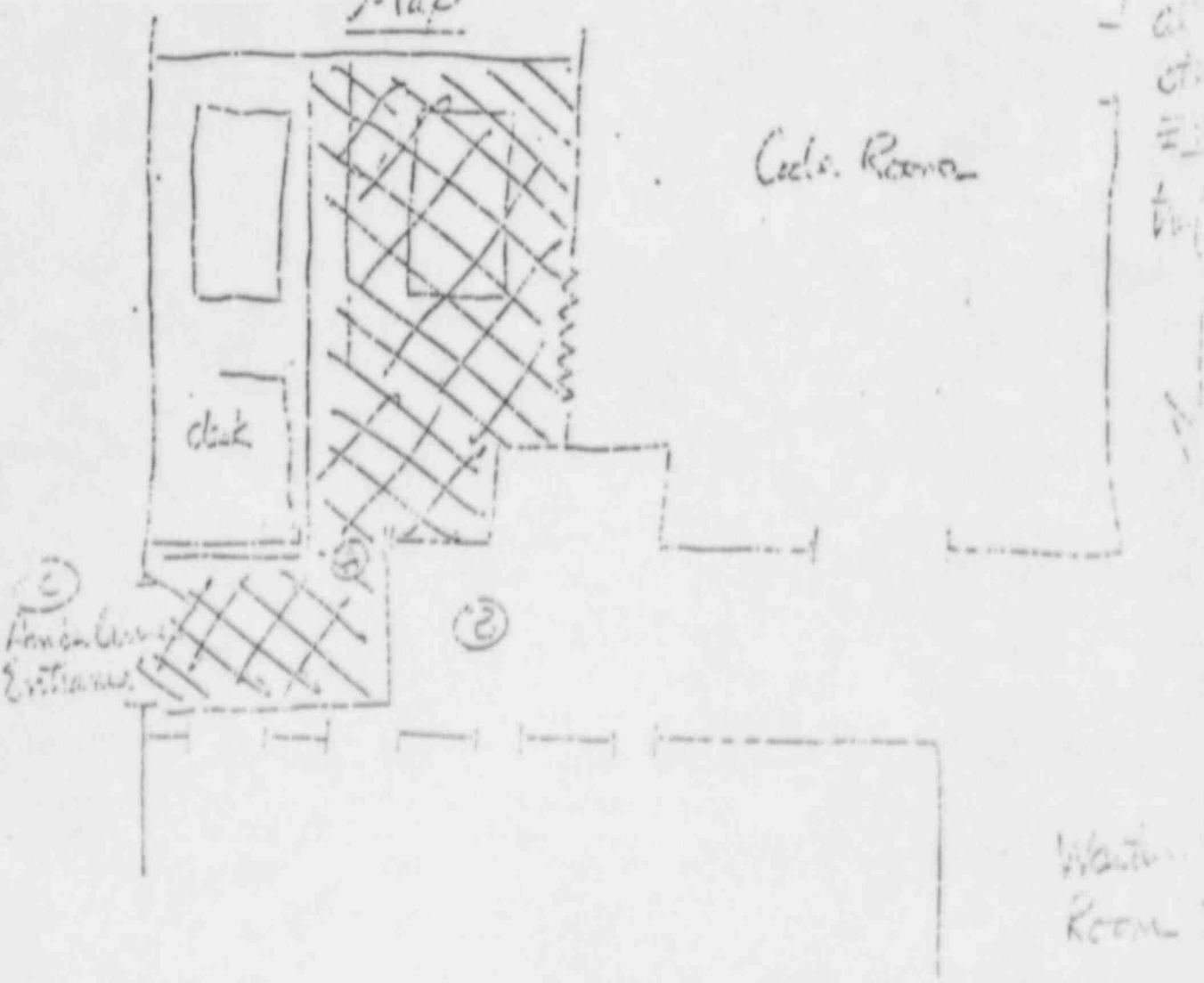

236
95
KITTERY
OAK
TERRACE
CHICKERING
COVE
Main Gate
No. 1
Main Gate
No. 2
PORTSMOUTH NAVAL
SHIPYARD
RIVER
Enclosure (4)

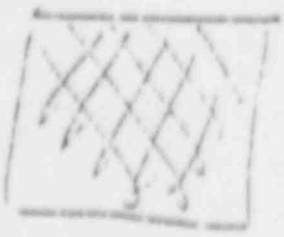

3
4
5
6
7
8
9
10
11
12
PISCATAQUA
RIVER
PORTSMOUTH
HARBOR
SOUTH
LITTLE
HARBOR

Enclosure (5)


KITTERY
HANNAH
PORTSMOUTH NAVAL SHIPYA
PORTSMOUTH, N.H.
RADIOLOGICAL EMERGENCY
MONITORING STATIONS

Map





plastic

St. Joseph Hospital

TELEPHONE (603) 594-2511

172 KINSLEY STREET NASHUA NEW HAMPSHIRE 03061

December 30, 1983

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

Enclosed is the information on our facility's ability to handle radiologically contaminated individuals, as originally requested on September 29, 1983 and again on December 8, 1983. Please excuse our tradiness in supplying the requested information on a timely basis.

Our responses coincide with the questions as posed in your September 29, 1983 request.

1. 12 individuals

2. Yes, no transfer to another facility would be necessary for medical services for these patients, unless medical problem present is one that would precipitate a transfer under usual circumstances.

3. Yes

   A. 12 at most
   B. No, it is the same number
   C. Decontamination shower in E.R.
      Decontamination shower in morgue facility
   D. Medical treatment would be provided after decontamination unless otherwise indicated
   E. Treatment should be possible without exposing staff, provided protocol is followed

4. See enclosure - Policy/Procedure for "Radiation Exposure or Casualty Patients"

5. Yes

Please feel free to contact us if you require any further information.

Sincerely,

William J. Clegg, Jr., FAAMA
Colonel, MSC, USA, Ret
Executive Director

sc

LIST OF DAIRY HERDS

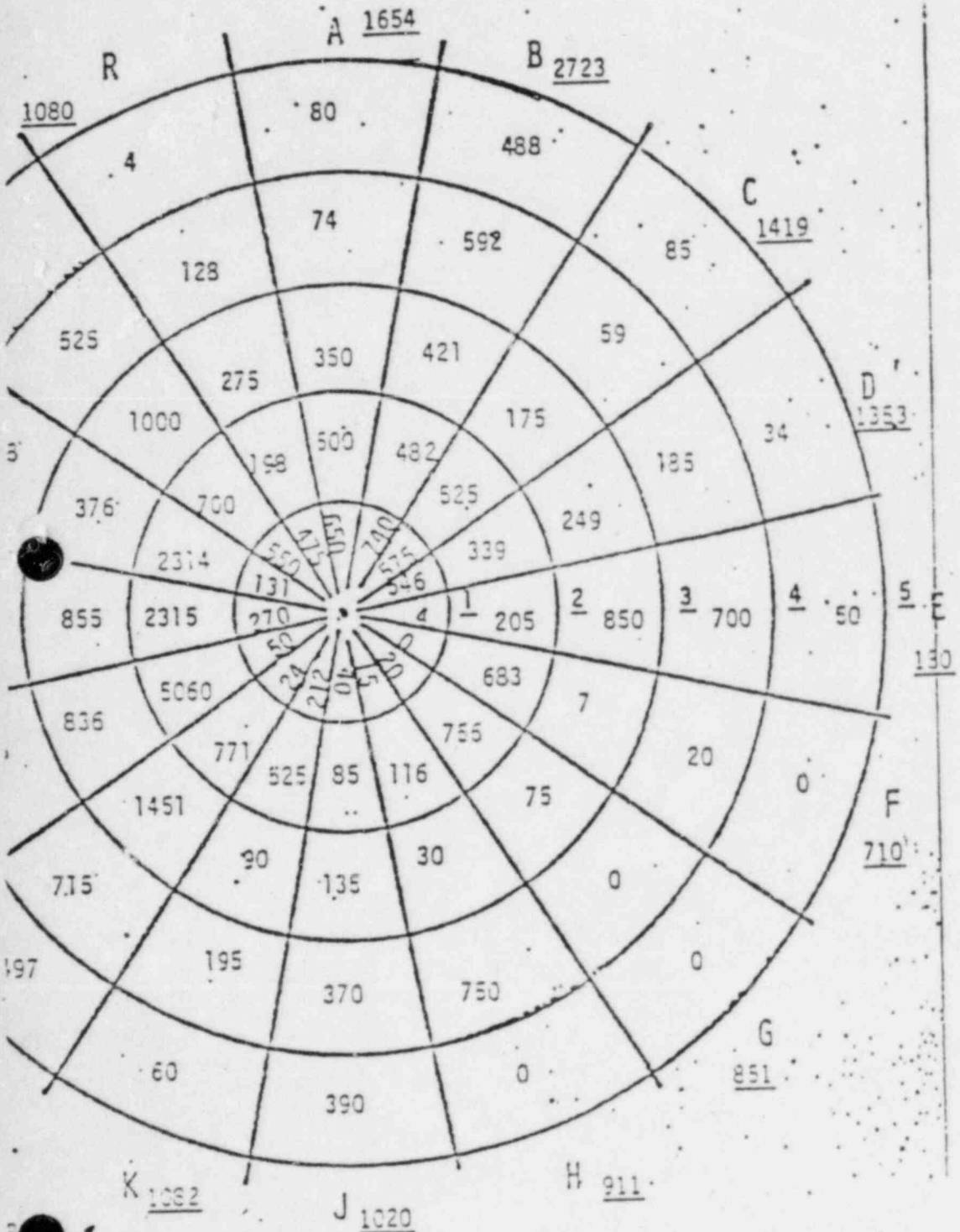
NOTE: The list of milk-giving cows compiled below is provided to allow the State of New Hampshire to take the necessary protective actions to notify, sample, monitor and/or control the taking, distribution, marketing, and use of milk should such actions be deemed necessary by them in the event of a radiological emergency involving an atmospheric release of radioactivity.

Owner's Name and Address	Number of Cows	Direction from Site	Distance

NOTE: The New Hampshire Department of Agriculture will maintain the list of dairy herds in the State and update it annually. The New Hampshire Civil Defence Agency will keep an updated copy of this list at the State EOC.

POPULATION DISTRIBUTION IN VICINITY OF PORTSMOUTH NAVAL SHIPYARD

MILES	POPULATION	CUMULATIVE MILES
0-1	4,302	0-1
1-2	19,877	0-2
2-3	27,052	0-3
3-4	32,722	0-4
4-5	42,922	0-5



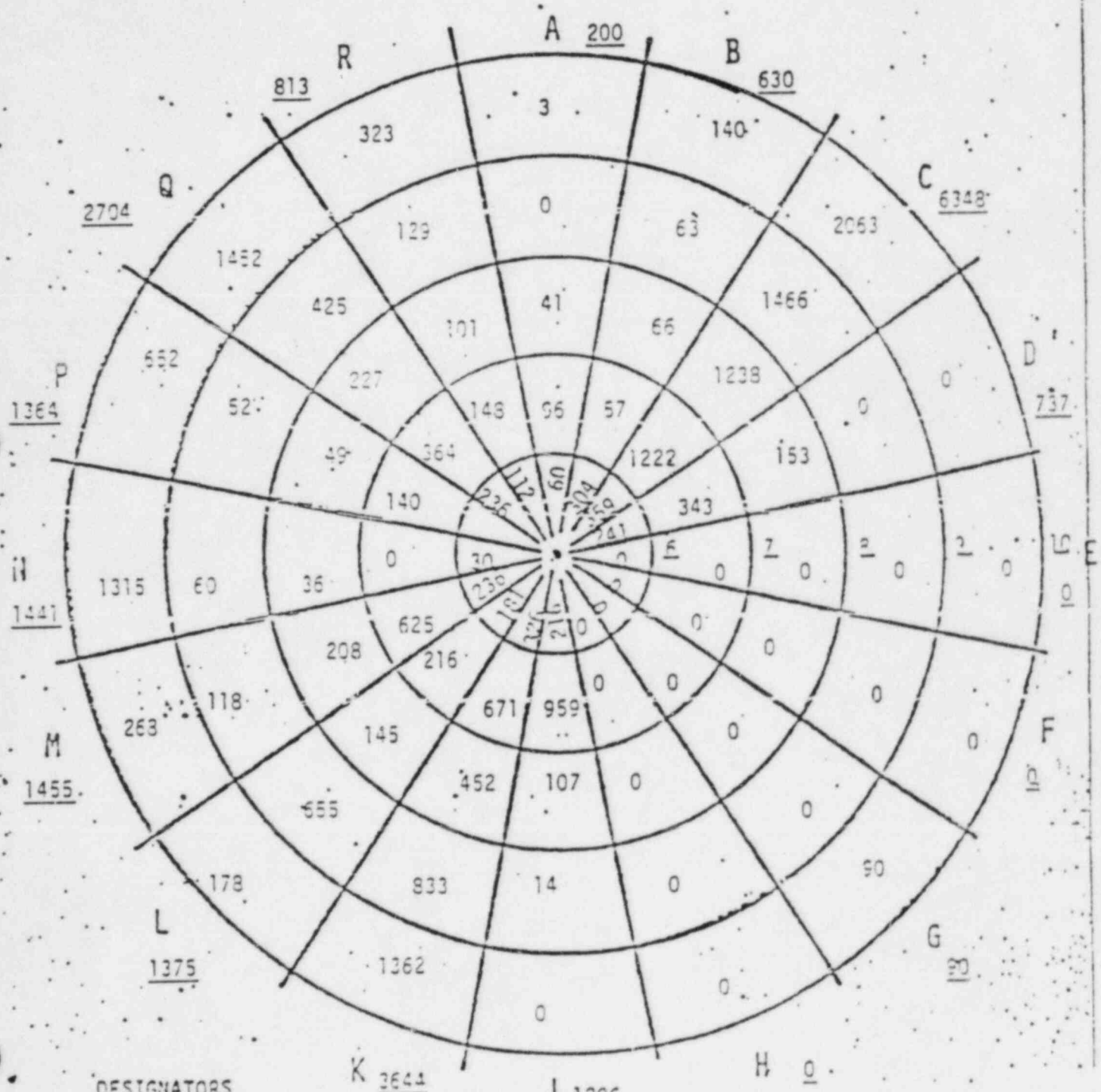
SOURCE: 1970 CENSUS DATA

Enclosure (8)

POPULATION DISTRIBUTION IN VICINITY OF PORTSMOUTH NAVAL SHIPYARD

POPULATION	MILES
2772	5-6
4641	6-7
2823	7-8
3815	8-9
7846	9-10

POPULATION	CUMULATIVE MILES
62,694	0-6
67,535	0-7
70,358	0-8
74,173	0-9
82,019	0-10



DESIGNATORS
Sectors: A-R
Zones: 6 - 10

SOURCE: 1970 CENSUS DATA

Enclosure (9)

Pease AFB Hospital	Medical Treatment
Portsmouth Hospital	Medical Treatment
Naval Air Station Brunswick, ME	Air Ambulance, Aerial Monitoring, and Reconnaissance
Naval Air Station Weymouth, MA	Air Ambulance, Aerial Monitoring, and Reconnaissance
New Hampshire Army National Guard	Air Ambulance, Aerial Monitoring and Reconnaissance
Radiation Emergency Assistance Center Training Site (REACTS) Oak Ridge, TN	Treatment of Radiation Accident Patients
U.S. Coast Guard	Harbor Traffic Control
Pease Air Force Base	Weather Advisories
Mutual Aid Compact	Firefighting

INTERSTATE COORDINATION

TRI-STATE RADIOLOGICAL EMERGENCY RESPONSE COORDINATION AGREEMENT

THE LOCATION OF NUCLEAR GENERATING FACILITIES AT ROWE, MASSACHUSETTS AND VERNON, VERMONT REQUIRE CONTIGUOUS STATE EMERGENCY RESPONSE PLANNING, ESTABLISHED INTERSTATE POLICIES AND COMPATABLE OPERATING PROCEDURES.

IN ORDER TO PROVIDE THE MAXIMUM POSSIBLE PROTECTION AND SAFETY FOR POPULATIONS AT RISK IN MASSACHUSETTS, NEW HAMPSHIRE AND VERMONT, THE FOLLOWING CONCEPTS ARE HEREBY ADOPTED:

1. Uniform notification procedures will be implemented for all three states by the affected nuclear facility. Each state will proceed with warning affected towns.

2. State boundaries shall be kept open for traffic moving away from risk areas. Border traffic control point operation responsibilities will be shared as resources permit.

3. Emergency Broadcasting Systems (EBS) stations in all three states will participate in public advisories issued under the Nuclear [illegible] at full operating power.

4. Operating Relocation Centers in all three states will provide services for any evacuee from risk areas located in any state.

5. All medical facilities within fifty miles of either nuclear facility will make excess beds available for relocated patients from risk areas located in any state.

6. Available emergency medical transport units within fifty miles of either nuclear facility will respond as able when requested to assist with medical emergencies and hospital and nursing home evacuation.

7. State Health personnel located at any Emergency Coordinating Center provided by an affected facility will provide current data and information to the Emergency Centers of any other state without personnel in attendance because of travel time or other delayed responses.

There are several Interstate Compacts which could or would be applicable in the event of an incident at a fixed nuclear facility in or near Vermont. The most notable in this respect is the New England Compact on Radiological Health Protection. Basically, it was designed to provide interstate assistance during a nuclear incident. The New England State Police Compact and the Interstate Civil Defense Compact are two other mutual aid agreements which could be activated in certain circumstances relating to a nuclear emergency.

Details relative to evacuation procedures are most important. Interstate Cooperation will become vital under evacuation conditions. An agreement, not only to interface the three State plans, but to use compatible procedures including standard evacuation routes, public guidance by radio and TV, reception processes for non-resident evacuees, and many other prearranged systems will facilitate the movement of people away from danger with maximum efficiency.

Vermont has developed a prototype evacuation system using the new "Cross-wind" technique, however it can only be totally successful if all three States agree to the concept and permit interstate travel by evacuees along predetermined routes dependent upon wind direction. Vermont will receive evacuees from contiguous States and process them, either through the Vermont Relocation Centers, or by safely routing them back to their respective States, depending upon the evacuees choice.

CONTROL POINT OPERATIONS: COOPERATIVE AGREEMENT - In order to improve communications during an incident at either Vermont Yankee or Yankee Rowe and coordinate movement of evacuees across state boundaries, the following procedures have been agreed to by Vermont, New Hampshire and Massachusetts.

1. VERMONT YANKEE:

   (a) Vermont ECP 13 Brattleboro, beginning of NH 119 at west end of bridge: a Vermont State Police Officer will man this point jointly with a New Hampshire State Police Officer.
   (b) Vermont ECP 14 Guilford, Vt., US 5 at the Massachusetts border; jointly manned by Vermont State Police and Massachusetts State Police.
   (c) Vermont ECP 15 Guilford, Vt., I 91, no interchange; jointly manned by Vermont State Police and Massachusetts State Police. Northbound traffic will basically be controlled in Greenfield, MA. at the interstate interchange.
   (d) Vermont ECP 16 Vernon, Vt., VT 142 at the Massachusetts border; the Northfield, MA. Police Department will control this point. Vermont will verify manning only with Northfield.

2. - YANKEE ROWE:

(a) Vermont ECP 21 Whitingham, Vt., VT 8A at the Massachusetts border; jointly manned by Vermont State Police and Massachusetts State Police.

(b) Vermont ECP 28 Stamford, Vt., VT 8 and VT 100 at the Massachusetts border, jointly manned by Vermont State Police and Massachusetts State Police.

Similar cooperative control point operations are encouraged between New Hampshire and Massachusetts.

INTERSTATE AGREEMENTS

Title 18, VSA Ch. 31
New England Compact on Radiological Health Protection

Title 20, VSA Ch. 3
Interstate Civil Defense Compact

Title 20 VSA Ch. 114
New England State Police Compact

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company
BOLDUC TRANSPORTATION CO
MAIN ST. ROLLINSFORD, 03869

2. Contact person/alternate with telephone number, business/24 hour.
KEN BOLDUC 692-3044
742-8566

3. Number of buses/vans operated.
BUSES - 15 - 66/44 CAPACITY
VAN - 2 - 10 "

4. Number of buses/vans available for emergency response.
VARIES ACCORDING TO FIRST/DAY
SCHOOL HOURS: 07:00 - 08:30 AM.
14:00 - 15:45 PM.

5. Passenger capacities.
BUS - 660
VAN - 10

6. Locations at which buses/vans are garaged.
BOLDUC TRANSPORTATION.
HIGH ST.
SOMERSWORTH.

7. Number of drivers available for buses/vans.
12 DRIVERS.

8. Time required before buses/vans with drivers can be dispatched.
UNKNOWN.

9. Two-way communications capability of buses/vans. If yes, what frequency?
ALL RADIO EQUIPED

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)
NOT AVAILABLE - CIVIL DISTURBANCES.
OUR OWN DRIVERS ONLY.

11. What is your daily rate when leasing buses?
$1.90 MILE
$6.00 HOUR - DRIVER

Signed K. D. Bolduc
Date 4/21/83.

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company JAN-CAR CORP.
233 MAIN DUNSTABLE RD NASHUA, NH 03062
2. Contact person/alternate with telephone number, business/24 hour.
MARILYN BELANGER -465-2142 - NORM DUBE - 882-3487
3. Number of buses/vans operated.
350 - MAINE - NH - VT.
4. Number of buses/vans available for emergency response.
ALL IF DRIVERS ARE AVAILBLE
5. Passenger capacities.
20 - 66 BODIES - 10 - 15 BODIES
6. Locations at which buses/vans are garaged. NASHUA - BEDFORD - LONDONDERRY
HOOKSETT - LACONIA - MILFORD - HUDSON - GILMANTON - RAYMOND -
7. Number of drivers available for buses/vans.
AT QUICK CALL MAYBE - 135-150
8. Time required before buses/vans with drivers can be dispatched.
1 HOUR
9. Two-way communications capability of buses/vans. If yes, what frequency?
151-655
10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)

11. What is your daily rate when leasing buses? WITH DRIVERS FROM (55.00 to 97.00
NO GAS

Signed Marilyn Belanger
Date 12-16-83
Jan Car Leasing Corp.

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES ✓ NO _____

1. Name and address of transportation Company
   Dover School Dept.
   Municipal Bldg. Dover N. H.
2. Contact person/alternate with telephone number, business/24 hour.
   Raymond Roy - Transportation Coordin. 742-1015 Office
   742-7684 home
3. Number of buses/vans operated.
   Twenty
4. Number of buses/vans available for emergency response.
   Twenty
5. Passenger capacities.
   ~~Bus~~ @ 60 2 @ 65
   ~~Bus~~ @ 71
6. Locations at which buses/vans are garaged.
   River St. Bus Garage
   Dover
7. Number of drivers available for buses/vans.
   25
8. Time required before buses/vans with drivers can be dispatched.
   30 minutes ± 45 minutes
9. Two-way communications capability of buses/vans. If yes, what frequency?
   yes 45.96
10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed) over
11. What is your daily rate when leasing buses?
    $ 6.00 hr.
    $ 1.00/mile

Signed _____
Date 12/22/82

10. Contents -

a. Buses not to be used in riot type situations

b. use of Buses contingent upon agency reimbursing cost of damages to buses ~~in the~~ to the city in the event of if such occurances.

c. Needs of Dover Citizens take preference.

d. No other individuals other than our own bus drivers or drivers approved by the Transportation Director may drive buses.

e. Participation by School Dept. contingent upon approval of Dover School Committee.

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES ✓ NO _____

1. Name and address of transportation Company
Manchester Transit Authority 110 Elm St. Manchester, N.H.

2. Contact person/alternate with telephone number, business/24 hour..
5:00 P.M. to 7:00 A.M. Dispatcher 623-8501 after 7:00 P.M. John Sinclair 622-[illegible]

3. Number of buses/vans operated. Asher Keene 668-1546.
2 vans - 39 transit buses (41 seats) 48 School buses 1 shorter coach 35 pass.

4. Number of buses/vans available for emergency response.
6:30 P.M. to 5:30 A.M. daily total 5:30 P.M. to 6:30 A.M. ten vehicles

5. Passenger capacities.
3,569

6. Locations at which buses/vans are garaged.
Manchester Transit Authority 110 Elm St

7. Number of drivers available for buses/vans.
27 drivers

8. Time required before buses/vans with drivers can be dispatched.
One half hour

9. Two-way communications capability of buses/vans. If yes, what frequency?
yes. Transit Vans. Each unit 453983 School buses KNF5857

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed) Refer to question 2

11. What is your daily rate when leasing buses?
$1.35 per mile $13.00 hourly

Signed John Quirk
Date Dec 30, 1983

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES ✓ NO _____

1. Name and address of transportation Company
LEONARD BUS COMPANY
RTE 38 Pelham 03076
2. Contact person/alternate with telephone number, business/24 hour.
Russell Leonard 635-2300
635-7879
3. Number of buses/vans operated.
13 - 66/44 5 "
2 - 16 3 - LIFT VANS L2-3/10 & 1-7
4. Number of buses/vans available for emergency response.
17 BUSES
3 VANS
5. Passenger capacities.
6. Locations at which buses/vans are garaged.
Rte 38
Pelham, N.H. 03076
7. Number of drivers available for buses/vans.
18 MIN - 25 MAX
8. Time required before buses/vans with drivers can be dispatched.
1 TO 2 HOURS NOTICE
9. Two-way communications capability of buses/vans. If yes, what frequency?
NONE
10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed) MUST OBTAIN AUTHORIZATION FROM SCHOOL DISTRICT
11. What is your daily rate when leasing buses? $1.20 mi
$5.50 HR. DRIVERS

Signed [signature]
Date [illegible]

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company

2. Contact person/alternate with telephone number, business/24 hour.

3. Number of buses/vans operated.
19 — 45 / 13 - 34 / 3 - 20 / 3

4. Number of buses/vans available for emergency response.

5. Passenger capacities.

6. Locations at which buses/vans are garaged.

7. Number of drivers available for buses/vans.

8. Time required before buses/vans with drivers can be dispatched.
20 - 30 min.

9. Two-way communications capability of buses/vans. If yes, what frequency?
YES

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)

11. What is your daily rate when leasing buses?

Will furnish Original

Signed _____
Date _____

1-4-85

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company PATRIOT LEASING
P.O. Box 324
Kittery, ME 03904
2. Contact person/alternate with telephone number, business/24 hour.
JAMES [illegible] (207) 439-4440
(207) 748-3200
3. Number of buses/vans operated. 15 buses 44/66 capacity
4. Number of buses/vans available for emergency response.
15 buses (207) 439-4440
(207) 748-3200
5. Passenger capacities.
660 min - 990
6. Locations at which buses/vans are garaged.
Kittery, Maine
[illegible]
7. Number of drivers available for buses/vans.
15
8. Time required before buses/vans with drivers can be dispatched.
½ - 1 hour
9. Two-way communications capability of buses/vans. If yes, what frequency?
None
10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed) None at this time
11. What is your daily rate when leasing buses? 1,350.00 or $3 [illegible]
Gas reimburse

For Federal Coordination
[illegible] Mr. Timothy
[illegible]
[illegible]

Signed _____
Date _____

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES ✓ NO _____

1. Name and address of transportation Company
Roc transportation Co. 324 Charles Bancroft Highway R.F.D#7 Litchfield, N H 0305
2. Contact person/alternate with telephone number, business/24 hour.
424-9295
3. Number of buses/vans operated.
8
4. Number of buses/vans available for emergency response.
8
5. Passenger capacities.
72 Students 48 Adults
6. Locations at which buses/vans are garaged.
Rte 3A Litchfield N.H.
Charles Bancroft Highway
7. Number of drivers available for buses/vans.
8
8. Time required before buses/vans with drivers can be dispatched.
10 minutes
9. Two-way communications capability of buses/vans. If yes, what frequency?
No
10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)

11. What is your daily rate when leasing buses?
$60 per day 20¢ per mile $6 hour driver

Signed Rosalie Caloura
Date 29 December 1983

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE
DERRY

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company
LIMBERLANE TRANSPORTATION
33 CHESTER ROAD
DERRY, N.H. 03038

2. Contact person/alternate with telephone number, business/24 hour.
MAINE MARCOTTE 432-7417 office
432-5804 Home

3. Number of buses/vans operated.
36 BUSES
2 VANS

4. Number of buses/vans available for emergency response.
36 BUSES
2 VANS

5. Passenger capacities. 44/66 BUSES = 2376 2414 Total
15/20 VAN = 40

6. Locations at which buses/vans are garaged.
33 CHESTER ROAD
DERRY, N.H.

7. Number of drivers available for buses/vans.
38 DRIVERS

8. Time required before buses/vans with drivers can be dispatched.
1 HOUR

9. Two-way communications capability of buses/vans. If yes, what frequency?
NONE

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)
NONE

11. What is your daily rate when leasing buses?
$60 DAY + .20 mi + Fuel
$1.25 mi @ $7.00 Hr.

Signed Stephen O Hodd
Date _____

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE
EXETER

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company TIMBERLANE TRANSPORTATION
11 Court St
Exeter
2. Contact person/alternate with telephone number, business/24 hour.
Mal McGahon 778-3111 ANSWERING SERVICE
3. Number of buses/vans operated.
19 COACHES
3 SCHOOL BUSES
4. Number of buses/vans available for emergency response.
19 COACHES
3 BUSES
5. Passenger capacities.
44-49 COACHES: 855
44/66 - BUSES : 198
1053 TOTAL
6. Locations at which buses/vans are garaged.
11 Court St
EXETER
7. Number of drivers available for buses/vans.
19 / 3
8. Time required before buses/vans with drivers can be dispatched.
MIN OF 1 HOUR
9. Two-way communications capability of buses/vans. If yes, what frequency?
NONE
10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed) AVAILABILITY
COMPANY DRIVERS FOR COACHES.
11. What is your daily rate when leasing buses?
COACHES - $200 DAY 1.65/mi DRIVERS INC.
BUSES - $60/DAY + .20 mi + FUEL
1.25 mi OR 47.00 HR

Signed Stephen O. Hall
Date 12-28-83

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE
Plaistow

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company TIMBERLANE TRANSPORTATION
Rte 125 Box 423
Plaistow, N.H.

2. Contact person/alternate with telephone number, business/24 hour.
Barb Beyer. 382-6001
382 4994

3. Number of buses/vans operated.
45 Buses (12 are leased to Sanborn School District)

4. Number of buses/vans available for emergency response.
33 Buses

5. Passenger capacities.
44/66 ea. 2178 Total

6. Locations at which buses/vans are garaged.
Rte 125 and South Driving Rge.
Plaistow, N.H.

7. Number of drivers available for buses/vans.
33

8. Time required before buses/vans with drivers can be dispatched.
1 Hour min.

9. Two-way communications capability of buses/vans. If yes, what frequency?
None

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)
None

11. What is your daily rate when leasing buses?
$60 Day + .20 mi + Fuel
$1.25/mi or $7.00 Hr.

Signed Stephen O. Scott
Date 12-29-93

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE
Portsmouth.

to provide transportation assistance in the event of an
YES ✓ NO _____

dress of transportation Company
MERRIMAC TRANSPORTATION
CENTRAL AVE.
PORTSMOUTH, N.H.
son/alternate with telephone number, business/24 hour.
1. PAUL CONNERS - 431-4242-office
ED WOODY
uses/vans operated.
BUSES
VANS
uses/vans available for emergency response.
6 BUSES
3 VANS
apacities.
39 BUSES 44/66 - = 2509 2554 CAP.
15
3 VANS 2 L.F. BUSES = 45
t which buses/vans are garaged.
2 CENTRAL AVE
PORTSMOUTH
rivers available for buses/vans.
39 to 41
ed before buses/vans with drivers can be dispatched.
MIN OF 1 HOUR
munications capability of buses/vans. If yes, what frequency?
NONE
constraints on/to use of buses/vans. (Use reverse side if
NONE
r daily rate when leasing buses? $60 DAY + .20 mi
+ FUEL
$1.25/mi OR $7.00/HR

Signed Stephen O Sodt
Date 12-28-93

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE
SALEM

Are you willing to provide transportation assistance in the event of an emergency? YES ✓ NO _____

1. Name and address of transportation Company
TIMBERLANE TRANSPORTATION
51 LOWELL RD
SALEM NH

2. Contact person/alternate with telephone number, business/24 hour.
BOB DWYER - 893-1681 OFF.CE
778-7454 HOME

3. Number of buses/vans operated.
45 BUSES

4. Number of buses/vans available for emergency response.
45 BUSES

5. Passenger capacities.
44/66 EA 2970 Total CAP.

6. Locations at which buses/vans are garaged.
51 Lowell RD.
Salem

7. Number of drivers available for buses/vans.
45 DRIVERS

8. Time required before buses/vans with drivers can be dispatched.
1 Hour

9. Two-way communications capability of buses/vans. If yes, what frequency?
NONE

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)
NONE

11. What is your daily rate when leasing buses?
$60. Day +.20 mi +Fuel
$1.25 mi OR $7 HR.

Signed Stephen O. Dodd
Date 12-29-93

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company
WARBURTON TRANSPORTATION
291 MILTON ROAD 03867
ROCHESTER, N.H.

2. Contact person/alternate with telephone number, business/24 hour.
ROBERT/CAROLYN WARBURTON
(603) 332-5621 OR (603) 755-2506

3. Number of buses/vans operated.
BUSES - 15 - 66 STUDENTS 44 ADULTS
VANS - 1 - 20

4. Number of buses/vans available for emergency response.
11 READY
4 HOURS TIME

5. Passenger capacities.

6. Locations at which buses/vans are garaged.
291 MILTON RD.
ROCHESTER, N.H. 03867

7. Number of drivers available for buses/vans.
9 DRIVERS
WILLING TO LOAD AGENCY ASSIGNED DRIVERS

8. Time required before buses/vans with drivers can be dispatched.
½ HR TO 45 MIN.

9. Two-way communications capability of buses/vans. If yes, what frequency?
6 RADIOS - CB RADIOS

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)
NONE

11. What is your daily rate when leasing buses? .90 A MILE
$5.00 HR. FOR DRIVERS

Signed [signature]
Date 12/21

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES X NO _____

1. Name and address of transportation Company
Carlson Transportation 36 Rochester Neck Rd Rochester NH 03867

2. Contact person/alternate with telephone number, business/24 hour.
Wade Scribner Bus: 332-6630 Home: 332-1098

3. Number of buses/vans operated.
55

4. Number of buses/vans available for emergency response.
25

5. Passenger capacities.
Etc.

6. Locations at which buses/vans are garaged.
36 Rochester Neck Rd, Rochester, NH, 03867

7. Number of drivers available for buses/vans.
25

8. Time required before buses/vans with drivers can be dispatched.
15 to 30 min.

9. Two-way communications capability of buses/vans. If yes, what frequency?
NO

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed)
_____

11. What is your daily rate when leasing buses?
$1.90 per mile and $5.00 per hour waiting time

Signed Wade Scribner
Date 12/17/93

SURVEY TO PROVIDE EMERGENCY
TRANSPORTATION ASSISTANCE TO THE
STATE OF NEW HAMPSHIRE

Are you willing to provide transportation assistance in the event of an emergency? YES ✓ NO _____

1. Name and address of transportation Company
H. S Welch & Sons Inc.
Main St.
Raymond, N.H.

2. Contact person/alternate with telephone number, business/24 hour.
(1.d) Frederick Welch 895-3147 & Wayne Welch Neal Welch
Home 895-3147 Home 895-4281 Home 895-3247

3. Number of buses/vans operated. 8 Buses

4. Number of buses/vans available for emergency response.
8 Buses

5. Passenger capacities. 66

6. Locations at which buses/vans are garaged.
H. S Welch & Sons Inc - 20 Main St.

7. Number of drivers available for buses/vans.
8 drivers.

8. Time required before buses/vans with drivers can be dispatched.
2 - 1 hour.

9. Two-way communications capability of buses/vans. If yes, what frequency?
CB

10. Comments or constraints on/to use of buses/vans. (Use reverse side if needed) only family illness. 1 hr notice.

11. What is your daily rate when leasing buses? 50.00 a day Call Office.

Signed Frederick L. Welch
Date 12/29/83

FAA CONCORD FLIGHT SERVICE AGREEMENT

A copy of this agreement is on file in the offices of the New Hampshire Civil Defense.

AGREEMENT WITH NEW ENGLAND TELEPHONE COMPANY

A copy of this Agreement is on file at the offices of the New Hampshire Civil Defense Dept.

34 West Street
Keene, New Hampshire 03431

Richard L. Champagne
Superintendent
Tel. 352-0820

H. Charles Larr
Assistant Superinten
Tel. 352-1911

April 14, 1981

Mr. James A. Saggiotes
Field Representative
New Hampshire Civil Defense Agency
One Airport Road
Concord, New Hampshire 03301

Dear Mr. Saggiotes,

On Monday, April 13, 1981, the Keene Board of Education approved the use of the Keene High School shower room facilities for purposes of decontamination. Such use would be part of this area's plan for a radiological emergency response.

Please advise me if we need to provide you with additional information.

Sincerely yours,

Charles Larracey

H. Charles Larracey
Assistant Superintendent of Schools
for the Keene School District

HCL:md

cc Charles F. Burns

federal register

Friday
November 8, 1985

FEMA
SUPPORT Agreement

Part III

Federal Emergency Management Agency

Federal Radiological Emergency Response Plan, Concurrency by All Twelve Federal Agencies and Publication as an Operational Plan; Notice

FEDERAL EMERGENCY MANAGEMENT AGENCY

Federal Radiological Emergency Response Plan (FRERP), Concurrence by All Twelve Federal Agencies and Publication as an Operational Plan

AGENCY: Federal Emergency Management Agency.

ACTION: Notice.

The Federal Radiological Emergency Response Plan (FRERP) is now fully operational for use in the Federal response to a radiological emergency. The Federal Radiological Emergency Response Plan, referred to interchangeably as the Federal Plan, has been developed by the Federal Emergency Management Agency (FEMA) and eleven other Federal agencies and was published on September 12, 1984 (Federal Register, Vol. 49, No. 178, pp. 35896–35925). It was developed in response to E.O. 12241 and provides for Federal agencies to discharge their responsibilities during a wide range of peacetime radiological emergencies. It was published in interim but operational form pending formal agency concurrences by each of the twelve agenices that cooperated in the developement of this Plan.

Since the September 12, 1984 publication, FEMA presented this plan to the management of the other eleven agencies for their concurrence. Each of these agencies has provided its written concurrence in the Plan. The Department of Transportation's concurrence has been provided subject to a revision of the summary of the Department of Transportation Response Plan as contained in the FRERP. The Department of Defense concurrence also has been provided subject to a revision of the summary of the Department of Defense Response Plan and to other minor changes.

FEMA and other members of the Federal Response Subcommittee have reviewed these changes and have determined that they are minor, clarify Federal agency roles and responsibilities and do not affect the basic organization or responsiveness of the Plan. The Federal Radiological Emergency Response Plan, including the changes provided by the Department of Transportation and the Department of Defense, is hereby published as the operational plan.

FOR FURTHER INFORMATION CONTACT: Mr. Vernon Adler, Chief, Response Planning & Exercise Branch, Disaster Assistance Programs, State and Local Programs and Support Directorate, Federal Emergency Management Agency, Washington, D.C. 20472, Telephone: (202) 646–2854.

Dated: October 30, 1985.

Samuel W. Speck,

Associate Director, State and Local Programs and Support Directorate.

Federal Radiological Emergency Response Plan

Part A

September 1985.

Prepared by the Federal Emergency Management Agency and the other Agencies on the Subcommittee on Federal Response of the Federal Radiological Preparedness Coordinating Committee.

Table of Contents

I. Introduction and Background

A. Purpose

The Federal Radiological Emergency Response Plan (FRERP) is to be used by Federal agencies in peacetime radiological emergencies. It primarily concerns the offsite Federal response in support of State and local governments with jurisdiction for the emergency. The FRERP: (1) Provides the Federal government's concept of operations based on specific authorities for responding to radiological emergencies; (2) outlines Federal policies and planning assumptions that underlie this concept of operations and on which Federal agency response plans (in addition to their agency-specific policies) were based; and (3) specifies authorities and responsibilities of each Federal agency that may have a significant role in such emergencies.[1] The FRERP includes the Federal Radiological Monitoring and Assessment Plan (FRMAP) for use by Federal agencies with radiological monitoring and assessment capabilities.

Part A of the FRERP also includes summaries of Federal agency response plans. Part B consists of individual agencies' response plans, which are maintained by the respective agencies. These response plans provide specific guidance to Federal agencies for implementing Part I of the FRERP.

Part A of the FRERP will be revised by FEMA, as necessary, in coordination with the Subcommittee on Federal Response of the Federal Radiological Preparedness Coordinating Committee (FRPCC). DoE will have primary responsibility for proposing changes to the FRMAP section of the FRERP to the Subcommittee. Agencies should provide updates of their offsite plans and procedures to the Director, FEMA.

FEMA will periodically exercise the FRERP in coordination with the Subcommittee on Federal Response and the Subcommittee on Training and Exercises of the FRPCC. The results of such exercises will be used to update the FRERP and individual agency offsite response plans and procedures as necessary. The FRERP will be published from time to time in the Federal Register.

B. Scope

The FRERP covers any peacetime radiological emergency occurring within the United States, its territories, possessions, and territorial waters that could require a significant response by several Federal agencies. Specifically, emergencies occurring at fixed nuclear facilities or during the transportation of radioactive materials, including nuclear weapons, may fall within the scope of the plan regardless of whether the facility or radioactive materials are publicly or privately owned. Federally regulated, or regulated by an Agreement

[1] The terms "Federal agency" and "Federal department" are used interchangeably throughout this document.

has developed this plan. It also assigns responsibility to the Department of Energy for the development of the Federal Radiological Monitoring and Assessment Plan.

Additional authorities for other Federal agencies are presented in Section IV.

D. Planning Assumptions

The following broad assumptions and policies have been used to prepare Part A of this plan and to develop the individual agency response plans and procedures contained in Part B.

1. Public and Private Sector Response

The owner or operator of an affected nuclear facility has primary responsibility for actions within the boundaries of that facility for minimizing the radiological hazard to the public. State or local governments have primary responsibility for determining and implementing any measures to protect life, property, and the environment in any areas not within the boundaries of a fixed nuclear facility or otherwise not within the control of a Federal agency. For example, in a transportation accident (other than one involving nuclear weapons) the State or local government has the responsibility for taking emergency actions both on site and off site. During an emergency, appropriate Federal resources may be used to support State and local governments' response measures, if requested. Federal agency response plans recognize the primacy of the response roles of owners or operators and State and local governments.

If the owner or operator of a radiological activity is licensed or regulated by a State agency in an "Agreement State", that State agency would provide onsite monitoring, evaluation, and advice. However, the Federal government will provide any appropriate support requested by that State agency or other State or local agencies with jurisdiction.

Certain Federal agencies have onsite response roles in a radiological emergency when a Federal agency owns, authorizes, or regulates a facility or radiological activity and has the authority to take action on site. That Federal agency is primarily responsible for monitoring the owner or operator's activities and for providing needed assistance. For example, in the case of an emergency at a licensed commercial nuclear power plant, the Nuclear Regulatory Commission monitors the situation, evaluates licensee actions, and advises the licensee, as appropriate, on the licensee's efforts to bring the reactor into a stable condition and minimize the offsite radiological consequences.

2. Federal Agency Authorities

Notwithstanding the primacy of the State for protecting public health and safety off site, some Federal agencies have statutory or other authorities for responding to certain situations affecting public health and safety without a State request. Section IV of this plan cites those relevant legislative and executive authorities. This plan provides a framework for coordinating Federal actions within those authorities; it does not create any new authorities.

3. Basis for a Federal Response

The Federal government will respond when: (1) A state, other governmental entity with jurisdiction, or regulated entity requests Federal support; or, (2) Federal agencies must respond to meet their statutory responsibilities, e.g., when an emergency significantly affects Federal missions, property, or resources. Any Federal response will be closely coordinated with the State or local governments concerned.

Responses to incidents on or affecting Federal lands are to be coordinated with Federal land management agencies to ensure that response activities are consistent with Federal statutes governing the use and occupancy of these lands. In addition, Federally recognized Indian tribes have a special relationship with the United States of America, and State and local governments may have limited or no authority on their reservations. The Bureau of Indian Affairs of the Department of the Interior (DoI) is available to assist other agencies in consulting with these tribes about radiological emergency preparedness and responses to incidents.

4. Federal Agency Resource Commitments

The resources of the Federal agencies will be made available during radiological assistance operations, subject to prior commitments to fulfill other operational requirements considered essential based on statutory responsibilities. Agencies committing resources under this plan do so with the understanding that the duration of the commitment of those resources will depend on the nature and extent of the emergency. It is further understood that subsequent emergencies that are more serious or of higher priority (such as those that may jeopardize national security) may require Federal agencies to reassess resources previously committed under this plan.

5. Protocol for Federal Assistance Requests by Owners or Operators

The owner or operator of a facility or radiological activity, either private or authorized or regulated by the Federal government, can ask for assistance directly from the appropriate Federal agency with which they have preexisting arrangements or relationships. The State or local governments, as well as the CFA and FEMA, should be informed by the Federal agency first contacted when such assistance is requested.

6. Coordination of State and Local Assistance Requests

After notification of a radiological emergency that could significantly impact the public health and safety, and after discussions with the CFA, or upon a direct State request for assistance, FEMA will designate and deploy a Senior FEMA Official (SFO) to provide a single point of contact, as required, for State and local assistance requests. Where possible, the SFO will co-locate with the State representative at an offsite location. State and local government requests for assistance can also be made directly to individual Federal agencies with which they have preexisting arrangements or relationships. Federal agencies contacted directly will inform the SFO. When State and local authorities are unable to obtain the required assistance, they should direct requests for offsite Federal assistance to the SFO, or, in the absence of such a designated official, to the appropriate FEMA regional office.

The Governor of the affected State will be advised of the designation of the SFO and will be asked to designate a State representative as the State Coordinating Officer (SCO) to provide a principal point of State contact. The SFO will promote effective operating relationships among Federal, State, local, volunteer, and private agencies.

7. Federal and State Communications

Emergency response requires a continuous flow of information among Federal and State agencies thoughout an emergency. This plan does not restrict this flow. However, for the SFO to coordinate response actions and maintain the most current information, Federal agencies need to keep the SFO informed of their major response efforts and activities that might impinge on the actions of other agencies.

8. Federal Referrals of State and Local Assistance Requests

State and local authorities will be encouraged to coordinate their actions

TABLE II-2.—IDENTIFICATION OF COGNIZANT FEDERAL AGENCIES FOR RADIOLOGICAL EMERGENCIES—Continued

Type of emergency	Owner or operator	Cognizant Federal agency
Do	Not federally owned, authorized, or licensed	None
Transportation (shipments by or for DoD or DoE)	DoD or DoE	DoD or DoE, respectively
Transportation (all other)	Private, State, local, or Federal	None
All other emergencies	—do—	NRC, DoD, or DoE, or None

The CFA, in conjunction with FEMA whenever possible, will present any Federal recommendations to the State or other appropriate offsite authority with jurisdiction for implementing or relaxing protective actions. In the case of a fixed nuclear facility licensed by the NRC, the licensee is responsible for developing appropriate protective action recommendations and promptly providing those recommendations to State and local authorities without awaiting NRC's concurrence. NRC, in the role of CFA, will evaluate the licensee's protective action recommendations as time permits, and will either concur in them or suggest modifications, as appropriate. FEMA is then responsible for promoting coordination among Federal agencies providing assistance to the State in implementing those recommendations if such assistance is requested by the State, and for communicating those recommendations to the responding Federal agencies.

B. Notification, Activation, Recovery, and Deactivation

The headquarters officials of FEMA and each CFA will follow a pre-established system for notifying all appropriate Federal agencies.

1. Notification

The owner or operator of the facility or radiological activity is generally the first to become aware of a radiological emergency, and is responsible for notifying the appropriate State and Federal authorities.

Subsequent to its receipt of a notification of an incident, the CFA will notify FEMA headquarters in Washington, D.C. by contacting the FEMA Emergency Information and Coordination Center (EICC). CFAs maintain similar emergency operation centers at their headquarters, regional, or field offices.

A notification should include a description of the emergency situation so that FEMA can carry out its further notification and response duties. The CFA will provide FEMA with a general assessment of the emergency including location and nature of the accident, an assessment of the severity of the problem as known, a description of the CFA's response, and any follow-on actions anticipated by the CFA.

FEMA will verify that the State has been notified of the emergency by contacting the State. FEMA and the CFA will notify other appropriate Federal agencies of the emergency in accordance with their notification procedures, pre-established interagency agreements, or interagency operational response procedures. If no Federal agency has the authority to assume the CFA role, FEMA will make all notifications. In those cases where Federal lands could be affected, FEMA will notify the Federal agency with jurisdiction. The notifications will incorporate relevant information exchanged between the CFA, if any, and FEMA. Individual agencies should determine their specific requirements for subsequent information, whenever those requirements have not been predefined with the CFA or FEMA.

DoE will notify Federal agencies with FRMAP responsibilities in accordance with agreed-upon procedures. Federal agencies that can provide radiological assistance may respond upon receiving a request for assistance from the State or owner or operator. Federal agencies so contacted will inform the DoE as soon as their response team arrives at the scene.

2. Activation

Upon receipt of notification, each agency will assess the need to initiate its response. The response decision will be based on the situation reported and may consist of several steps:

- Alerting or activating appropriate Federal agency response components;
- Determining whether State or local government requests for assistance have been received (where appropriate);
- Activation of agency emergency response teams and their deployment to the scene; and
- Establishment of bases of operation at the scene of the emergency from which to carry out a coordinated Federal response.

A full-scale Federal response begins with the execution of the notification scheme and includes all the above four steps. Since many emergencies will not require a full-scale response, the Federal response might reach only the first or second step. When the Federal response reaches the third step, FEMA will so notify the affected State. When the third or fourth step is reached, an SFO may be deployed to establish an offsite base of operation for coordinating the Federal response, i.e., a Federal Response Center (FRC). The FRC will be established at a location that has been pre-selected together with the State, or otherwise will be established at the time of the emergency at a location identified in conjunction with the State. A Federal Radiological Monitoring and Assessment Center (FRMAC) will be established by DoE, usually at a nearby airport, in a similar manner. The CFA, if any, will establish a local base of operations. FEMA, the CFA, and DoE will exchange liaison representatives to ensure that activities at the various centers are coordinated.

As a result of notification of a radiological emergency, and after discussions with the CFA, FEMA may activate its headquarters Emergency Support Team. As soon as an Emergency Support Team is activated, FEMA will begin its coordinating activities. Prior to the arrival of the SFO or Deputy SFO (DSFO) at the scene, FEMA will rely on the Cognizant Federal Agency Official (CFAO), if at the scene, as the point of contact concerning Federal activities at the scene.

If an agency decides to initiate its response, that decision will be communicated to FEMA and will include: (1) The name and location of the lead agency official if one is designated; (2) the telephone number at which he/she can be contacted at headquarters or at the scene; (3) if appropriate, the primary official to deploy to the scene and his/her estimated time of arrival at the emergency site; and (4) intended location at the scene. Similarly, FEMA will provide each Federal agency with the same information when FEMA designates its SFO. FEMA will keep Federal agencies informed of the status of Federal agencies' response actions.

Because of its singular responsibility for Federal support on site, the CFA will determine and implement an efficient means for coordinating Federal support on site with Federal response activities off site.

a. *Deployment of Emergency Response Teams.* Agency plans and procedures describe response team deployment and establishment of bases of operations at the scene. Ideally, the SFO and staff, other Federal agency response teams, and State agency representatives would be co-located at the scene. Accordingly, FEMA and CFA site-specific emergency plans and procedures should be developed

governments is in advising them on initial protective action recommendations (PARs),[1] and other protective measures and reentry recommendations (RERs),[2] for the public that may be developed by the owner or operator, or State or local authorities. In providing such advice, the CFA will use, to the extent applicable, appropriate advice and input from other Federal agencies with technical expertise on those matters. FEMA, upon request, will assist the CFA as required in developing such advice.

Whenever possible, the CFA will coordinate its presentation of the Federal evaluation of PARs with FEMA either prior to, or at the time of, their presentation to the State or other offsite authorities. When imminent peril threatens the public health and safety, the CFA will present the evaluation of PARs directly to the State or other offsite authorities without having to coordinate with any other Federal agency. With regard to developing or evaluating RERs, the CFA will keep FEMA informed of their development or evaluation and coordinate presentation of such advice to the State with FEMA. More specifically, the CFA's responsibilities related to PAR and RER development or evaluation, and presentation are:

(1) Serve, as a point of contact for State and local government technical information and, as required, for technical assistance requests.

(2) Provide staff liaison representatives to State authorities and the SFO, to help interpret the technical aspects of the emergency on site and its potential or real offsite radiological consequences.

(3) Work with DoE in its efforts to provide offsite monitoring data and assessments to appropriate State and Federal agencies.

(4) Prepare a coordinated Federal position on PARs whenever possible. Consult with HHS, DoE, EPA, USDA, and other Federal agencies as required.

(5) When appropriate, present the Federal assessment of PARs, in conjunction with FEMA, to the State or other offsite authorities.

(6) Develop or evaluate RERs to protect the public and present such advice, in conjunction with the SFO, to the State.

(7) Help State and local government agencies implement protective actions as required, when the CFA has available resources to help provide the needed assistance.

d. *Serve as the Primary Source for Technical Information Regarding the Emergency Conditions Onsite and the Potential or Real Offsite Radiological Effects.* (1) Make an initial report to the White House Situation Room covering, if possible, the condition of the radiological activity causing the emergency and the actual or potential offsite radiological impact. After the initial report, prepare the section of FEMA's report dealing with onsite conditions and their actual or potential impact off site.

(2) Review and concur in the release of all Federally generated information related to the onsite conditions and remain informed of all information related to offsite radiological effects. Where possible, the CFA should review Federally provided offsite radiological data before release.

(3) Assist the State Public Information Officer in developing coordinated public information releases.

(4) Protect national security by classifying sensitive technical information in a nuclear weapon accident or weapon-significant incident.

2. Role of the Federal Emergency Management Agency

FEMA's primary responsibilities in the Federal response are to immediately notify participating Federal agencies[3] of the emergency and to serve as a focal point for promoting the coordination of the Federal response activities at the national level and at the scene of the emergency. The Director of FEMA will designate and deploy the SFO for coordinating Federal response activities at the scene of the emergency.

a. *Emergency Support Team Role.* Through its Emergency Support Team at headquarters, FEMA will:

(1) Notify participating agencies of the emergency situation and supply information they need to take appropriate actions.

(2) Coordinate Federal response activities at the national level.

(3) Receive information at the Emergency Information and Coordination Center (EICC) from the CFA headquarters or from other public and private organizations about the impact of the emergency and the organizations' response.

(4) Prepare periodic reports on the Federal response for the White House.

(5) Provide staff support and other resources to the SFO as required.

b. *Emergency Response Team Role.* At the scene of the emergency, the FEMA response is carried out through its Emergency Response Team, headed by the SFO. The SFO coordinates Federal activities with State offsite activities and promotes the coordination of Federal actions, information, and recommendations. Free interaction among Federal, State, and local agencies is encouraged. The SFO can facilitate information flow among all response elements and help direct Federal resources to the appropriate State and local government agencies. The SFO will not intervene in the relationships and communication channels that already exist between Federal and State agencies; rather, the SFO provides an additional means for facilitating Federal-State interactions.

Through the SFO, FEMA carries out three major responsibilities:

- Promote coordination among Federal agencies and their interactions with the State, including, in conjunction with the CFA, the provision of Federal developed or evaluated PARs and RERs to the State or other appropriate offsite authorities responsible for implementing those recommendations;
- Coordinate offsite activities with onsite response activities of Federal or State agencies; and
- Serve as an information source on the status of the overall Federal response effort. (The public information function is described in Section II.D.)

Each of these responsibilities is outlined below:

(a) *Promote Coordination Among Federal Agencies and Their Interaction With the State.* (1) Promote coordination of the provision of offsite assistance to appropriate State and local government agencies by the Federal agencies, including medical care, food, potable water, shelter, clothing, transportation, security, and any other assistance needed to protect the public health and safety. This coordination function is to be performed in addition to, and does not supplant, the specific coordination functions assigned to other Federal agencies as part of their normal responsibility to provide these specialized forms of assistance.

(2) Maintain a continuous overview of the total Federal response effort to ensure that no necessary actions are omitted and no unnecessary duplication occurs; any omissions or duplications will be brought to the attention of the agencies concerned.

(3) Establish the Federal Response Center as a base of operations at an

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[1] The development or evaluation of protective action recommendations will be guided by consideration of Protective Action Guides (PAGs) issued by appropriate Federal and State agencies. See Appendix B for definitions of protective action recommendations and protective action guides.

[2] See Appendix B for definition.

[3] Except the CFA (which is notified directly by the owner or operator) and DoE (which is notified by the CFA or the owner or operator or the State).

information organizations described in the remainder of this section.

e. *FEMA*, through the SFO's PIO, will work with the CFAO's PIO to promote coordination among all Federal agencies regarding public information generated by them and to promote the coordination of press release with the State. Coordination does not mean that the language of all releases must be approved by the SFO and CFAO PIOs, but rather that the information content is to be reviewed by them prior to release to ensure its consistency with the total information available. In cases when the public health and safety are in imminent peril, the CFAO's PIO may review and release public information independently. The SFO's PIO will assume responsibility from the CFAO's PIO at a mutually agreeable time when recovery efforts are initiated by the State or other appropriate offsite authority. When no Federal agency assumes the CFA role, the SFO's PIO will coordinate Federally generated public information.

2. Coordinated Release of Public Information at the Scene of the Emergency

Upon arrival at the emergency scene, the CFAO's PIO or, if none, the SFO's PIO, will ensure the establishment of Federal public information operations at the Joint Information Center (JIC) in cooperation with the owner or operator's pre-established information center, or separately, if necessary. Most nuclear power plant owners or operators have designated JIC locations and have made arrangements to establish and operate these centers in an emergency. The JIC at the scene of the emergency will provide the public and the media with adequate, accurate, and timely public information regarding a radiological emergency. Efforts will be made to colocate all Federal, State, local and owner or operator public information officials in the JIC. However, if space limitations at a nuclear power plant's designated information center preclude its use as a JIC and/or if the State designates another location for its public information activities, special efforts will be necessary to maintain close coordination between the Federal JIC and these other press centers. If the Federal PIOs and the State PIOs cannot co-locate at the JIC, FEMA will notify the State when and where the Federal JIC has been established.

Whenever practical, the establishment of Federal operations at the JIC will be undertaken by the CFA in coordination with FEMA, other appropriate Federal agencies, and State and local authorities. If FEMA's PIO or any other participating agency's PIO arrives at the scene of the emergency before the CFAO, the FEMA PIO or another agency's PIO may establish and manage Federal operations at the JIC until the CFAO arrives. Upon arrival, the CFAO or his/her PIO shall assume primary responsibility for Federal operations at the JIC. If there is no CFAO for the emergency, the SFO's PIO shall assume primary responsibility for Federal operations at the JIC. When there is a CFAO, the SFO's PIO will assume responsibility for coordinating Federal public information at the JIC from the CFAO's PIO at a mutually agreeable time. FEMA PIOs at the scene will provide support to the CFA during the period that the CFA has Federal operational responsibility for the JIC. FEMA's support will include coordinating public information activities of other Federal, State, or volunteer agencies at the scene but not located at the JIC with which FEMA has a pre-established relationship.

3. Coordinated Release of Public Information at the Headquarters Level

For some emergency situations it may be necessary to release public information prior to the establishment of Federal operations at the JIC. When this is the case, Federal agencies must coordinate the release of public information through their headquarters with the CFA headquarters PIO. The CFA headquarters PIO serves as the single point of contact at the national headquarters level for all Federal agency PIOs as well as for the media. The CFA headquarters PIO, in conjunction with FEMA headquarters, will establish procedures for coordinating the release of Federal public information with the State prior to release to the media. If no Federal agency assumes the CFA role for the emergency, then the FEMA headquarters PIO will coordinate Federal public information as described above.

Prior to the establishment of Federal operations at the JIC, Federal agencies will coordinate releases of public information both at the regional level and near the site of the emergency through their Washington, D.C. headquarters offices.

The agency headquarters points of contact for public information will continue to operate throughout the emergency, but once the JIC is established all Washington-based information must be coordinated through the JIC prior to release. The Washington centers may, however, handle overflow news media inquiries and serve as a platform for carefully selected Washington-based specialists to supply background information, as required.

4. Coordinated Release of Information to Congress

Responses to Congressional requests for information will be coordinated among the Federal agencies whenever possible. The CFA Congressional Liaison Officer (CLO) at the headquarters Congressional Affairs Office will provide a single point of contact for all Federal agency headquarters CLOs and Congressional staffs seeking site-specific emergency information. As time and circumstances permit, all agency CLOs will either channel Congressional requests to this single point of contact, or coordinate their intended responses with it.

If no Federal agency assumes the CFA role for the emergency, the FEMA headquarters CLO will coordinate Congressional information as described above.

A FEMA CLO will be the point of contact at the scene of the emergency for all Federal agency CLOs and Congressional staff seeking information regarding the emergency and actions being taken to assist offsite authorities. The FEMA CLO will keep in frequent contact with the CFA CLO, if any, who will continue to be the primary point of contact in the Washington, D.C. area. The FEMA CLO will provide appropriate information to Members of Congress and/or their field staffs with assistance as necessary from the CFA and other Federal agencies. This formal procedure does not preclude communication and information exchange between Congressional representatives and Federal agencies. However, Federal responses will be coordinated among Federal agencies in the manner described above. The CFA CLO and the FEMA CLO will coordinate with each other on the information provided to the Congress as well as on information being provided to the public through operations at the JIC.

F. International Response Coordination

Although the geographic scope of the FRERP is limited to the United States, its territories, possessions, and territorial waters, it is recognized that radiological emergencies occurring near international borders (i.e., near Canada and Mexico) could require international cooperative response efforts.

Therefore, the CFA and FEMA, in consultation with the Department of State and other Federal agencies as appropriate, should coordinate and

8. Federal assistance will be initiated when the Federal Radiological Emergency Response Plan is in effect, or through a request from a State or local government, another Federal agency or private entity, or (in rare cases) when DoE, after notification of an incident, but in the absence of implementation of the FRERP or formal State request, believes it must respond to meet statutory requirements to protect public safety. Whenever DoE responds without a State request, the State will be notified by DoE. Requests from private entities will be referred to the State before any decision on response is made to ensure there will not be a duplication of effort.

9. Agencies carrying out statutory responsibilities related to radiological monitoring and assessment during a Federal response will also coordinate their activities through DoE (or later, EPA). This coordination will not limit the normal working relationship between a Federal agency and its State counterpart nor restrict the flow of information from that agency to the State.

10. Federal agencies, as their resources permit, will assist other Federal agencies and State and local governments with planning and training activities designed to improve local response capabilities, and will cooperate in drills, tests, and exercises.

11. Appropriate independent emergency actions may be taken by the participating Federal agencies on their own authority to save lives, minimize immediate hazards, and gather information about the emergency that might be lost by delay. Such action will not preempt later implementation of the FRMAP.

12. Funding for each agency's participation in support of the FRMAP is the responsibility of that agency unless provided for by other agreements.

E. Organization

1. General Principles

The FRMAP addresses the coordination of the participating agencies' support of offsite monitoring and assessment efforts. The organization of the FRMAP emergency response and the roles of some agencies under FRMAP will depend on the specific emergency, but will follow the principles outlined in the Federal Radiological Emergency Response Plan. Information generated from the FRMAP response is provided to the CFA and to the appropriate State authorities.

2. Involvement of Non-Participating Agencies

In some cases, other Federal agencies may become involved with FRMAP activities. The State Department would be involved if an incident occurring within the United States or its territories affected areas outside United States territory or if monitoring efforts needed to be coordinated across an international border. The Federal Bureau of Investigation (FBI) would have the principal role in the investigation of all emergencies where terrorism or deliberate release of radioactive materials is suspected, or in cases of threats against nuclear facilities or materials. The major FBI interfaces, however, are expected to be with the CFA and FEMA. Even when the FBI is involved, DoE/EPA will coordinate monitoring functions with their State counterparts.

3. Coordination of a Limited Response

The FRMAP recognizes that the appropriate response to a request for Federal radiological assistance may take many forms, ranging from advice given by telephone to a large Federal monitoring and assessment operation at the scene of a serious emergency. Most of the following guidelines for participating agencies are designed for the latter situation, but the FRMAP is also applicable to lesser incidents where a limited response, possibly by DoE alone, is sufficient.

F. Responsibilities of Participating Agencies

1. Responsibilities During Emergencies

Cognizant Federal Agency. The CFA's primary emergency response responsibilities are stated in the previous chapter at C.1. The CFA will also contribute to the FRMAP as follows:

a. Ensure that DoE, Federal, State, and local officials are notified quickly of a radiological emergency;

b. Provide pertinent onsite technical and radiological data to the DoE or EPA Offsite Technical Director (OSTD) and State and local officials; and

c. Utilize FRMAP data, as appropriate, to develop the Federal technical recommendations on protective measures and evaluate the facility or radiological activity owner or operator's recommendations. The presentation of these recommendations to the State or other offsite authority will be coordinated with FEMA.

Department of Energy. DoE's offsite responsibilities are:

a. Coordinate the offsite radiological monitoring, assessment, evaluation, and reporting activities of all Federal agencies during the initial phases of an emergency while maintaining technical liaison with State and local agencies with similar responsibilities.

b. Maintain a common set of all offsite radiological monitoring data and provide these data and interpretation, including any Federal dose projections, to the CFA and the State on an expedited basis to assist in developing other protective measures and re-entry recommendations for the public. The CFA will provide these data to other appropriate Federal agencies requiring direct knowledge of radiological conditions.

c. With other appropriate agencies, including those agencies with responsibilities for the ingestion pathway (e.g., EPA, HHS, and USDA), help the CFA to assess the accident potential and to develop technical recommendations on protective actions, and assist the State in preparing re-entry recommendations and in recovery planning.

d. Provide the personnel and equipment required to coordinate and, in cooperation with other Federal components, to perform the offsite radiological monitoring and evaluation activities.

e. Request supplemental radiological monitoring assistance from other Federal agencies when needed, when requested to do so by the State, or if considered necessary to maintain the credibility of the offsite assessment.

f. Request meteorological, hydrological, geographical, etc., data needed for monitoring and assessment efforts.

g. Provide consultation and support services to all other entities (e.g., private contractors) with radiological monitoring functions and capabilities.

h. Assist HHS and other Federal, State, and local agencies by providing technical and medical advice on the methods of handling radiological contamination.

i. Assist the other Federal, State, and local agencies in early planning for decontamination and recovery of the offsite area and make recommendations to avoid the spread of contamination by improper emergency operations.

j. Provide telecommunications support to Federal agencies assisting in offsite radiological monitoring, if necessary.

k. Ensure the orderly transfer of responsibility for coordinating the intermediate and long-term radiological monitoring function to EPA at a mutually agreeable time after the initial phases of the emergency if the need for

accordance with agreed-upon FRMAP notification procedures, to request their assistance if significant Federal involvement may be required. DoE, in its role as coordinator, may choose to contact, or may be contacted by, any of the participating agencies, but unless DoE is also the CFA, DoE will not be the primary source of general information about the incident.

Notification of FRMAP agencies may be delayed or omitted if necessary to avoid interfering with investigations of threats against nuclear facilities or materials. In some cases, notification may be made, but information not critical to the monitoring and assessment activities can be restricted by an ongoing criminal investigation. Restrictions on classified information may also prevent total disclosure to other participating agencies.

Agencies responding under FRMAP will usually arrive in stages, with advance teams preceding more fully equipped teams. Agencies will anticipate State needs to the maximum extent possible and respond as quickly as practical. However, it should be recognized that the logistics of any major response operation make the expectation of an immediate response to all State requests unrealistic.

2. Coordination at the Emergency Scene

DoE's Emergency Action and Coordination Team (EACT) at headquarters will designate an initial Off Site Technical Director (OSTD) for any emergency requiring more than a limited Federal response. The OSTD ensures that the DoE responsibility for coordinating offsite monitoring and assessment is met. Upon arrival at the scene of the emergency, the OSTD will contact the State or local agency responsible for radiological monitoring and the senior officials of the CFA, FEMA, and EPA present at the emergency scene.

The person designated as OSTD may vary as the nature and degree of response change. For example, the OSTD will generally be the RAP team captain during the early response. As additional resources or additional RAP teams arrive, EACT may designate a higher-level official from a regional office of an official from DoE headquarters as OSTD. DoE will notify the appropriate participating agencies when these designations are made. In emergencies where DoE is also the CFA or has onsite responsibilities by agreement, the OSTD will coordinate the FRMAP activities, reporting to the CFAO through the designated DoE Team Leader. (The DoE Team Leader is the DoE official who coordinates the total DoE response.)

The OSTD is responsible for establishing a Federal Radiological Monitoring and Assessment Center (FRMAC) to be used as a coordination center for Federal monitoring efforts. This center need not be located near the emergency site or the Federal Response Center (FRC) as long as its actions can be coordinated with those centers. In some instances, the FRMAC location may have already been determined and included as part of a Federal agency, State, or local emergency plan. When the FRMAC location has not been previously determined, a location will be selected after conferring with the State. The location of the FRMAC will be reported to the CFA, FEMA, and State officials at the scene and DoE headquarters will inform the headquarters of other appropriate participating agencies. When the FRC and FEMA and not located together, the OSTD will designate a liaison to the FRC and FEMA will designate a liaison to the FRMAC to facilitate coordination between centers. Representatives of all agencies participating in the FRMAP response should be present in the FRMAC, if possible.

The DoE OSTD will work closely with the EPA Radiological Response Coordinator to facilitate a smooth transition of the coordination responsibility to EPA at a mutually agreeable time and after consultation with the State. It is difficult to specify in advance when this transfer could occur, but it would generally be expected to take place after the immediate emergency situation is stabilized, offsite releases of radioactive material have ceased, and the offsite radiological conditions have been documented and their consequences have been assessed. In the case of an accident at a nuclear power plant, for instance, the transfer of responsibility might take place at a mutually agreeable time after NRC has determined the plant to be in stable condition.

After this transfer, a person designated by EPA's Office of Radiation Programs will serve as the OSTD and will assume the coordination responsibilities of the DoE OSTD. Other participating agencies will be responsible for coordinating their monitoring activities through the EPA OSTD as long as the FRMAP response continues.

3. Public Information

Public information activities relative to FRMAP operations will be coordinated in accordance with the FRERP. Each participating agency is responsible for preparation of press releases about its own response activities in support of FRMAP. However, information for the public about the results of the Federal radiological monitoring should be coordinated through the CFA and FEMA. The participating agencies may supply public information personnel or technical experts to assist the CFA, FEMA, or State in their public information efforts.

Security considerations may restrict available information when classified nuclear material or facilities are involved. Information may also be temporarily withheld from the public in emergencies involving terrorism or sabotage to avoid interfering with an ongoing criminal investigation.

When the Federal response is limited, public information may be handled locally by appropriate Federal or local officials.

4. Congressional Information

Responses to Congressional requests for information will be coordinated among the Federal agencies as provided for in the FRERP.

5. Reimbursement

As stated in Section D, funding for each agency's participation in support of FRMAP is the responsibility of that agency, unless other agreements are in effect. This will be the case regardless of whether the activities were initiated by statutory responsibilities or by the request of another agency.

I. Supporting Agreements

Several interagency agreements have been signed that pertain to the offsite monitoring and assessment activities covered by FRMAP. Authority for each agency's role during a radiological emergency is contained within the authorities cited in each agency's response plan summary in the following chapter.

IV. Federal Agency Interfaces and Response Plan Summaries

To facilitate the coordination of Federal agency response actions, this section defines and summarizes Federal agency interfaces—those activities for which two or more agencies have related responsibilities. The interfaces among Federal agencies are determined in large part by the nature and severity of given emergencies. This section also contains summaries of the response plans of the participating Federal agencies which provide agency mission statements, contact points for

each participating Federal agency during the planning process.

International Cooperation (CFA)

The CFA, in consultation with FEMA, the Department of State, and other Federal agencies as appropriate, will cooperate with government counterparts in Canada and Mexico as agreed to in already established protocols in responding to radiological emergencies occurring near U.S. borders. The CFA will also provide appropriate and timely information directly to its counterparts in Mexico and Canada at the time of emergency.

International Cooperation (FEMA)

FEMA will work with the Department of State and other Federal agencies at the time of an emergency to ensure that affected or potentially affected countries are kept fully informed.

Logistical Support for Federal Agencies

FEMA will assist in obtaining resources needed by the CFA and other Federal agencies at the emergency scene.

Marine Fishery Product Safety

The Department of Commerce will provide support to HHS/FDA at its request on matters of fishery product safety (marine areas only).

Monitoring Resources (EPA)

EPA will provide resources to assist DoE in monitoring radioactivity levels in the environment during the emergency phase of the incident and, during the intermediate and long-term phase, will coordinate Federal radiological monitoring and the evaluation of actual environmental impact.

Notification (CFA)

The CFA, after receiving notification of the emergency, will notify FEMA and other Federal agencies in accordance with the CFA's notification procedures. This notification will include a description of the CFA's response status and current activities, a general assessment of the emergency, and any other information available.

Notification (FEMA)

FEMA will notify Federal agencies of the emergency situation and supply them with all relevant information available.

Other Protective Measures and Re-entry Recommendations (RERs) (Development)

The CFA will consult as appropriate with FEMA, DoE, EPA, HHS, USDA, and other Federal agencies in developing advice for the State regarding other protective measures and re-entry recommendations for the public.

Other Protective Measures and Re-entry Recommendations (RERs) (Presentation)

The CFA, in conjunction with FEMA and other appropriate Federal agencies, will present a coordinated Federal position on other protective measures and re-entry recommendations for the public to the State or other appropriate offsite authorities.

Protective Action Recommendations (Development)

Unless the public health and safety are in imminent peril, the CFA will consult as appropriate with FEMA, HHS, EPA, USDA, DoE, and other Federal agencies in preparing a coordinated Federal position on protective action recommendations, taking into consideration appropriate Federal and State Protective Action Guides when such recommendations are necessary.

Protective Action Recommendations (Presentation)

Unless the public health and safety are in imminent peril, the CFA, in conjunction with FEMA, will present an evaluation of protective action recommendations (PARs) to the State or other appropriate offsite authority, as requested.

Protective Action and Re-entry Recommendations Dissemination (CFA)

The CFA will inform DoE or EPA, as coordinators of Federal offsite radiological monitoring, of protective action and re-entry and other protective measures recommendations made to the State, and of any decisions or actions taken by the State based on those recommendations.

Protective Action and Re-entry Recommendations Dissemination (FEMA)

FEMA shall inform Federal agencies at the national level and at the Federal Response Center of protective action and re-entry recommendations made to the State and of any decisions or actions taken by the State based on those recommendations.

Protective Action Implementation (Food)

USDA, in coordination with HHS, will assist State and local officials in the implementation of protective measure to minimize radiation exposure to the public through food ingestion, and will inform FEMA of such assistance.

Public Information Releases from Headquarters

Federal agencies' headquarters PIOs will either channel media information requests to the CFA's PIO at the CFA headquarters or coordinate their intended public information releases through him/her prior to release.

Public Information Releases from the JIC

Federal agencies' PIOs will work together to promote the coordinated release of public information through the JIC.

Radiation Victim Care advice

DoE will provide HHS and other Federal, State, and local agencies with advice and medical resources to the extent available to assist in the handling and care of radiation accident victims if requested.

Recovery Planning

Prior to the Deactivation of the Federal response, FEMA will coordinate Federal assistance to the State, as requested, in planning for offsite recovery.

Status Updates

Agencies at the scene of the emergency prior to the arrival of the CFA, FEMA, and DoE will provide a status update on their activities when each of these agencies arrives at the scene of the emergency. Subsequent agency status updates will be provided to the CFA, FEMA, and DoE on a recurring basis as requested and to EPA upon transfer of the FRMAP coordination responsibility from DoE.

Water Projects

Federal water resources project managers (DoD, DoI, TVA) will coordinate the operation of their projects with the appropriate agencies to ensure protection of municipal (EPA) and agricultural (USDA) water supplies and fish and wildlife (DoC, DoI) during radiological emergencies.

DoC and DoD will provide weather support capabilities for radiological emergencies, backing up one another when required, and may call on additional support from other agencies as necessary.

White House Information

The CFA will notify the White House of the incident. After the initial report, the CFA will prepare the section of FEMA's White House reports dealing with onsite conditions and their actual or potential offsite impacts. Based on information provided by the SFO and the other Federal agencies, FEMA will

otherwise deemed responsible for the radiological facility or material being transported, i.e., the CEA. This response supports State and local efforts by supporting the owner or operator's efforts to bring the incident under control and thereby prevent or minimize offsite consequences.

Other Protective Measures and Re-entry Recommendations (RERs)—Advice provided to the State concerning guidance on actions necessary to avoid or minimize exposure to residual radiation or exposure through the ingestion pathway. Also advice provided to the State concerning guidance that may be issued to members of the public on returning to an area affected by a radiological emergency, either permanently or for short-term emergency actions.

Owner or Operator—The organization that owns or operates the nuclear facility or carrier, or cargo that causes the radiological emergency. The owner or operator may be a Federal agency, a State or local government, or a private business.

Participating Agencies—44 CFR Part 351 establishes the Federal Radiological Preparedness Coordinating Committee (FRPCC), which has approved the establishment of the Subcommittee on Federal Response. The 12 agencies represented on this Subcommittee are referred to as the participating agencies in the FRERP. They are: FEMA, NRC, EPA, HHS, DoE, USDA, DoC, DoT, DoD, DoI, HUD, and NCS.

Protective Action Guide (PAG)—A radiation exposure level or range established by appropriate Federal or State agencies beyond which protective action should be considered.

Protective Action Recommendation (PAR)—Advice to the State on emergency measures it should consider in determining action for the public to take to avoid or reduce their exposure to radiation.

Public Information Officers (PIOs)—Federal agency officials at headquarters and in the field responsible for preparing and coordinating the dissemination of public information in cooperation with other responding Federal, State, and local agencies.

Radiological Assistance Program (RAP) Team—A team dispatched to the site of a radiological incident by the DoE regional office responding to a radiological incident.

Radiological Emergency—A type of radiological incident that poses an actual or potential hazard to public health or safety or loss of property.

Radiological Transportation Incident—Any incident that involves a transportation vehicle or shipment containing radioactive materials.

Recovery Plan—A plan developed by the State to restore the affected area with Federal assistance if needed.

Senior FEMA Official (SFO)—Official appointed by the Director of FEMA, or his representative, to direct the FEMA response at the scene of a radiological emergency.

State Coordinating Officer (SCO)—An official designated by the Governor of the affected State to work with the CFAO and SFO in coordinating the response efforts of Federal, State, local, volunteer, and private agencies.

Subcommittee on Federal Response—A Subcommittee of the Federal Radiological Preparedness Coordinating Committee formed to develop and test the Federal Radiological Emergency Response Plan. Most agencies that would participate in the Federal radiological emergency response are represented on this Subcommittee.

Transportation of Radioactive Materials—Refers to the loading, unloading, movement, or temporary storage en route of radioactive materials.

Appendix C—Federal Emergency Phone and Facsimile Numbers

Factor or department or agency	Contact person's title	Phone No. and facsimile
DoC	Chief, Applied Services Branch (AX) NOAA/ NWS Communications Branch	(301) 427-7677 (301) 763-8186 (24-Hr.)
DoD	Deputy Director of Operations (DOD)	(202) 697-8340 (24-Hours) (Autov) 227-8340. (FTS) 697-8340.
DoE	Emergency Coordinator	(301) 353-4566. (FTS) 233-5555.
HHS	do	(202) 475-0276.
HUD	do	(202) 755-6070
DoI	Director, Office of Environmental Project Review	(202) 786-8417 (After Hours) (202) 343-3891 (FTS) 343-3891 (202) 248-8259 (Fax). (202) 533-0468 (Alt Fax).
	U.S. Park Police	(202) 426-8800 (24-Hour) (FTS) 426-8000 (24-Hour).
DoT	Director of Emergency Transportation	(202) 426-4262 (ORC). (202) 426-1830. (Dot/USCG Duty Officer after normal duty hours).
EPA	Radiological Response Coordinator	(703) 557-7390. (FTS) 557-7390 (FAX) 256-8027 (DE)-4-1301.
FEMA	Emergency Action Officer	(202) 646-2400.
NCS	Operations Officer	(202) 692-2714. (202) 692-2536. (Autov) 221-2714. 851-1780, 851-3760. (FTS) 692-2844 (ORC). (Autov) 222-2916 (ORC). (FAX) 692-2714. (Commer FTS).
NRC	Headquarters Operations Officer	(202) 951-0550 (FAX) (301) 492-7256 (Group L, R, III). (301) 492-8187 (Group L, R, III). (301) 492-7316 (Group L, R, III). (301) 492-7290 (Verifications). (FTS) 447-8843 (Comm). (703) 481-8751 (Resp). (301) 461-3237.
USDA	USDA Emergency Coordinator	

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order to protect national security information, policy guidance prohibits public release of information that identifies storage locations of nuclear materials, schedules of transportation of nuclear materials, or the schedules of nuclear-powered vessels. For a non-DoD radiological emergency, the DoD will support the CFA and FEMA within the constraints of national security, as approved by DoD policy or OSD.

b. For DoD radiological emergencies, the responsibility for onsite Command and Control at the scene of a nuclear accident or significant incident is assigned to:

(1) The Service or Agency in charge of a DoD installation, DoE facility, naval ship, or assigned geographic area where the accident or incident occurs.

(2) The Service or Agency having custody of the material at the time of the accident or significant incident if the accident occurs beyond the boundaries of a DoD installation, DoE facility, naval ship, or geographic area.

c. The National Military Command Center (NMCC) is responsible for initial national-level command and control and response of DoD resources and personnel until conditions have stabilized. Command and Control will be transferred to the responsible Service Operations Center, as Directed by the Secretary of Defense or his authorized representative. The NMCC will continue to provide information and support as required.

2. Point of Notification at DoD

Contact Person's Title: Deputy Director of Operations (DDO).

Contact Person's Organization: National Military Command Center, Organization of the Joint Chiefs of Staff.

3. Federal Department or Agency Interfaces

Listed below are DoD's interfaces with other Federal departments and agencies in responding to a radiological emergency.

DEPARTMENT OF DEFENSE FEDERAL AGENCY INTERFACES

Interface description	Agencies	Responsible DoD organization
Notification (CFA)	DoE, FEMA	NMCC
Activation and deployment procedures	FEMA	NMCC
Status updates	White House situation room, EPA, FEMA, USDA, HHS, DoE, NRC, DoJ	NMCC
Federal funds	DoE, Dol, USDA	NMCC
ERRAP (notification)	EPA, HHS, USDA, DoC, DoE	NMCC
ERRAP (coordination with FRERP)	DoE	NMCC
ERRAP (liaison)	FEMA, DoE	NMCC
Initial reports	Dol, HHS	NMCC
Recovery planning	FEMA	Service Operations Center, OSC
Information systems (public information releases from the DoE (CFA), NRC (CFA) during emergency phase; FEMA during recovery phase)	DoE (CFA), NRC (CFA), FEMA	NMCC, OSD or service public affairs
JIC public information releases from headquarters		
R&R (deployment)	FEMA, EPA, HHS, USDA, DoE (PRIMAP), EPA (FRMAAP)	NMCC
R&R (preservation)	FEMA	NMCC
R&R (development)	FEMA, EPA, HHS, USDA	Service Operations Center, OSC
R&R (preservation)	FEMA	Service Operations Center, OSC
R&R and PEA dissemination (CFA)	DoE (PRIMAP), EPA (FRMAAP)	Service Operations Center, OSC
Congressional information	FEMA, DoE (CFA), NRC	OSD or service public affairs, congressional liaison offices
Logistical support for the CFA	FEMA	NMCC or Service Operations Center
Logistical support for Federal agencies	FEMA	Service Operations Center, OSC
Coordination (operational)	FEMA	Service Operations Center, OSC
Designation of agency lead official	FEMA	Service Operations Center, OSC
Federal response center	FEMA	NMCC (Initially, Service Operations Center (subsequent)
Water projects	Dol	NMCC
White House information and press releases	FEMA	Army Corps of Engineers
		OSD

4. Responsibilities for Assistance to Federal, State, and Local Governments

a. The DoD has the responsibility to assist Federal, State and local authorities in the event of a DoD radiological emergency. An on-scene commander will be assigned and will assist the offsite response, in coordination with FEMA, to ensure the public is protected.

The State Governor is responsible for the health, safety and welfare of individuals within the territorial limits of the State during periods of emergency or crisis and may be expected to direct measures that must be taken to satisfy that responsibility. The DoD shall assess the nature and extent of the radiological emergency and the potential offsite effects on the public health and safety and, in coordination with FEMA, advise the State and local agencies of appropriate response measures.

Offsite authority and responsibility at a nuclear accident rest with State and local officials. It is important to recognize that for nuclear weapons or weapon component accidents, land may be temporarily placed under effective Federal control by the establishment of a National Defense Area (NDA) or National Security Area (NSA) to protect U.S. government classified materials. These lands will revert back to State control upon disestablishment of the NDA or NSA.

b. The DoD will provide assistance to Federal, State and local governments in the event of a non-DoD radiological emergency in accordance with DoD policy or as approved by OSD subject to essential operational requirements. Assistance in the form of manpower, logistics and telecommunications, including airlift services may be provided, when available, upon the request of the CFA or FEMA. Requests for assistance must be directed to the NMCC or through channels established by prior agreements.

5. DoD Response Plan and Procedural References

Agency Response Plan

1. *Nuclear Weapon Accident Response Procedures (NARP) Manual*, January 1984.

2. DoD Instruction 5100.52 *Radiological Assistance in the Event of Accident Involving Radiological Materials*—10 March 1981.

3. DoD Directive 5230.16 *Nuclear Accident and Incident Public Affairs Guidance*—7 February 1983.

4. DoD Directive 3025.1 *Use of Military Resources During Peacetime Civil Emergencies Within the United States, its Territories and Possessions*—23 May 1980.

6. DoD Specific Authorities

• The Atomic Energy Act of 1954, as amended.

• Pub. L. 97-351 "Convention on the Physical Protection of Nuclear Material Implementation Act of 1982"

and coordinates Federal offsite radiological monitoring and assessment support to the CFA and to the State and local governments. DoE's support is augmented by several other Federal agencies including FEMA, NRC, EPA, HHS, USDA, DoC, DoD, and DoI. The FRMAP establishes the framework for coordinating the monitoring and assessment activities of the Federal agencies.

2. Point of Notification at DoE Headquarters

Contact Person's Title: Duty Officer.

Contact Person's Organization: Emergency Action and Coordination Team.

Contact Person's Emergency Location: Emergency Operations Center.

3. Federal Department or Agency Interfaces

Listed below are the DoE's interfaces with other Federal agencies and departments in responding to a radiological emergency. DoE's Radiological Control Division is largely responsible for coordinating DoE's reponse effort within DoE and among the Federal agencies.

DEPARTMENT OF ENERGY FEDERAL AGENCY INTERFACES

Interface description	Agencies	Responsible DoE organization
Status updates	NRC (CFA), EPA, FEMA, DoC, USDA, HHS, DoI, DoD (CFA), DoE (CFA)	Radiological assistance program (RAP) team.
FRMAP (notification)	EPA, HHS, USDA, DoC, DoT, DoI, DoD (CFA), NRC (CFA), DoE (CFA)	Emergency action and coordination team (EACT).
FRMAP (coordination with FRERP)	EPA, HHS, USDA, DoC, DoI, DoD (CFA), NRC (CFA), DoE (CFA), FEMA	RAP team/offsite technical director (OSTD).
FRMAP (liaison)	EPA, FEMA, NRC, DoD, DoE (CFA), EPA	RAP team/OSTD.
FRMAP (monitoring results)	NRC (CFA), DoD (CFA), DoE (CFA), EPA	RAP team/OSTD.
FRMAP (transition)	EPA	EACT, RAP team/OSTD.
Recovery planning	FEMA	As designated.
Information exchange, public information releases from the JIC	DoC (CFA), NRC (CFA) during emergency phase	RAP team/OSTD.
Public information releases from headquarters	FEMA during recovery phase	EACT.
Congressional information	FEMA, NRC (CFA), DoD (CFA), DoE (CFA), EPA	Assistant Secretary for congressional, intergovernmental, public affairs.
R&D (development)	NRC (CFA), DoD (CFA), DoE (CFA)	RAP team/OSTD.
Radiation victim care advice	HHS	Radiological emergency assistance center/training (REAC/TSL).
Logistical support for Federal agencies	FEMA	RAP team/OSTD.
Coordination (offsite)	FEMA	RAP team/OSTD, EACT.
Designation of agency lead official	FEMA	EACT.
Federal response center	FEMA	RAP team/OSTD.
White House interface	FEMA	EACT.

4. Responsibilities for Assistance to Federal, State, and Local Governments

- Coordinate the offsite radiological monitoring, assessment, evaluation, and reporting of all Federal agencies during the initial phases of an incident, and maintain liaison with State and local agencies with similar responsibilities.
- Maintain a common set of offsite radiological monitoring data, and provide it with interpretation to the CFA and to appropriate State and local agencies requiring direct knowledge of radiological conditions.
- Provide HHS and other Federal, State, and local agencies with technical and medical advice concerning treatment of radiological contamination, if requested.

5. DoE Response Plan and Procedure References

Agency Response Plan

1. The Federal Radiological Monitoring and Assessment Plan, Chapter III of the FRERP

Interagency Procedures

1. *Agreement between ERDA and NRC for Planning, Preparedness, and Response to Emergencies* March 8, 1977.
2. *Operational Response Procedures (ORPs) Developed Between HHS, DoE, EPA, and the NRC* 1983.
3. *DoE-EPA Letter of Agreement on Notification of Incidents at DoE Facilities* January 18, 1978.
4. *National Plan for Radiological Emergencies at Commercial Nuclear Power Plants*, DoC-NOAA, November 1982.

6. DoE Specific Authorities

- *The Energy Reorganization Act of 1974* (Pub. L. 93-438).
- *The Department of Energy Organization Act of 1977* (Pub. L. 95-91).

Department of Health and Human Services Response Plan Summary

1. Summary of Response Mission

In a radiological emergency, the Department of Health and Human Services (HHS) assists with the assessment, preservation, and protection of human health and helps ensure the availability of essential human services. HHS provides technical and nontechnical assistance in the form of advice, guidance, and resources to Federal, State, and local governments.

2. Point of Notification at HHS Headquarters

Contact Person's Title: Emergency Coordinator.

Contact Person's Division: Division Emergency Coordination.[1]

Contact Person's Emergency Location: Emergency Operating Center, Room 3[illegible] 10, Hubert H. Humphrey Building, Washington, D.C. 20201.

3. Federal Department or Agency Interfaces

Listed below are HHS's interfaces with other Federal departments and agencies in responding to a radiological emergency.

[1] The Emergency and Epidemiological Operations Branch (EEOB) and the Office of Health Physics (OHP), Food and Drug Administration (FDA), Public Health Service, have made special arrangements with the Cognizant Federal Agencies (CFAs) for direct notification in a radiological emergency.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FEDERAL AGENCY INTERFACES

Interface description	Agencies	Responsible HUD organization
Notification (FEMA coordination centers), designation of agency lead officer, logistical support to Federal agencies, information exchange, Federal response center	FEMA	Emergency preparedness staff.
Information requirements	FEMA, NRC (CFA), DoD (CFA), DoE (CFA)	Emergency preparedness staff.
Public information releases from headquarters, public information releases from the JIC	DOD (CFA), DoE (CFA), NRC (CFA) during emergency phase; FEMA during recovery phase	Office of Public Affairs.
Congressional information	DoD (CFA), DoE (CFA), NRC (CFA), FEMA	Office of Legislation and Congressional Relations.
Emergency shelter availability	HHS	Emergency preparedness staff.
Advice on transportation of and to emergency housing	DoT	Emergency preparedness staff.
Recovery planning, White House responses	FEMA	Emergency preparedness staff.

4. Responsibilities for Assistance to Federal, State, and Local Governments

- Review and report on available housing for disaster victims and displaced persons.
- Assist in planning for and placing homeless victims in available housing.
- Provide emergency housing support staff within available resources.
- Provide technical housing assistance and advisory personnel to State and local authorities with jurisdiction.

5. HUD Response Plan and Procedure References

Agency Response Plan

1. HUD *FRERP*, Office of Emergency Preparedness, September 30, 1980.

6. HUD Specific Authorities

None.

Department of the Interior Reponse Plan Summary

1. Summary of Reponse Mission

The Department of the Interior manages over 500 million acres of Federal lands and thousands of Federal natural resources facilities, and is responsible for these lands and facilities when they are threatened by a radiological emergency. In addition, the Department coordinates emergency response plans for Interior-managed park and recreation areas with State and local authorities, and operates Interior water resources projects to protect municipal and agricultural water supplies in cases of radiological emergencies. The Department provides advice and assistance concerning hydrologic and natural resources, including fish and wildlife, to Federal, State, and local governments upon request. The Department also administers the Federal government's trust responsibility for 488 Federally recognized Indian tribes and villages and about 50 million acres of Indian lands. It also has certain responsibilities for the island territories of the United States.

2. Headquarters Point of Notification

Contact Person's Title: Director, Office of Environmental Project Review (OEPR).

Contact Person's Office: Office of the Secretary, Department of the Interior, Room 4256, Interior Building, Washington, D.C. 20240.

3. Federal Department or Agency Interfaces

DEPARTMENT OF INTERIOR FEDERAL AGENCY INTERFACES

Description	FRERP agency	Responsible Doi organization
Notification, FEMA coordination center, information on Presidential logistical support to other agencies	FEMA	OEPR
Designation of agency lead officer, status updates and information requirements	DoD (CFA), DoE (CFA), NRC (CFA)	OEPR
Federal and Indian tribes	DoD (CFA), DoE (CFA), NRC (CFA), FEMA	OEPR (primary)
Public information releases from headquarters, public information releases from JIC	DoD (CFA), DoE (CFA), NRC (CFA)	Office of public affairs
Congressional information	DoD (CFA), DoE (CFA), NRC (CFA) during emergency phase; FEMA during recovery phase	Office of congressional liaison
FEMA resources:	DoE, EPA	U.S. Geological Survey
Alert protects	DoT, Army Corps Engineers, EPA, USCA	OEPR (primary)
White House Responses	FEMA	OEPR

4. Responsibilities for Assistance to Federal, State, and Local Governments

- Provide hydrologic advice and assistance, including monitoring personnel, equipment, and laboratory support.
- Provide advice and assistance in assessing and minimizing offsite consequences on natural resources including fish and wildlife.
- Provide economic, social, and political advice and assistance to the Territories of Guam, American Samoa, and the Virgin Islands and the Trust Territory of the Pacific Islands (interim).
- Provide coordination and liaison between Federal, State, and local agencies and Federally recognized Indian tribal governments.

5. DoI Response Plan and Procedure References

Agency Response Plan

1. 910 DM 5 (Draft)—Interior Emergency Operations, Federal Radiological Emergency Response Plan.

2. 396 DM 1 (Draft)—Interior Emergency Delegations, Radiological Emergencies.

6. DoI Specific Authorities

- *Act of 1894* providing for gauging streams and determining the water supplies of the U.S. (28 Stat. 398).
- *The Reclamation Act of 1902*, as amended (43 U.S.C. 391), and project authorization acts.
- *National Park Service Act of 1919* (16 U.S.C. 1), and park enabling acts.
- *The Snyder Act of 1921*, as amended (25 U.S.C. 13), including assistance to Indian tribes.
- *National Wildlife Refuge System Administration Act of 1966*, as amended (16 U.S.C. 668), and refuge enabling acts.

ENVIRONMENTAL PROTECTION AGENCY FEDERAL AGENCY INTERFACES—Continued

Interface description	Agencies	Responsible EPA organization
Information requirements	DoD (CFA), DoE (CFA), NRC (CFA), FEMA	ORP
Public information releases (see headquarters, public response)	DoD (CFA), DoE (CFA), NRC (CFA) during emergency phase,	Office of Press Services
Non-releases from JIC, congressional information	FEMA during recovery phase,	ORP
Information exchange, logistics support for Federal agencies, coordination (primary), designation of agency lead official,	FEMA	
Federal response center		ORP
Recovery planning, White House responses	FEMA	

4. Responsibilities For Assistance to Federal, State, and Local Governments

- Provide resources including personnel, equipment, and laboratory support to assist DoE in monitoring radioactivity levels in the environment during the emergency phase of the incident.
- Assume responsibility from DoE for coordinating Federal intermediate and long-term radiological monitoring after the initial phase of the emergency after receiving adequate assurance from the Department of Energy and other Federal agencies that they will commit the required resources, personnel, and funds for the duration of the Federal response effort.
- Assess the nature and extent of the environmental radiation hazard.
- Provide guidance to Federal agencies and State and local governments with jurisdiction on acceptable emergency levels of radioactivity and radiation in the environment.
- Assist the Cognizant Federal Agency (CFA), as requested, in developing recommended measures to protect the public health and safety.

5. EPA Response Plan and Procedure References

Agency Response Plan

1. *U.S. Environmental Protection Agency Radiological Emergency Response Plan*, Office of Radiation Programs, January 30, 1981.

2. *Letter Agreement between DoE and EPA for Notification of Accidental Radioactivity Releases into the Environment from DoE Facilities*, January 8, 1978.

3. *Operational Response Procedures*—Developed among the Nuclear Regulatory Commission, Environmental Protection Agency, Department of Health and Human Services, and the Department of Energy, November 30, 1982.

Interagency Procedures

1. *Manual of Protective Action Guides and Protective Actions for Nuclear Incidents*, Office of Radiation Programs, September 1975.

2. *Standard Operating Procedures for Radiological Emergency Response*, Appendix 3 to the *EPA Radiological Emergency Response Plan*, Office of Air, Noise, and Radiation, January 1981.

3. *Memorandum of Understanding Between the Federal Emergency Management Agency and the Environmental Protection Agency Concerning the Use of High Frequency Radio for Radiological Emergency Response* (under development), Office of Radiation Programs, Environmental Protection Agency.

6. EPA Specific Authorities

- *President's Reorganization Plan No. 3*, December 2, 1970.
- *Public Health Service Act*, as amended, 42 U.S.C. 241, Section 301, and 42 U.S.C. 243, section 311.
- *Safe Drinking Water Act* (Pub. L. 93–523).

Federal Emergency Management Agency Response Plan Summary

1. Summary of Response Mission

FEMA is responsible for coordinating the Federal response to all radiological emergencies that require a significant, multi-agency Federal presence. FEMA's coordination role promotes an effective and efficient response by Federal agencies at both the national level and at the scene of the emergency. Coordination is achieved at the national level by FEMA through use of FEMA's Emergency Support Team (EST) and at the scene of the emergency between Federal, State, and local agencies by FEMA's Emergency Response Team (ERT). FEMA's ERT includes a FEMA Regional Communications Manager, who is responsible for providing communications management support to the Senior FEMA Official.

2. Point of Notification at FEMA Headquarters

Contact Person's Title: Emergency Action Officer.

Contact Person's Office: Emergency Operations Directorate.

Contact Person's Emergency Location: Emergency Information and Coordination Center (EICC).

3. Federal Department or Agency Interfaces

Listed below are FEMA's interfaces with other Federal departments or agencies in responding to a radiological emergency.

FEDERAL EMERGENCY MANAGEMENT AGENCY FEDERAL AGENCY INTERFACES

Interface description	Agencies	Responsible FEMA Organization
Notification (FEMA)	DoC, DoI, DoT, DoD (CFA), DoE (CFA), EPA, HHS, HUD, NCS, NRC (CFA), USDA, DoE	EOC (emergency support team (EST), when activated)
Activation and deployment (procedures)	DoC (CFA), DoE (CFA), NRC (CFA)	EOC (EST, when activated)
Status updates	DoC, DoI, DoT, EPA, HHS, HUD, NCS, USDA, DoE	Emergency response team (ERT), EST
Experts advice	DoC, DoI, DoT, USDA	ERT, EST
Federal Response Center	DoC, DoI, DoT, DoD (CFA), DoE (CFA), NRC, EPA, HHS, HUD, NCS, USDA	ERT, EST
Information exchange	DoC, DoI, DoT, DoD (CFA), DoE (CFA), EPA, HHS, HUD, NCS, NRC, USDA	ERT, EST
Logistical support for Federal agencies	DoC, DoI, DoT, DoD (CFA), DoE (CFA), EPA, HHS, HUD, NCS, NRC, USDA	ERT, EST
R&D (development), R&D (preparation)	DoD (CFA), DoE (CFA), NRC	EST
R&D and R&D dissemination (FEMA)	DoC, DoD, DoE, DoI, DoT, EPA, HHS, HUD, NCS, NRC, USDA	ERT, EST
FEMA/P (coordination with FRERP)	DoE, EPA	EST
FEMA/P (liaison)	DoE, EPA	EST
Coordination (onsite officer)	DoD (CFA), DoE (CFA), NRC	EAT

NATIONAL COMMUNICATIONS SYSTEMS FEDERAL AGENCY INTERFACES—Continued

Interface description	Agencies	Responsible NCS organization
Public information releases from headquarters, public information releases from the JIC.	DoD (CFA), DoE (CFA), NRC (CFA) during emergency phases. FEMA during recovery phase.	Emergency preparedness.
Recovery planning, White House response	FEMA	FECC and staff.

4. Responsibilities for Assistance to Federal, State and Local Governments

- Provide and coordinate, in response to a FEMA request, the necessary communications for the Federal government response in accordance with the *National Plan for Communications Support in Emergencies and Major Disasters*, July 1983. Be prepared to provide this support prior to a formal declaration of an emergency or major disaster.
- Provide representation to appropriate State agencies to assist in meeting their communications requirements.

5. NCS Response Plan and Procedure References

Agency Response Plan

1. *National Plan for Communications Support in Emergencies and Major Disasters*, Office of Emergency Preparedness (Operatuons), July 1980.

Interagency Procedures

1. *Memorandum of Understanding*, GSA and FEMA, January 29, 1980.
2. *Executive Order 12046* (Relates to the transfer of telecommunications functions), The White House, March 27, 1978.

6. NCS Specific Authorities

- *Executive Order 12472*, Assignment of National Security and Emergency Preparedness Telecommunications Functions, April 3, 1984.
- *Executive Order 11490*, October 30, 1969.
- *Executive Order 12046*, March 27, 1978.
- White House Memorandum, *National Security and Emergency Preparedness Telecommunications and Management and Coordination Responsibilities*, July 5, 1978.

U.S. Nuclear Regulatory Commission Response Plan Summary

1. Summary of Response Mission

The U.S. Nuclear Regulatory Commission (NRC) regulates the use of by-product, source, and special nuclear material, including activities at commercial and research nuclear facilities. If an incident involving NRC-regulated activities poses a significant threat to the public health or safety or environmental quality, the NRC would be the Cognizant Federal Agency (CFA). In such an incident, the NRC is responsible for monitoring the licensee to ensure that appropriate protective action recommendations are being made to offsite authorities in a timely manner. In addition, the NRC will support its licensees and offsite authorities, including confirming the licensee's recommendations to offsite authorities, and will keep the media informed of the NRC's knowledge of the status of the incident. The NRC is also responsible for the development, coordination, and presentation (in conjunction with FEMA) of Federal protective action recommendations and for keeping other Federal agencies and entities informed of the status of the incident.

Consistent with NRC's agreement to participate in FRMAP, the NRC may also be called upon to assist in Federal radiological monitoring and assessment activities during incidents for which it is not the CFA.

2. Point of Notification at NRC Headquarters

Contact Person's Title: Headquarters Operations Officer.

Contact Person's Office: Inspection and Enforcement (I&E).

Contact Person's Emergency Location: NRC Operations Center, Bethesda, Maryland.

3. Federal Department or Agency Interfaces

Listed below are the NRC's interfaces with other Federal departments or agencies in responding to a radiological emergency.

NUCLEAR REGULATORY COMMISSION FEDERAL AGENCY INTERFACES

Interface description	Agencies [1]	Responsible NRC organization
Notification (CFA)	FEMA, DoE, EPA, HHS	For all interfaces listed:
Activation and deployment (procedure)	FEMA	a. Director or executive team (during initial activation).
Status updates	DoD, DoD, DoE, EPA, FEMA, HHS, HUD, DOI, NCS, DoT, USDA	b. Director of site operations (during extended activation).
Information requirements	DoD, DoD, DoE, EPA, FEMA, HHS, HUD, DOI, NCS, DoT, USDA	
Public information releases from headquarters, public information releases from JIC.	DoD, (CFA), DoE, (CFA), during emergency phase. FEMA during recovery phase.	
Congressional information	DoD, DoD, DoE, EPA, FEMA, HHS, HUD, DOI, NCS, DoT, USDA, FEMA, DoE (FRMAP)	
Coordination (liaison)	FEMA, DoE (FRMAP)	
White House information, White House responses	FEMA	
PAR (development) RER (development)	FEMA, DoE, EPA, HHS, USDA	
PAR and RER dissemination (CFA)	DoE (FRMAP), EPA (FRMAP)	
Federal briefs	DoD, DoE, DOI, USDA	
Food/feed safety recommendations	HHS, USDA	
FRMAP (monitoring results)	DoE, (FRMAP)	
FRMAP (deployment)	DoE, (FRMAP), EPA, (FRMAP)	
Impact assessment (health)	HHS, EPA	
Visual aids	DoE, HHS	
PAR (presentation), (Liaison subject to Federal agencies, Coordination (press releases), dissemination, exchange (assumption of agency lead official, maintaining cooperation (CFA), Federal response center)	FEMA	For all interfaces listed: a. Director of executive team (during expanded activation). b. Director of site operations (during extended activation).
RER (presentation), PAR and RER dissemination (CFA)	FEMA, DoE, EPA, HHS, USDA, DoE (FRMAP), EPA (FRMAP)	
Recovery planning	FEMA	

[1] Periodic communications will be conducted with those agencies with which NRC has formal agreements. (i.e. FEMA, DoE, EPA, HHS, interfaces with other agencies will occur as required.)

monitoring and assessment assistance to the State and local governments in response to radiological emergencies. This plan, authorized by 44 CFR Part 351, is a revised version of the Interagency Radiological Assistance Plan.

Federal Response Center—A center established by FEMA at a location identified in conjunction with the State that serves as a focal point for Federal response team interactions with the State.

Fixed Nuclear Facilities—Stationary nuclear installations that use or produce radioactive materials in their normal operations. These facilities include commercial nuclear power plants and other fixed facilities.

Interagency Radiological Assistance Plan (IRAP)—A Plan originally published in 1965 by an interagency committee of Federal agency representatives as a means for providing rapid and effective radiological assistance in the event of a peacetime radiological incident. This plan has been superseded by the FRMAP.

Joint Information Center (JIC)—A central point of contact for all news media at the scene of the incident. News media representatives are kept informed of activities and events via public information officials from all participating Federal, State, and local agencies, who, ideally, are co-located at the JIC.

Joint Nuclear Accident Coordinating Center (JNACC)—A joint DoE/DoD capability at Kirtland Air Force Base, Albuquerque, New Mexico, responsible for maintaining current information on the location of specialized DoE and DoD teams or organizations capable of providing nuclear weapons accident assistance.

Liaison Officer (LNO)—A Federal agency official sent to another agency to facilitate interagency communications and coordination.

License—A license issued to a facility owner or operator by the NRC pursuant to the conditions of the *Atomic Energy Act of 1954* (as amended), or issued by an Agreement State pursuant to appropriate State laws. NRC licenses certain activities under section 170(a) of that Act.

Limited Response—Response to a request for radiological assistance that involves limited DoE or other agency resources and does not require the formal field management structure.

Local Government—Any county, city, village, town, district, or political subdivision of any State, any Indian tribe or authorized tribal organization, or Alaska Native village or organization, including any rural community or unincorporated town or village or any other public entity.

Monitoring—The use of sampling and radiation detection equipment to determine the levels of radiation.

National Contingency Plan—An operations plan required to outline the Federal response to radiological emergencies at commercial nuclear power plants. In Executive Order 12241, the President delegated to FEMA the responsibility for the development and promulgation of such a plan in response to Pub. L. 96-295.

National Defense Area (NDA)—An area established by a DoD official on non-Federal lands located within the United States, its possessions, or its territories for the purpose of safeguarding classified defense information or protecting DoD equipment or material. Establishment of a National Defense Area temporarily places such non-Federal lands under the effective control of DoD and results only from an emergency event. The senior DoD representative at the scene will define the boundary, mark it with a physical barrier, and post warning signs.

National Radiological Emergency Preparedness/Response Plan For Commercial Nuclear Power Plant Accidents (Master Plan)—Commonly referred to as the Master Plan, this document was published by FEMA for interim use in December 1980 and represented the first step towards developing Federal radiological emergency response plans and procedures.

National Security Area (NSA)—An area established by DoE on non-Federal lands located within the United States, its possessions, or territories for the purpose of safeguarding classified or restricted information, or protecting DoE equipment or material. Establishment of a NSA temporarily places such non-Federal lands under the effective control of DoE and results only from an emergency event. The senior DoE representative having custody of the material at the scene will define the boundary, mark it with a physical barrier, and post warning signs.

Nuclear Weapon Accident—An unexpected event involving nuclear weapons or radiological nuclear weapon components that results in any of the following:

- Accidental or unauthorized launching, firing, or use by U.S. forces or U.S.-supported allied forces of a nuclear capable weapons system that could create the risk of an outbreak of war;
- Nuclear detonation;
- Non-nuclear detonation or burning of a nuclear weapon or radiological nuclear weapon component;
- Radioactive contamination;
- Seizure, theft, loss, or destruction of a nuclear weapon or radiological nuclear weapon component, including jettisoning; and
- Public hazard, actual or implied.

Nuclear Weapon Significant Incident—An unexpected event involving nuclear weapons or radiological nuclear weapon components which does not fall in the nuclear weapon accident category but:

- Results in evident damage to a nuclear weapon or radiological nuclear weapon component to the extent that major rework, complete replacement, or examination or recertification by DoE is required;
- Requires immediate action in the interest of safety or nuclear weapons security;
- May result in adverse public reaction (national or international) or premature release of classified information; and
- Could lead to a nuclear weapon accident and warrants high officials of the signatory agencies being informed or taking action.

Off Site—The area outside the boundary of the onsite area.

Off Site Federal Support—Federal assistance in mitigating the offsite consequences of an emergency and protecting the public health and safety, including assistance with determining and implementing public protective action measures.

Off Site Technical Director (OSTD)—The DoE or EPA official designated to coordinate the Federal radiological monitoring and assessment activities under the Federal Radiological Monitoring and Assessment Plan.

On Site—The area within (a) the boundary established by the owner or operator of a fixed nuclear facility; or (b) the boundary established at the time of the emergency by the State or local government with jurisdiction for a transportation accident not occurring at a fixed nuclear facility and not involving nuclear weapons; or (c) the area established by the CFA as defined by a National Defense Area or National Security Area in a nuclear weapons accident or weapon significant incident.

On-Scene Commander—The military officer of senior DoE official who commands DoD and DoE forces and supervises all DoD and DoE operations at the scene of a DoD/DoE nuclear weapon accident or weapon significant incident.

Onsite Federal Support—Federal assistance that is the primary responsibility of the Federal agency that owns, authorizes, regulates, or is

NOAA

APPENDIX A

AGREEMENT FOR ACTIVATION AND USE OF NOAA WEATHER RADIO

IN RESPONSE TO AN EMERGENCY AT VERMONT YANKEE OR

YANKEE ROWE NUCLEAR POWER STATIONS

THIS AGREEMENT is entered into between the Vermont, New Hampshire and Massachusetts Civil Defense Agencies, hereinafter referred to as Civil Defense Agencies, and the United Stated Department of Commerce, National Oceanic and Atmospheric Administration, National Weather Service, hereinafter referred to as the "NWS".

THIS AGREEMENT is fully a part of the "Agreement for the Operation of a NOAA Weather Radio Transmitter by a Cooperator," hereafter referred to as the Basic Agreement, and is referenced in the Basic Agreement as Appendix A.

THIS AGREEMENT covers the responsibilities and operational considerations between Civil Defense Agencies and the NWS relative to the use of NWS radio to alert persons living in the proximity of Yankee Rowe and Vermont Yankee in the event of an emergency condition at the plant. This Agreement fulfills, in part, the requirements set forth by 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; and Appendix 3 thereto.

RESPONSIBILITIES:

(A) THE NWS AGREES-

1) To activate tone alert and to broadcast over the NWR transmitter, located on Ames Hill, Marlboro, Vermont, prescribed emergency messages pertaining to state and local emergencies, nuclear power station emergencies when so requested to do so by the Civil Defense Agency(ies) and severe weather alerts as determined by the NWS.

2) That all prescribed Civil Defense emergency messages held in the possession of National Weather Service be given reasonable protection from misuse or accidental broadcast.

3) That the NWS Burlington, Vermont in the event the Mt. Ascutney NOAA Weather Radio (NWR) transmitter is non-operational, will notify Radio Station WTSA - Brattleboro, Vermont, to activate the NWR transmitter at Marlboro, Vermont. This procedure is necessary to avert potential damage to the NWR equipment should it be operational already and WTSA attempts to also activate the system. The State will be responsible for notifying WTSA what the broadcast message should be. This procedure will only be accomplished in the event of an emergency at Yankee (Rowe) or Vermont Yankee Nuclear Power Station requiring activation of the Public Notification System.

(B) CIVIL DEFENSE AGENCIES AGREES-

1) To provide the National Weather Service a "Standing Operating Procedure" defining the Civil Defense Agencies personnel by title and name authorized to request broadcast of an emergency message; procedures for verification of caller identity; and prescribed emergency messages for broadcast over National Weather Service radio.

2) To make requests over NAWAS and/or commercial telephone to broadcast prescribed emergency messages.

3) To notify National Weather Service upon termination of the emergency.

PUBLICITY - The mutual role of the Civil Defense Agencies and the NOAA National Weather Service will be recognized in all press releases, public presentations or other public information/education activities carried out in regard to promoting the services provided for in the Basic Agreement.

AMENDMENTS AND TERMINATION - This Agreement may be amended at any time by mutual consent of Civil Defense Agency(ies) and the National Weather Service. This Agreement is terminated in accordance with the provision of and at such time as the Basic Agreement is terminated.

IN WITNESS WHEREOF Civil Defense Agencies and the NWS have executed this Agreement effective as of the latest date written below.

For the Vermont Civil Defense Agency
Civil Defense Division

Deputy Director

1/18/84
Date

For the Massachusetts Civil Defense Agency
Civil Defense Division

Director

January 18, 1984
Date

For the United State of America
Department of Commerce
National Oceanic and Atmospheric Administration
National Weather Service

Regional Director

1/9/84
Date

For the New Hampshire Civil Defense Agency
Civil Defense Division

Director

Date

NOAA

AGREEMENT FOR THE OPERATION OF A

NOAA WEATHER RADIO TRANSMITTER BY VERMONT YANKEE NUCLEAR POWER CORPORATION

RUTLAND, VERMONT

THIS AGREEMENT is entered into between the United States of America, Department of Commerce, National Oceanic and Atmospheric Administration, National Weather Service, hereinafter referred to as "NWS", and Vermont Yankee Nuclear Power Corporation, hereinafter referred to as the "Cooperator".

W I T N E S S E T H :

WHEREAS, Cooperator operates a nuclear power plant, known as Vermont Yankee, and under regulations contained in Title 10 of the Code of Federal Regulations, Section 50.47(b)(5) and Appendix E, Section IV.D.3 to Part 50, is directed to provide a system for prompt emergency notification to the public; and

WHEREAS, NWS operates a continuous meteorological and hydrological information and warning radio system, known as NOAA Weather Radio (NWR), which can provide a means for Cooperator to satisfy said emergency notification to the public; and

WHEREAS, Cooperator and NWS desire to provide for the installation and operation of a NWR transmitter on Ames Hill, Marlboro, Vermont and to provide for said emergency notification means.

NOW, THEREFORE, in consideration of the benefits of this agreement to each party, the parties agree as follows:

1. Cooperator shall provide all information required for the radio frequency license application and operate the transmitter strictly in accordance with the license.

2. Costs associated with the NWR transmitter will be borne by Cooperator. This includes, but is not limited to, costs for:

a) purchase of equipment,

b) installation,

c) operation, including power,

d) maintenance,

e) communications links from the NWS office to the transmitter, and

f) removal or replacement of equipment.

3. Cooperator will provide dual transmitting equipment as specified by NWS. Cooperator is solely responsible for all aspects of equipment installation, including any necessary permits. However, connection

to the NWR transmitter at Mount Ascutney shall be under the direction of a NWS electronic technician and in accordance with the best modern practice. The design of any device used by Cooperator or his agent to connect to the NWR transmitter must be approved by NWS before the connection is made.

4. Cooperator will use qualified and licensed radio technicians for all transmitter maintenance. Cooperator will use its best efforts in maintaining the transmitter to ensure that outages are kept to a minimum, that breakdowns and malfunctions are quickly acted upon, and that equipment performs routinely within the technical specifications of said equipment and terms of the license.

5. Cooperator or designee will monitor the broadcast and will notify the Burlington, Vermont NWS office whenever the transmitter goes off the air and also when it again becomes operational.

6. Cooperator will perform an immediate technical checkout of the transmitter when such checkout is requested by NWS as a result of any Radio Frequency Interference problem.

7. NWS will be allowed to check periodically the effect of Cooperator equipment on NWS equipment.

8. NWS will maintain control over all broadcast content with the exception of messages issued in connection with an emergency at the Vermont Yankee facility.

9. All messages broadcast in connection with a Vermont Yankee emergency will be received through the Civil Defense Agencies as described in Appendix A to this Agreement, entitled "Agreement for Activation and Use of NOAA Weather Radio in Response to an Emergency Condition at Vermont Yankee Nuclear Power Station".

10. Cooperator will hold NWS free of any liability for loss or damage to Cooperator property installed to carry out this agreement, other than loss or damage caused by NWS's failure to use reasonable care.

11. NWS will obtain the radio frequency license for the transmitter. The license will remain the property of NWS.

12. NWS will, if necessary, allow Cooperator to install, at Cooperator's expense, special equipment at the Mount Ascutney transmitter site provided the design and related installation are first approved by NOAA in writing.

13. NWS personnel will exercise reasonable care to protect property of Cooperator.

14. NWS will activate the notification system with the alert signal and broadcast messages relating to a Vermont Yankee emergency when requested by authorized officials in accordance with Appendix A.

15. In the event the NWS Network System between Burlington and Mount Ascutney is non-operable, the NWS office will inform Civil Defense to activate the redundant system located at WTSA radio station, Brattleboro, Vermont.

16. NWS will provide standard NWS programming over the transmitters (including the use of the warning alarm) as required by NWS directives.

17. NWS will participate in a yearly drill to test the use of the NWS equipment as a public notification system.

18. NWS and Cooperator will coordinate and jointly issue a public announcement describing the service to be provided as a result of this agreement. If the service is terminated for any reason the parties will also coordinate a public statement explaining the reason(s) for termination.

19. The provisions of this agreement shall be carried out by the parties with no compensation due either party.

20. This agreement may be amended, modified or terminated at any time by mutual consent of the parties hereto. It may be terminated by either party upon giving at least 6 months prior written notice. Although to the extent possible, recognizing the importance of this project, the parties hereto will strive to give one year's notice of intention to terminate.

IN WITNESS WHEREOF, the parties hereto have executed this agreement effective as of the latest date written below.

Director,
NWS Eastern Region

8/21/81
Date

President,
Vermont Yankee Nuclear Power Corporation

9/8/81
Date

LETTER OF AGREEMENT

BETWEEN

VERMONT YANKEE NUCLEAR POWER STATION

AND THE STATES OF

VERMONT, MASSACHUSETTS AND NEW HAMPSHIRE

I. PURPOSE:

The purpose of this letter of Agreement is to establish conditions regarding emergency planning, notification and emergency response activities should an event at the plant require Emergency Plan activation.

II. DEFINITIONS:

A. Emergency Operations Facility (EOF) - A center established to coordinate the deployment of Utility emergency response personnel, to evaluate off-site accident conditions, and to maintain communications with off-site authorities. The location is: Primary - Governor Hunt House, Alternate - West Brattleboro office (VY).

B. Emergency Coordinator - The Emergency Coordinator is a staff member of the Utility who is responsible for those elements conducted within the Emergency Operations Facility (EOF).

C. News Media Center - A center dedicated to the news media for the purpose of conducting joint State, Federal and Utility news briefings concerning emergency conditions. The Media Center location is; primary - Dalem's Chalet (West Brattleboro), alternate - Holiday Inn (Brattleboro).

D. State - The State of Vermont, New Hampshire and Massachusetts.

E. Utility - Vermont Yankee Nuclear Power Station located in Vernon, Vermont.

F. Nuclear Alert System - A communication system for initial notification to the State of an incident at the Utility; and the redundant means of communication between the State and Utility for exchange of information during the period of the incident.

III. AGREEMENT:

The State and Utility agree to the following:

A. It is the Utility's duty and obligation to notify the three State Police Agencies immediately or no later than 15 minutes upon the discovery of an event that requires classification as either an

Unusual Event, Alert, Site Area or General Emergency. The notification shall be made by the Utility using the Nuclear Alert System. Telephone communications will be used as the redundant means.

B. The initial message to contact the State will be as specified in the Utility and State Emergency Plans. Additional information will be provided to the State representative returning the call to the Utility.

C. The Utility shall notify the local communities within a 10-mile radius of an Alert, Site Area or General Emergency using the Tri-State Mutual Fire Aid Net. The message will be as specified in the respective Emergency Plans.

D. The Utility shall provide the locations of the Media Center and Emergency Operations Facility (EOF) to the states.

E. Throughout the duration of the incident, the Utility shall provide space for the two representatives from the State at each Emergency Operations Facility and Media Center. The Utility and State will exchange information essential for evaluation of the emergency.

F. The Utility shall provide and maintain communications for the State in each of the Centers listed in E. above. Should the primary means of communication from the Utility Emergency Operations Facility and the State Emergency Operations Center be disrupted, the Nuclear Alert System will be used to coordinate the activities between the State and Utility. Either the State or Utility can activate the system for any use as necessary. (Exception: Control Room may be contacted only in extreme circumstances).

G. The Emergency Coordinator will be the point of contact for State representatives arriving at the Emergency Operations Facility. Authorities and responsibilities of the State and Utility personnel will be as outlined in their respective emergency plans.

H. To maintain public confidence and to avoid public apprehension, information shall be released to the public as soon as possible and in a coordinated manner.

I. The Utility and State agree to exchange Public Information Packets for review prior to disseminating the packets to the public.

J. The State Health Departments agree to the method established by the Utility in projecting off-site whole body dose rates.

K. The State of Vermont and Utility agree to exchange the use of the TLD reader for counting environmental TLDs.

L. In the event of a radiological emergency, the Utility agrees to make the Nuclear Services Laboratory located in Westboro, Massachusetts, available to the State for counting samples.

M. An accident shall be deemed to have terminated when, in the agreement of both the State and Utility, there is no longer need for either consideration of further protective action or surveillance related to off-site protective action.

N. The Utility and the State agree to coordinate in the maintenance, updating and exercise of both Utility and State Emergency Plans, as required by Federal regulations or as required by operational considerations.

O. This agreement may be amended by subsequent agreement between the State(s) and the Utility.

P. Upon the effective date, this Letter of Agreement will supercede all previous agreements signed between the State and the Utility.

Q. Upon the execution of the parties hereto, this agreement shall be effective as of the latest date written below.

CIVIL DEFENSE DEPUTY DIRECTOR
STATE OF VERMONT

8/11/81
DATE

CIVIL DEFENSE DIRECTOR
STATE OF MASSACHUSETTS

Aug. 5, 1981
DATE

CIVIL DEFENSE DIRECTOR
STATE OF NEW HAMPSHIRE

5 August 1981
DATE

MANAGER OF OPERATIONS
VERMONT YANKEE NUCLEAR POWER STATION

Aug 28, 1981
DATE

LETTER OF AGREEMENT

BETWEEN

YANKEE ROWE NUCLEAR POWER STATION

AND THE STATES OF

VERMONT AND MASSACHUSETTS

I. PURPOSE:

The purpose of this letter of Agreement is to establish conditions regarding emergency planning, notification and emergency response activities should an event at the plant require Emergency Plan activation.

II. DEFINITIONS:

A. Emergency Operations Facility (EOF) - A center established to coordinate the deployment of Utility emergency response personnel, to evaluate off-site accident conditions, and to maintain communications with off-site authorities. The location is: Primary - Furlon House, Alternate - NEP - Shelburne Falls Lower Deerfield Headquarters.

B. Emergency Coordinator - The Emergency Coordinator is a staff member of the Utility who is responsible for those elements conducted within the Emergency Operations Facility (EOF).

C. News Media Center - A center dedicated to the news media for the purpose of conducting joint State, Federal and Utility news briefings concerning emergency conditions. The Media Center location is; Oxbow Motel, Charlemont, Massachusetts.

D. State - The State of Vermont and Massachusetts.

E. Utility - Yankee Rowe Nuclear Power Station located in Rowe, Massachusetts.

F. Nuclear Alert System - A communication system for initial notification to the State of an incident at the Utility; and the redundant means of communication between the State and Utility for exchange of information during the period of the incident.

III. AGREEMENT:

The State and Utility agree to the following:

A. It is the Utility's duty and obligation to notify the two State Police Agencies immediately or no later than 15 minutes upon the discovery of an event that requires classification as either an

Unusual Event, Alert, Site Area or General Emergency. The notification shall be made by the Utility using the Nuclear Alert System. Telephone communications will be used as the redundant means.

B. The initial message to contact the State will be as specified in the Utility and State Emergency Plans. Additional information will be provided to the State representative returning the call to the Utility.

C. The Utility shall provide the location of the Emergency Operations Facility (EOF) to the states.

D. Throughout the duration of the incident, the Utility shall provide space for the two representatives from the State at each Emergency Operations Facility and Media Center. The Utility and State agree to exert best efforts to exchange information essential for evaluation of the emergency.

E. The Utility shall provide and maintain communications for the State in each of the Centers listed in D. above. Should the primary means of communication from the Utility Emergency Operations Facility and the State Emergency Operations Center be disrupted, the Nuclear Alert System will be used to coordinate the activities between the State and Utility. Either the State or Utility can activate the system for any use as necessary. (Exception: Control Room may be contacted only in extreme circumstances).

F. The Emergency Coordinator will be the point of contact for State representatives arriving at the Emergency Operations Facility. Authorities and responsibilities of the State and Utility personnel will be as outlined in their respective emergency plans.

G. To maintain public confidence and to avoid public apprehension, information shall be released to the public as soon as possible and in a coordinated manner.

H. The Utility and State agree to exchange Public Information Packets for review prior to disseminating the packets to the public.

I. The State Health Departments agree to the method established by the Utility in projecting off-site whole Body dose rates.

J. In the event of a radiological emergency, the Utility agrees to make the Nuclear Services Laboratory located in Westboro, Massachusetts, available to the State for counting samples.

K. An accident shall be deemed to have terminated when, in the agreement of both the State and Utility, there is no longer need for either consideration of further protective action or surveillance related to off-site protective action.

L. The State of Massachusetts agrees to notify the State of New York (ingestion pathway zone) and coordinate off-site radiological consequences with same during any event that should occur at Yankee Rowe in the Classification of a Site or General Emergency condition.

M. The Utility and the State agree to coordinate in the maintenance, updating and exercise of both Utility and State Emergency Plans, as required by Federal regulations or as required by operational considerations.

N. This agreement may be amended by subsequent agreement between the State(s) and the Utility.

O. Upon the effective date, this Letter of Agreement will supersede all previous agreements signed between the State and the Utility.

P. Upon the execution of the parties hereto, this agreement shall be effective as of the latest date written below.

CIVIL DEFENSE DEPUTY DIRECTOR
STATE OF VERMONT

9/9/81
DATE

CIVIL DEFENSE DIRECTOR
STATE OF MASSACHUSETTS

9/2/81
DATE

SENIOR VICE PRESIDENT
YANKEE ATOMIC ELECTRIC COMPANY

9/14/81
DATE

APPENDIX A

AGREEMENT FOR ACTIVATION AND USE OF NOAA WEATHER RADIO IN RESPONSE TO AN EMERGENCY AT VERMONT YANKEE OR YANKEE ROWE NUCLEAR POWER STATIONS

THIS AGREEMENT is entered into between the Vermont, New Hampshire and Massachusetts Civil Defense Agencies, hereinafter referred to as Civil Defense Agencies, and the United States Department of Commerce, National Oceanic and Atmospheric Administration, National Weather Service, hereinafter referred to as the "NWS".

THIS AGREEMENT is fully a part of the, "Agreement for the Operation of a NOAA Weather Radio Transmitter by a Cooperator," hereafter referred to as the Basic Agreement, and is referenced in the Basic Agreement as Appendix A.

THIS AGREEMENT covers the responsibilities and operational considerations between Civil Defense Agencies and the NWS relative to the use of NWS radio to alert persons living in the proximity of Yankee Rowe and Vermont Yankee in the event of an emergency condition at the plant. This Agreement fulfills, in part, the requirements set forth by 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; and Appendix 3 thereto.

RESPONSIBILITIES:

(A) THE NWS AGREES-

1) To activate tone alert and to broadcast over the NWR transmitter, located on Ames Hill, Marlboro, Vermont, prescribed emergency messages pertaining to state and local emergencies, nuclear power station emergencies when so requested to do so by the Civil Defense Agency(ies) and severe weather alerts as determined by the NWS.

2) That all prescribed Civil Defense emergency messages held in the possession of National Weather Service be given reasonable protection from misuse or accidental broadcast.

(B) CIVIL DEFENSE AGENCIES AGREES-

1) To provide the National Weather Service a "Standing Operating Procedure" defining the Civil Defense Agencies personnel by title and name authorized to request broadcast of an emergency message; procedures for verification of caller identity; and prescribed emergency messages for broadcast over National Weather Service radio.

2) To make requests over NAWAS and/or commercial telephone to broadcast prescribed emergency messages.

3) To notify National Weather Service upon termination of the emergency.

PUBLICITY - The mutual role of the Civil Defense Agencies and the NOAA National Weather Service will be recognized in all press releases, public presentations or other public information/education activities carried out in regard to promoting the services provided for in the Basic Agreement.

AMENDMENTS AND TERMINATION - This Agreement may be amended at any time by mutual consent of Civil Defense Agency(ies) and the National Weather Service. This Agreement is terminated in accordance with the provision of and at such time as the Basic Agreement is terminated.

IN WITNESS WHEREOF Civil Defense Agencies and the NWS have executed this Agreement effective as of the latest date written below.

For the Vermont Civil
Defense Agency
Civil Defense Division

Deputy Director

Date

For the Massachusetts Civil
Defense Agency
Civil Defense Division

Director

9/2/81
Date

For the United States of America
Department of Commerce
National Oceanic and Atmospheric
Administration
National Weather Service

Regional Director

8/2/81
Date

For the New Hampshire Civil
Defense Agency
Civil Defense Division

Director

10 September 1981
Date

LETTER OF AGREEMENT
BETWEEN
STATE OF NEW HAMPSHIRE
AND
STATE OF MAINE

I. Purpose

The purpose of this letter of agreement is to establish the conditions for notification of the State of Maine (ingestion pathway) should an event occur at Seabrook Nuclear Power Station.

II. Agreement

The State of New Hampshire agrees to notify the State of Maine and coordinate off-site radiological consequences with same during any event at Seabrook Nuclear Power Station which results in the classification of an Unusual Event, Alert, Site Area or General Emergency.

CIVIL DEFENSE DIRECTOR
STATE OF NEW HAMPSHIRE

8/24/84
DATE

CIVIL DEFENSE DIRECTOR
STATE OF MAINE

8/29/84
DATE

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

Be it known that the New Hampshire Towing Association, having the capabilities required to provide the vital resources necessary to conduct emergency towing services in the event of major emergencies, and the New Hampshire Civil Defense Agency, under the direction of the Governor and the Civil Defense Director and charged with emergency preparedness for the State, have agreed that the New Hampshire Towing Association will, in time of major emergencies such as flooding or an accident at the Seabrook Nuclear Power Station, or other such natural or man-made disasters, provide emergency towing service as needed and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By Signed
Richard H. Strome, Director

Executed This Day _____

By Signed
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day _____

New Hampshire Towing Association

By Signed
Rene Fortin, President

Executed This Day Nov. 27, 1986

By Signed
Allen Lampert, Vice President

Executed This Day _____

Department of Energy
Brookhaven Area Office
Upton, New York 11973

August 2, 1984

Mr. Richard H. Strome
Director
State of New Hampshire
New Hampshire Civil Defense Agency
One Airport Road
Concord, N.H. 03301

Dear Mr. Strome:

SUBJECT: RADIOLOGICAL ASSISTANCE

Since you are located in our Region, the Brookhaven Area Office is charged with the responsibility for providing radiological assistance in the event of an emergency. Such assistance can be requested at all times by calling 516-282-2200 and asking for radiological assistance, indicating the nature of the incident, the location, and how to contact authorities to coordinate our response.

The Department of Energy (DOE) will respond to requests for radiological assistance from licensees, Federal, State, and local agencies, private organizations, or individuals involved in or cognizant of an incident believed to involve source, by-product, or special nuclear materials as defined by the Atomic Energy Act of 1954, as amended, or other ionizing radiation sources.

Unless the DOE or a DOE contractor is responsible for the activity, ionizing radiation source, or radioactive material involved in an incident, DOE radiological assistance will be limited to advice and emergency action essential for the control of the immediate hazards to health and safety. Radiological emergency assistance will be terminated as soon as the emergency situation is under control. Therefore, responsibility for post-incident recovery, including further action for the protection of individuals and the public health and safety, should be assumed by the appropriate responsible Federal, State or local government, or private authority as soon as the emergency conditions are stabilized.

If you have any further questions or desire further information, feel free to contact me.

Sincerely,

David Schwekler
Area Manager

cc: L. J. Deal
L. Cohen

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The New Hampshire School Transportation Association recognizes the critical role of major transportation vehicles in the event of either natural or technological emergencies such as flooding, fires, accidents at industrial facilities, and other emergencies. For this reason, the New Hampshire School Transportation Association agrees to encourage school bus contractors and school districts to work cooperatively with state and local authorities, particularly the New Hampshire Civil Defense Agency, in planning for and assisting in the State Emergency Response effort.

New Hampshire Civil Defense

By _____
Richard H. Strome
Director

Executed This Day 2/3/86

New Hampshire School
Transportation Association

By _____
Richard D. Snow
President

Executed This Day 2/3/86

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 2/3/86

By _____
Richard H. Clough
Executive Director

Executed This Day 2/3/86

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire, 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The American Ambulance of Loudon having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the American Ambulance will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 12/10/85

American Ambulance

By _____
Its Agent Or Representative

Executed This Day 1-10-86

2023B/Disk 0033B/2478B/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Golden Cross Ambulance, Inc. of Claremont having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the Golden Cross Ambulance, Inc. will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 12/10/85

Golden Cross Ambulance, Inc.

By _____
Its Agent Or Representative

Executed This Day 12/19/85

Please see copy of ajustment of our fee schedule effective January 1, 1986.

2023B/01sk 0033E/2478B/sjc

The following rates will be in effect starting January 1986 to December 31, 1986.

BASE RATES WILL BE AS FOLLOWS: $80.00 FOR ALL CONTRACTED TOWNS, $90.00 FOR NON-RESIDENTS AND INFANT TRANSPORT RUNS FOR MHMH ICN. BASE RATES FOR ALL ALS RUNS WILL BE $130.00 FOR CONTRACTED TOWNS, NON RESIDENTS WILL BE $140.00. MILEAGE ON ALL RUNS WILL BE $3.00 PER LOADED MILE. WAITING TIME WILL BE BILLED AT $37.50 PER HOUR. IF JUST OXYGEN IS USED, USE BASE CHARGE PLUS $17.50 AND OXYGEN SUPPLIES. IF EOA, MAST, DEFIB. ARE USED WITH OXYGEN, JUST USE THE ALS CHARGE.

Richard W Durand
12/18/85

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Medical Transfers, Inc. of West Ossipee having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the Medical Transfers, Inc. will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 12/10/85

Medical Transfers, Inc.

By _____
Its Agent Or Representative

Executed This Day 12-19-85

0033B/21sk 0033B/2478E/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The North Conway Ambulance Service of North Conway having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the North Conway Ambulance Service will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 10/6/88

North Conway Ambulance Service

By _____
Its Agent or Representative

Executed This Day June 1, 1988

20238/Disk 00338/2478B/sjc

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The NRH Tri-State Medica of Concord having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the NRH Tri-State Medica will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 12/10/85

NRH Tri-State Medica

By _____
Its Agent Or Representative

Executed This Day 1-8-86

20238/Disk 00338/2478B/sjc

24 HOUR SERVICE

BEVERLY 922-1200
SALEM 745-6801
PEABODY 532-3800
LYNN 592-2300

O'BRIEN

GLOUCESTER 281-1828
IPSWICH 356-5500
NEWBURYPORT 465-8700
LAWRENCE 686-0211

P.O. BOX 187 ·:· BEVERLY, MA. 01915

LETTER OF AGREEMENT

The O'Brien Ambulance, Inc. of Reverly Massachusetts having the capabilities required to provide the vital resources necessary to conduct energency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the O'Brien Ambulance, Inc. will, in time of natural or technological disaster such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, will provide transportation or back up services as requested and under the terms of compensation deemed by proper authority as fair and equitable.

NEW HAMPSHIRE DEFENSE AGENCY

BY _____
Michael X. Newell, Chief
Technological Hazards Division

Executed This Day 1/17/86

O'BRIEN AMBULANCE, INC.

BY Edward Cullen
Its Agent Or Representative

Executed This Day 1/8/86

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

Tne Twin Rivers Ambulance Service, Inc. of Tilton having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the Twin Rivers Ambulance Service, Inc. will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 12/6/85

Twin Rivers Ambulance Service, Inc.

By Priscilla Boutin Pres.
Its Agent Or Representative

Executed This Day 12/16/85

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

LETTER OF AGREEMENT

The Care Ambulance Service of Lowell, Massachusetts having the capabilities required to provide the vital resources necessary to conduct emergency transportation services in the event of major emergencies, and the New Hampshire Civil Defense Agency, have agreed that the Care Ambulance Service will, in time of natural or technological emergencies such as fire, flooding, chemical spills, accidents at the Vermont Yankee or Seabrook Nuclear Power Station, or other emergencies, will provide transportation service as requested and under the terms of compensation deemed by proper authority as fair and equitable.

New Hampshire Civil Defense Agency

By _____
Michael M. Nawoj, Chief
Technological Hazards Division

Executed This Day 1/9/86

Care Ambulance Service

By _____
Its Agent Or Representative
Gary Depe
Ambulance Manager

Executed This Day 1-21-86

BERLIN EMERGENCY
MEDICAL SERVICES, INC.

DAVID G. DUBEY
President

182 East Mason Street
Berlin, New Hampshire 03570
Telephone: (603) 752-1020

January 26, 1986

NH Civil Defense Agency
attn: Mr Nick Pishon
State Office Park South
107 Pleasant Street
Concord, NH 03301

Dear Mr Pishon,

As per our recent telephone conversation, the following is my attempt to describe the assistance that my company would be willing and able to provide in the event of a state-wide mass casualty incident.

First, I will list our resources. We have three ambulance vehicles. Two of these vehicles are type II vans, one of which is equipped with four-wheel drive. The third is a type III modular ambulance. The ambulances carry all of the required basic life support equipment, as well as MAST Trousers and esophageal obturator airways, which my personnel are trained to use. The ambulances also carry some light extrication equipment, such as axes, pry bars, and etc.

We can provide crews consisting of two Emergency Medical Technicians for each of the three ambulances. We also have extra part-time personnel, so we could conceivably respond with extra EMT's if needed. All of our people are nationally registered EMT-A's, and most have additional training in MAST, EOA, and patient assessment.

Now, for our limitations. First, there is our contract with the City of Berlin, which requires us to keep one ambulance and crew within the city limits at all times. Furthermore, in the event of a statewide disaster, we would be placed under the command of the city manager and the fire chief. If the incident should involve this area, I doubt that either of these gentlemen would be inclined to send us elsewhere. Therefore, we could respond at most two ambulances, and then only if the incident did not involve the city of Berlin in any way.

Our other significant limitation is our lack of training and equipment for operations in hazardous environments. We are essentially a transport service. If the patient is in a hazardous area, we usually have to wait on the outskirts until the patient is brought to us. This might be significant in the event of a disaster involving the nuclear plants.

To sum things up, we are willing to do what we can to help out. Hopefully, this letter has given you some idea of how we might be deployed to best advantage. I support your efforts to plan ahead, but I hope we never have to implement your plans.

Sincerely,

David G. Dubey

David G. Dubey

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director
JAMES A. SAGGIOTES
Deputy Director

1

February 19, 1986

Mr. Henry G. Vickers, Regional Director
Federal Emergency Management Agency
Region I
J. W. McCormack Post Office & Court House
Boston, Massachusetts 02109

Dear Mr. Vickers:

Enclosed please find 20 copies of each of two documents. The first is the package of current letters of agreement. These supercede previous letters of agreement that have been submitted to FEMA. This package may be considered an update of Part. 4.0 of the New Hampshire RERP.

The second document is the final design report for the Seabrook Station alert and notification (siren) system. At your request, we are submitting 20 copies of the January 1984 report despite the fact that we understand that FEMA has already reviewed the report (see attached letter).

We trust this submission meets your expectations for these documents.

Sincerely,

Richard H. Strome
Director

RHS/elm

Enclosure

2887B

CONTROLLED DOCUMENT

New Hampshire
Radiological Emergency
Response Plan

Volume 5

LETTERS OF AGREEMENT

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

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LETTER OF AGREEMENT
BETWEEN
VERMONT YANKEE NUCLEAR POWER STATION
AND THE STATES OF
VERMONT, MASSACHUSETTS AND NEW HAMPSHIRE

I. PURPOSE

The purpose of this Letter of Agreement is to establish conditions regarding emergency planning, notification and emergency response activities should an event at the plant require Emergency Plan activation.

II. DEFINITION

A. Emergency Operations Facility (EOF) - A center established to coordinate the deployment of Utility energency response personnel, to evaluate off-site accident conditions, and to maintain communications with off-site authorities. The location is: Primary - Governor Hunt House, Alternate - Brattleboro Office (VYNPC).

B. EOF Coordinator - The EOF Coordinator is a staff member of the Utility who is responsible for those elements conducted within the Emergency Operations Facility (EOF).

C. News Media Center - A center dedicated to the news media for the purpose of conducting joint State, Federal and Utility news briefings concerning emergency conditions. The Media Center location is: Primary - Dalem's Chalet (W. Brattleboro), Alternate - Quality Inn (Brattleboro).

D. Site Recovery Manager - A member of the Corporate office who is responsible for planning recovery actions.

E. State - The states of Vermont, Massachusetts, and New Hampshire.

F. Utility - Vermont Yankee Nuclear Power Station located in Vernon, Vermont.

G. Nuclear Alert System - A communication system for initial notification to the State of an incident at the Utility; and the means of communication between the State and Utility for exchange of information during the period of the incident.

III. AGREEMENT

The State and Utility agree to the following:

A. It is the Utitity's duty and obligation to notify the three State Police agencies immediately or no later than 15 minutes after the event has been classified as either an Unusual Event, Alert, Site Area, or General Emergency. The initial notification shall be made, as specified in the Utility and State plans, by the Utility using the Nuclear Alert System. Commercial telephone communications will be used as the redundant means. Additional information will be provided to the State representative returning the call to the Utility.

B. The Utility will notify the three State police agencies no later than 15 minutes after an emergency condition has been observed but immediately terminated. Notification shall be made, as specified in the Utility and State plans, using the system identified in A. above.

C. The three States agree to have the Utility terminate an "UNUSUAL EVENT" emergency without obtaining State concurrence. However, it is the Utility's obligation to notify the three State police centers when they terminate the "UNUSUAL EVENT".

D. The Utility and State shall exchange and coordinate Emergency Plan changes that pertain to those elements of interface prior to implementing the change. The Utility and State will coordinate the effective date of the changes.

E. The Utility shall provide space for at least three representatives from the State at the Emergency Operations Facility (EOF) and the News Media Center. Location of the EOF and News Media Center will be the responsibility of the Utility.

F. The Utility and the State agree to exchange all information (plant radiological release, off-site radiological conditions and plant technical data) known and available for emergency evaluation.

G. The Utility shall provide and maintain communications for the State in each of the Centers listed in E. above. The Nuclear Alert System will be used to coordinate the activities between the State and Utility. Either the State or Utility can activate the system for any use as necessary. (Exception: Control Room may be contacted only in extreme circumstances.)

H. The EOF Coordinator or Site Recovery Manager will be the point of contact for State representatives arriving at the Emergency Operations Facility. Authorities and responsibilities of the State and Utility personnel will be as outlined in their respective emergency plans.

I. To maintain public confidence and to avoid public apprehension, information shall be released to the public as soon as possible and in a coordinated manner through the news media center, if activated.

J. The Utility and State agree to exchange Public Information Packets for review prior to disseminating the packets to the public.

K. The State Health Departments agree to the method established by the Utility in projecting off-site whole body dose rates.

L. In the event of a radiological Emergency, the Utility agrees to make the Nuclear Services Laboratory located in Westboro, Massachusetts, available to the State for counting samples.

M. An accident shall be deemed to have terminated when, in the agreement of both the State and Utility, there is no longer need for either consideration of further protective action or surveillance related to off-site protective action. Close out of emergency classification shall be as outlined in respective emergency Plans.

N. The State of Vermont agrees to notify the State of New York (ingestion pathway zone) and coordinate off-site radiological consequences with same during any event that should occur at Vermont Yankee in the Classification of a Site or General Emergency condition.

O. The Utility and the State agree to coordinate in the maintenance, updating, and exercise of both Utility and State Emergency Plans, as required by Federal regulations or as required by operational considerations.

P. This agreement may be amended by subsequent agreement between the State(s) and the Utility.

Q. Upon the effective date, this Letter of Agreement will supercede the previous Letter of Agreement signed between the State and the Utility dated 11/29/82.

R. Upon the execution of the parties hereto, this agreement shall be effective as of the latest date written below.

CIVIL DEFENSE DEPUTY DIRECTOR
STATE OF VERMONT

July 18 1983
DATE

CIVIL DEFENSE DIRECTOR
STATE OF MASSACHUSETTS

January 30, 1984
DATE

CIVIL DEFENSE DIRECTOR
STATE OF NEW HAMPSHIRE

20 MAR 84
DATE

VICE PRESIDENT AND MANAGER OF OPERATIONS
VERMONT YANKEE NUCLEAR POWER CORPORATION

March 31, 1984
DATE

LETTER OF AGREEMENT

BETWEEN

YANKEE ROWE NUCLEAR POWER STATION

AND THE STATES OF

VERMONT AND MASSACHUSETTS

I. PURPOSE:

The purpose of this Letter of Agreement is to establish conditions regarding emergency planning, notification and emergency response activities should an event at the plant require Emergency Plan activation.

II. DEFINITIONS:

A. Emergency Operations Facility (EOF) - A center established at the plant site to coordinate the deployment of Utility emergency response personnel, to evaluate off-site radiological conditions, and to maintain communications with off-site authorities.

B. Emergency Coordinator - The Emergency Coordinator is a staff member of the Utility who is responsible for those elements conducted within the Emergency Operations Facility (EOF).

C. News Media Center - A center dedicated to the news media for the purpose of conducting joint State, Federal and Utility news briefings concerning emergency conditions. The Media Center location is dependent upon accident conditions.

D. State - The State of Vermont and Massachusetts.

E. Utility - Yankee Rowe Nuclear Power Station located in Rowe, Massachusetts.

F. Nuclear Alert System (WESCOM SS-4A) - A communication system for initial notification to the State of an incident at the Utility; and the redundant means of communication between the State and Utility for exchange of information during the period of the incident.

III. AGREEMENT:

The State and Utility agree to the following:

A. It is the Utility's duty and obligation to notify the two State Police Agencies immediately or no later than 15 minutes upon the discovery of an event that requires classification as either an Unusual Event, Alert, Site Area or General Emergency. The notification shall be made by the Utility using the Nuclear Alert System (WESCOM SS-4A). Telephone communications will be used as the redundant means.

B. The initial message to contact the State will be as specified in the Utility and State Emergency Plans. Additional information will be provided to the State representative returning the call to the Utility.

C. The Utility shall provide the locations of the Media Center and Emergency Operations Facility (EOF) to the State.

D. Throughout the entire duration of the incident, the Utility shall provide space for the two representatives from the State at the Emergency Operations Facility and the Media Center. The Utility and State agree to exert best efforts to exchange information essential for evaluation of the emergency.

E. The Utility shall provide and maintain communications for the State in each of the Centers listed in D, above, Should the primary means of communication from the Utility Emergency Operations Facility and the State Emergency Operations Center be disrupted, the Nuclear Alert System will be used to coordinate the activities between the State and Utility. Either the State or Utility can activate the system for any use as necessary. (Exception: Control Room may be contacted only in extreme circumstances).

F. The Emergency Coordinator will be the point of contact for State representatives arriving at the Emergency Operations Facility. Authorities and responsibilities of the State and Utility personnel will be as outlined in their respective emergency plans.

G. To maintain public confidence and to avoid public apprehension, information shall be released to the public as soon as possible and in a coordinated manner if possible.

H. The Utility and State agree to exchange Public Information Packets for review prior to disseminating the packets to the public.

I. The State agrees to the method established by the Utility in projecting off-site whole body dose rates.

J. In the event of a radiological emergency, the Utility agrees to make the Nuclear Services Division Laboratory located in Westboro, Massachusetts, available to the State for counting samples.

K. An Emergency shall be deemed to have terminated when, in the agreement of both the State and Utility, there is no longer need for either consideration of further protective action or surveillance related to protective action.

L. The State of Massachusetts agrees to notify the State of New York (ingestion pathway zone) and coordinate off-site radiological consequences with same during any event that should occur at Yankee Rowe in the classification of Site or General Emergency Condition.

M. The Utility and the State agree to coordinate in the maintenance updating and exercise of both Utility and State Emergency Plans, as required by Federal regulations or as required by operational considerations.

N. This agreement may be amended by subsequent agreement between the Utility and any other party(ies) to the Agreement.

O. Upon the effective date, this Letter of Agreement will supersede all previous agreement signed between the State and the Utility.

P. Upon the execution of the parties hereto, this agreement shall be effective on April 1, 1981.

CIVIL DEFENSE DIRECTOR
STATE OF VERMONT

April 6, 1981
DATE

CIVIL DEFENSE DIRECTOR
STATE OF MASSACHUSETTS

March 11, 1981
DATE

PLANT SUPERINTENDENT
YANKEE ROWE NUCLEAR POWER STATION

March 3, 1981
DATE

LETTER OF AGREEMENT

BETWEEN

NEW HAMPSHIRE YANKEE DIVISION OF

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE

AND THE STATES OF

NEW HAMPSHIRE AND MASSACHUSETTS

I. PURPOSE:

The purpose of this Letter of Agreement is to establish conditions regarding radiological emergency planning, notification and response should an event at Seabrook Station require Radiological Emergency Plan activation.

II. DEFINITIONS:

A. Emergency Operations Facility (EOF) - A center established at Newington Station, Newington, N. H. to coordinate the deployment of New Hampshire Yankee emergency personnel, to evaluate off-site accident conditions and to maintain communications with off-site authorities.

B. EOF Coordinator - The EOF Coordinator is a member of New Hampshire Yankee who coordinates monitoring activites and protective action recommendations with State representatives. He conducts these functions within the EOF.

IFO OEF.

C. Media Center - A center dedicated to the news media for the purpose of conducting joint State, Federal and New Hampshire Yankee briefings concerning emergency conditions. The Media Center location is the Town Hall in Newington, N. H.

D. Nuclear Alert System - A communication system for initial notification to the State of an emergency at Seabrook Station; and the means of communication between the States and New Hampshire Yankee for exchange of information during the period of the emergency.

E. Response Manager - An officer of New Hampshire Yankee who manages the New Hampshire Yankee emergency response organization, provides protective action recommendations to State officials and establishes a recovery organization.

F. Site Emergency Director - A member of New Hampshire Yankee who has the responsibility for the conduct of emergency operations at the station.

III. AGREEMENT:

The States and New Hampshire Yankee agree to the following:

A. It is New Hampshire Yankee's duty and obligation to notify the two State Police Agencies promptly (i.e. within 15 minutes) after an event has been classified as either an Unusual Event, Alert, Site Area, or General Emergency. The notification shall be made by New Hampshire Yankee using the Nuclear Alert System. Commercial telephone communications will be used as the backup means of notification.

B. The initial message to contact the States shall be as specified in New Hampshire Yankee and States' Emergency Plans and Procedures. Additional information shall be provided to the States' representatives returning the call to the station.

C. New Hampshire Yankee and the States shall exchange and coordinate radiological emergency plan changes that pertain to those elements of interface prior to implementing the change. New Hampshire Yankee and States shall coordinate the effective date of the changes.

D. New Hampshire Yankee shall provide space for at least three representatives from each State at the EOF and the Media Center.

The States agree to maintain with New Hampshire Yankee a current list of persons with authority to respond who will be allowed access to the EOF and Media Center. New Hampshire Yankee will provide space at the EOF for the operation of the New Hampshire Incident Field Office.

E. New Hampshire Yankee and the States agree to exchange all information (radiological releases, off-site radiological conditions and on-site technical data) known and available to permit a rapid and accurate evaluation of the emergency.

F. The EOF Coordinator will be the person to be contacted by the States' representatives arriving at the EOF.

G. Information shall be released to the public in a timely, coordinated manner through the Media Center, if activated, or by coordination between the EOF and States. All news releases to be made by New Hampshire Yankee shall be approved by the Response Manager.

H. New Hampshire Yankee and the States agree to exchange public information material for review prior to distributing the material to the public.

I. The State Health Departments agree to the method established by New Hampshire Yankee to project off-site whole body dose rates.

J. The State Civil Defense Agencies and Health Departments have reviewed and agree to the procedure established by New Hampshire Yankee to classify emergency conditions, which includes the Emergency Action Levels.

K. In the event of a radiological emergency, New Hampshire Yankee agrees through Yankee Atomic, to make the Yankee Environmental Laboratory located in Westboro, Massachusetts, available to the States for sample analysis.

L. An accident shall be deemed to have terminated when the States and New Hampshire Yankee jointly agree that there is no longer a need for either (i) consideration of further protective actions or (ii) surveillance related to off-site protective actions. Close out of an emergency classification shall be outlined in respective radiological emergency plans.

M. The State of New Hampshire agrees to promptly notify the State of Maine (ingestion pathway zone) and coordinate off-site radiological consequences with authorities in that State during an event which is classified as either a Site Area or General Emergency at Seabrook Station.

N. The State of New Hampshire and Commonwealth of Massachusetts agree to notify the United States Coast Guard, when appropriate.

O. This agreement may be amended at any time by written agreement between the States and New Hampshire Yankee.

APPENDIX M

THE

NEW ENGLAND INTERSTATE

RADIATION ASSISTANCE PLAN

Approved 10/80
N.E. Radiological
Health Committee

Rev./Posted
12/28/82
11/14/85

NEW ENGLAND INTERSTATE RADIATION ASSISTANCE PLAN

ARTICLE I - AUTHORITY

This plan is authorized by the New England Compact on Radiological Health Protection, as approved by the Legislatures and Governors of the several party States. The Act was first passed in the State of Maine on March 1, 1967, and subsequently passed by the State of Vermont on March 14, 1967, Rhode Island on April 5, 1967, New Hampshire on July 18, 1967, Massachusetts on December 20, 1967, and Connecticut on May 24, 1969. The Compact became official with the passage of the second cooperating state. The Compact, as signed into law in each of the states, followed essentially the same format as developed by the New England Radiological Health Committee (NERHC). The NERHC is composed of the six New England Radiation Control Program Directors, the FDA Regional Radiological Health Representative and the EPA Regional Radiation Representative. The Compact also allows that any state not mentioned above which is contiguous to any party state may become a party to this Compact by enacting the same.

ARTICLE II - PURPOSE

The purpose of this plan is to delineate the manner in which the New England Compact on Radiological Health Protection will be implemented. The purpose of the New England Compact is to (a) promote the Radiological Health Protection of the public, and individuals within party states, (b) provide mutual aid and assistance in radiological health matters including, but not limited to, radiation incidents, and (c) encourage and facilitate the efficient use of personnel and equipment by furthering the orderly acquisition and sharing of resources useful for programs of radiation protection. This plan outlines the manner in which this interstate mutual aid and assistance and exchange of personnel will be accomplished. This plan includes specific information on the channels of communication among the states, the availability of equipment, and laboratory capabilities, the procedures for requesting assistance from the party states and notifying party states of radiological incidents, as well as clarification of the procedures of the loan of personnel and equipment, and financial obligations encountered.

ARTICLE III - DELEGATION OF AUTHORITY

The Compact Administrator or designee for each party state shall notify the Secretary of the NERHC of the identity of any subordinate or subordinates to whom his authority as Compact Administrator has been delegated. (See Appendix I.)

ARTICLE IV - COMMUNICATIONS AND EXCHANGE OF PLANS

Each Compact Administrator or Designee shall provide the home and office telephone number of himself or herself and/or such staff members as he or she may designate as emergency contacts. In addition, he or she shall provide a second channel of communication such as the State Police which will be operative 24 hours a day for seven days a week, and shall arrange within his or her state for emergency communications to reach a responsible staff member. Each Compact Administrator shall notify the Secretary of the above designation; and this information shall be updated at least annually in Appendix I of this plan.

ARTICLE V - LISTINGS OF EQUIPMENT AND LABORATORY CAPABILITIES

Each Compact Administrator shall transmit to the Secretary a listing of available field survey equipment including range, other emergency equipment, and a listing of available laboratory capabilities by type of analysis (i.e., gross alpha, gross beta, gamma spectroscopy, etc.). Such listings shall be updated annually or more often if conditions warrant. (See Appendix II, and Appendix III.)

ARTICLE VI - REQUEST FOR ASSISTANCE

a) Upon determination by a Compact Administrator or Delegate that a radiation incident has taken place within his/her state of a magnitude sufficient to require additional personnel or equipment, the Compact Administrator or Delegate should contact the Secretary to request such aid as he/she deems necessary. The Secretary shall contact such other party state/states to request aid as he/she judged to be best able to assist under the circumstances. The state/states receiving such a request should respond with personnel and/or equipment to the best of their ability, while maintaining sufficient capability for the protection of the public health within their own state. At the time of the request, said personnel should be advised of their assigned tasks and of the location and individual to which they are to report. Provisions for further briefing, when necessary, may also be arranged at the time of such request.

b) Any state responding to a request for aid under this plan shall operate while in a party state, in accordance with the radiation incident plan of that state.

c) Reimbursement by the state receiving aid or assistance under this Article for any loss or damage to, or expense incurred in the operation of any equipment; for cost of all materials, transportation and maintenance of officers, employees, and equipment; and for any compensation or benefits for injuries or death incurred by officers or employees of an aiding state shall be in accordance with Article X.

ARTICLE VII - NOTIFICATION

The notification to other party states under this plan shall be made directly by the Compact Administrator or Designee; and such notification shall also be made to the Secretary, New England Radiological Health Committee.

ARTICLE VIII - LOAN OF FACILITIES AND EQUIPMENT, LABORATORY ANALYSIS AND EXCHANGE OF DATA

a) Facilities and equipment specified in Article V of this plan may be loaned in accordance with either of the two following situations; (1) one in which the requested state is not affected by the incident in question; and, (2) one in which the requested state is or could possibly be affected by the incident in question. (See Appendix II and Appendix III.) The requesting state shall reimburse the lending state in accordance with Article X.

b) Laboratory analyses may be performed by the requested state under conditions specified in paragraph (a) above. (See Appendix III.)

c) Requests for assistance, exchange of data or other pertinent information may be accomplished utilizing forms in Appendix IV through the Secretary of the NERHC. Transmission shall be by the most expeditious means of communication available.

ARTICLE IX - LOAN OF PERSONNEL

Professional or technical personnel having special skills or training related to radiation protection may be made available to a party state upon request. Such requests should be transmitted through the NERHC Secretary, and have approval of the respective Compact Administrators or Designees. The requesting state shall reimburse the lending state in accordance with Article X.

ARTICLE X - CHARGES FOR EQUIPMENT AND PERSONNEL

a) The state receiving aid or assistance shall reimburse the state rendering aid or assistance for any loss or damage incurred in the operation of any equipment.

b) The state receiving aid or assistance shall pay for the cost of transporting and maintaining all officers and employees of the state rendering aid in accordance with the rendering state's Rules and Regulations, or those of the state receiving aid--whichever is greater.

c) The party state borrowing personnel shall reimburse the state loaning the personnel at the same annual rate as the personnel are receiving in their own state. The borrowing state shall pay for the cost of maintaining such personnel in accordance with Article X, Section (b).

d) Nothing contained herein in Article X shall prevent any assisting party state from assuming the costs incurred under Sections (a), (b), and (c) of Article X.

ARTICLE XI - UPDATES AND REVISIONS

The Secretary of the NERRC shall be responsible for updating Appendicies I and II on an annual basis and the remaining appendicies when appropriate. In addition, the members of the NERRC shall notify the Secretary of changing situations that may affect any of the items covered under ths Compact. If needed, the Secretary can form a subcommittee to rewrite appropriate sections of the plan. Revised appendicies will be forwarded to all plan holders at the beginning of each calendar year.

NEW ENGLAND COMPACT

APPENDIX I

EMERGENCY CONTACT LISTING

FEDERAL CONTACT LISTING

ENVIRONMENTAL PROTECTION AGENCY

Primary Contact	Byron Keene Office of Radiation & Noise Business # (617) 223-5785, 5708 |1 Home # (617) 729-8356
Other Emergency Contact	Paul Bedrosian Business # (617) 223-4448 |1 Home # (617) 475-2668
24-Hour-A-Day Contact	Oil & Hazardous Materials Duty Officer (617) 223-7265

FOOD AND DRUG ADMINISTRATION

Primary Contact	Warren Church Business # (617) 223-3178 Home # (617) 664-5307
Other Emergency Contacts (in order of priority)	Neil Gaeta Business # (617) 729-5700 Home # (617) 488-7081
	Edward Baratta Business # (617) 729-5700 Home # (617) 729
	Paul Bolin Business # (617) 729-5700 Home # (603) 434-0596

APPENDIX I

CONNECTICUT

Compact Administrator	Commissioner of Environmental Protection Stanley J. Pac Business Tel: (203) 566-2110
Person to Whom Authority is Delegated	Arthur T. Heubner Business Tel: (203) 566-5668, 5134 Home Tel: (203) 521-5050
Other Emergency Contacts (in order of priority)	Kevin T. A. McCarthy Business Tel: (203) 566-5668, 5134 Home Tel: (203) 487-0305
	Donald Karn Business Tel: (203) 566-5668, 5134 Home Tel: (203) 288-1214
	Joseph R. Smolen Business Tel: (203) 566-5668, 5134 Home Tel: (203) 526-9294
8:30 to 4:30 Contact	Radiation Control Office Hartford, CT (203) 566-5668, 5134
24-Hour-A-Day Contact	Connecticut State Police (203) 566-4240 Ask for Executive Officer

MAINE

Compact Administrator	Commissioner, Department of Human Services Michael R. Petit Business Tel: (207) 289-2736
Person to Whom Authority is Delegated	Donald Hoxie Business Tel: (207) 289-3826 Home Tel: (207) 622-7445 |2
Other Emergency Contacts (in order of Priority	Wallace Hinckley Business Tel: (207) 289-3826 Home Tel: (207) 377-8834 |2
	Russell Martin Business Tel: (207) 289-3826 Home Tel: (207) 622-1258 |2
	John Cameron Business Tel: (207) 289-3826 Home Tel: (207) 622-9536
24-Hour-A-Day Contact	Maine State Police (207) 289-2155

Business Hours: 8:00 - 5:00

12/82
Rev. 2

MASSACHUSETTS

Compact Administrator	Commissioner, Department of Public Health Alfred L. Frechette, M.D. Business Tel: (617) 727-2700	
Person to Whom Authority	Robert M. Hallisey Business Tel: (617) 727-6214, 9710 Home Tel: (617) 729-5728	1
Other Emergency Contacts (in order of priority)	George Swible Business Tel: (617) 727-6214, 9710 Home Tel: (617) 387-7768	1
	Robert Watkins Business Tel: (617) 727-6214, 9710 Home Tel: (617) 832-3378	1
	William Bell Business Tel: (413) 545-2563 Home Tel: (413) 773-7858	1
	Agostino Savastano Business Tel: (617) 727-6214, 9710 Home Tel: (617) 331-6911	1
	Thomas O'Connell Business Tel: (617) 727-6214, 9710 Home Tel: (617) 754-6624	1
24-Hour-A-Day Contact	Massachusetts State Police (617) 566-4500, Ext. 237	1

12/82
Rev. 1

NEW HAMPSHIRE

Compact Administrator	Chief, Bureau of Environmental Health John R. Stanton Business Tel: (603) 271-4587 Home Tel: (603) 623-4743
Person to Whom Authority is Delegated	Diane Tefft Business Tel: (603) 271-4588 Home Tel: (603) 524-3358 Donald E. Halle Business Tel: (603) 271-4585 Home Tel: (603) 622-9618
24-Hour-A-Day Contact	New Hampshire State Police (603) 271-3636

RHODE ISLAND

Compact Administrator	Director, Department of Health Joseph E. Cannon, M.D. Business Tel: (401) 277-2231
Person to Whom Authority is Delegated	James E. Hickey Business Tel: (401) 277-2438 Home Tel: (401) 884-4732
Other Emergency Contacts (in order of priority)	Charles McMahon Business Tel: (401) 277-2438 Home Tel: (401) 949-3138 William P. Dundulis Business Tel: (401) 277-2438 Home Tel: (401) 762-5738
24-Hour-A-Day Contact	Rhode Island State Police (401) 647-3311

VERMONT

Compact Administrator	Commissioner, State Health Department Lloyd F. Novick, M.D. Business Tel: (802) 862-5701 Home Tel: (802) 425-3169
Person to Whom Authority is Delegated	Raymond N. McCandless Business Tel: (802) 828-2886 Home Tel: (802) 223-5075
Other Emergency Contacts	Paul Clemons Business Tel: (802) 828-2886 Home Tel: (802) 592-3534 Deborah Voland Business Tel: (802) 828-2886 Home Tel: (802) 462-2227 Daniel Higgins (Brattleboro Office) Business Tel: (802) 257-1750 Home Tel: (802) 257-1901
24-Hour-A-Day	Vermont State Police (802) 828-2103

2

12/82
Rev. 2

NEW ENGLAND COMPACT

APPENDIX II

INVENTORY

OF

RADIATION EVALUATION EQUIPMENT

RADIATION EVALUATION EQUIPMENT

STATE CONNECTICUT

Date 12/80

Rev · 0

tity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
1	GM	Eberline	E-530		X						
	a.) 4 HP-270 probes b.) 1 HP-260 probe						24 K cpm	200 mr/hr	200 mr/hr		
	GM	Eberline	E-120		X		50 mr/hr	50 mr/hr	50 mr/hr		
	Ion Chamber a.) Will also detect high energy alpha.	Victoreen	470A		X		1000 R/hr	1000 R/hr	1000 R/hr		
	GM	Baird Atomic	420		X		100 mr/hr	100 mr/hr	100 mr/hr		
	GM/Scintillation a.) 1 Eberline SPA-3 scintillation probe assembly, a 2 x 2 NaI Xtal	Eberline	RM-19		X	X	X.	1.2 Meg cpm per mr/hr Cs-137	X		
	b.) The RM-19 can be used with a GM probe and other alpha, beta, gamma probes.										
	Scintillation	Eberline	PAC-1 S AGA		X	2 Meg cpm					
	Ion Chamber	MDH Industries	MDH		X			999R	999R		
*	Dosimeter	Bendix	CDV-138		X			200 mr	X		
	Dosimeter	Landsverk	L-50		X			200 mr	X		
*	Dosimeter	Landsverk	CDV-730		X			20 R			
	Dosimeter	Bendix	622		X			20 R			

tity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
*	Dosimeter	Landsverk	CDV-742		X			200 R			
	Dosimeter	Capintec	PMY-SBD 6		X			500 mr	500 mr		
	Dosimeter	Bendix	1200-mr		X			200 mr	200 mr		
	Dosimeter	Nuclear Assoc.	050		X			5 R	5 R		
*	Dosimetere	Bendix	CDV-742		X			200 R			
	Dosimeter Charger	Jordan	CDV-750		X						
	Dosimeter Charger	Bendix			X						
*	Dosimeter Charger	Victoreen	CDV-750		X						
	Dosimeter Charger	Bendix	906-5		X						
	Dosimeter Charger	Capintec	CAT6 N192		X						

*Additional equipment of this type available on short notice.

ntity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
1	RF	Narda	8100		X						200 mW/cm² 915 MHz or 2450 MHz
1	RF a.) "E" Field and "H" Field b.) 8616 metering unit	Narda	8608		X						20 mW/cm² 10 MHz to 18 GHz
3	Air Samplers, fixed			X		X	X	X			
1	Pressurized Ionization Chamber with chart recorder and alarm setpoint				X			X			

RADIATION EVALUATION EQUIPMENT

Page 1 of 2

STATE MAINE

Date 12/28/82

Rev 2

ity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
	ZnS	Eberline	PAC-15A		X	2 R/hr					
	Ion Chamber	Victoreen	CDV-700		X	30,000 cpm					
	Cutie Pie Ion Chamber	Technical Associates	TAC-3		X		5000 mR/hr				
	Ion Chamber		CDV-715/ 720		X			0-500 R			
	Ion Chamber	MDH	1015		X			2uR-999R			
	Condenser R	Victoreen	570					0mr-10R			
	" "	Landsverk	L-64		X			0mr-1000R			
	G.M. Thinwall	Victoreen	CDV-700		X			50 mR/hr			
	2x2 NaI microR	Johnson	GSP 2A		X			2-20 mR/hr			
	Air Sampler (120 VAC)	Radeco	HD-28B		X						
	Air Sampler (120 VAC)	Gelman			X						

tity		Manufacturer	Model #	Lab.	Fie	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Mic	
)	Film Badges					X	X	X	X	X		
)	Dosimeter	Bendix	CDV 138		X			200 mR				2
)	Dosimeter	Bendix	CDV 742		X			200 R				2
10	TLD chips	Harshaw	3x3 mm		X			X	X			2
	TLD Reader(1)	Panasonic	UD702E	X				1 mR LLD				2
	Liquid Scint.	Beckman	700	X		X	X					
	PHA 800 Channel (2)	Canberra	Series 80	X								
1	GeLi(5%)	Canberra		X				X				
1	3X3 NaI	Harshaw		X				X				
1	4X4 NaI	Harshwaw		X				X				
1	Silicon	Canberra		X		X						
1	Beta Counter	Nuclear Chicago	8100	X								
1	Proportional Counter	Nuclear Measurements	DSIB	X			X					
1	"	"	PCI	X		X	X					
1	"	"	PC3A	X		X	X					

NOTES: (1) A Panasonic Model UD702E replaces the former Eberline system and UD814AQ Environment Dosimeter Badges. 2

(2) The Series 80 Multichannel Analyser has an 8K microcomputer with a library of 65 fission products for auto analysis. The GeLi, 3X3 NaI, 4X4 NaI, and Silicon scintillator spectroscopic detectors are all connected to the Series 80. There are 2 additional MCA's available and 2 hardcopy printers.

Quantity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave	
B	Windowless Gas Flow Proportional Counter	Nuclear Measurements Corp.	1	X		X	X					1
B	Thin Window Gas-Flow Proportional Counter	Nuclear Chicago Spectro Shield		X		X	X					1
B	Liquid Scintillation Counter	Packard	3300	X				X				1
B	GeLi MCA System with DEC 1104	Canberra	8100	X				X				
	TLD Reader	Victoreen	2600	X				X				
	CaF_2(Mn) Vacuum Tube Dosimeters	Victoreen	2600-2		X			X				
	Furnace	Thermolyne	Type 10500	X								
AC	L B Beta System	Tracerlab		X			X					
AC	Proportional Counter	NMC	PCC11A	X		X	X					
	Regulated Air Samplers	Eberline	RAS 1		X							
	Pulse Rate Meters with HP 210 Probe	Eberline	PRM6									
		"	HP210		X		5×10^5 cpm	5×10^5 cpm				

tity		Manufacturer	Model #	Lab.	Fie	Radiation Evaluated						
						lpha	Beta	Gamma	X-ray	Neutron	Mi	
	Gamma Detector	Victoreen	498		X		10R/hr	10R/hr				
	Alpha Meter	Eberline	PAC1 SAG		X	2m cpm. 2R/hr						
	Gamma Detector	Precision Radiation Instrument	Drill Hole		X		20mR/hr					
	Survey Meter	Ludlum	3		X							
	Probe	Ludlum	44-3		X			0-200 mR/hr low energy gamma probe				1
	Probe	Ludlum	44-2		X			0-200 mR/hr high energy gamma probe				
	Gamma Detector	Eberline	E-120		X		50mR/hr					
	Juno Model 7				X	1mr/hr= 1000 dpm alpha	25R/hr	25R/hr				
	Jordan Model AGB-10k				X			10kR/hr				
	Victoreen Model 444				X			1000R/hr				
	Ion Chamber	Victoreen	440		X				300mR/hr			
	GM	Victoreen	CDV 770		X		50mR/hr	50mR/hr				
	Ion Chamber	Victoreen	CDV 715		X			500R/hr				
	Alpha Meter	Victoreen	CDV 700		X	50mR/hr						
	Ion Chamber	MDH			X				12R/hr			
	Cutie Pie	Victoreen			X	10kR/hr	10kR/hr					
	Dosimeter Charger	IEHC	5b		x							
	Dosimeter	Landsverk	CDV-742		X			200mR				
	Dosimeter	Landsverk			X			1R				
	EM Meter	Narda	8616		X							10,000Mw/cm^2

e MASSACHUSETTS Date 12/28/82 [illegible] Page 3 of 3 pages

tity	Type	Manufacturer	Model #	Lab.	Id	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwa
Inoperative											
Jamaica Plain											
Amherst											

1

STATE NEW HAMPSHIRE

Date 11/07/85

Rev 3

Quantity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
1	Proportional counter	Tennelec	LB-1000	X		10^7 cpm	10^7 cpm				
1	TLD reader	Victoreen	2810	X				$6x10^8$ R	$6x10^8$ R		
1	MCA [Ge(Li)]	Nuclear Data	6620	X				N/A			
1	Ion Chamber	Victoreen	592B		X			1 R	1 R		
3	CM	Eberline	E-510		X		200 mr/hr	200 mr/hr	200 mr/hr		
3	CM	Various Makes	CDV 700		X		50 mr/hr	50 mr/hr			
1	CM	Wm. B. Johnson	GP-200		X		20 mr/hr	20 mr/hr			
2	Scintillation	Eberline	PAC-15A		X	$2x10^6$ cpm					
1	Scintillation	Eberline	SPA-1		X		$2x10^6$ cpm				
1	Scintillation	Eberline			X			200 mr/hr			
1	Proportional counter	Eberline	PAC-3G		X	10^5 cpm					
1	Scintillation	Wm. B. Johnson	BSP-2A		X		$5x10^4$ cpm				

Quantity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated						
						Alpha	Beta	Gamma	X-ray	Neutron		owave
2	Pressurized Ion Chambers	Nuclear Measurements Lab.			X			300 uR/hr	r			
1	Scintillation	Wm. B. Johnson	FNSP-2A		X					$5x10^4$ cpm		
1	Ion chamber	Victoreen	70		X		(					
							(	0.25R - 100 R				
2	Ion chamber	Victoreen	570		X		(					
1	Power density	Narda	8100		X							20 mW/cm^2
63	Dosimeter	Various Makes	CDV 138		X			200 mr				
1	Ion chamber	MMH	1015		X			999 R				
1	Air sampler	MCD Pneumatics Inc.	41-3202-5-768	X		66 m^3/hr	66m^3/hr					
1	Liquid scintillation counter	NEI	LSC-2	X			10^6					

Quantity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
1	Ion Chamber	Eberline	PIC-6A		X		1000 R/hr	1000 R/hr			
1	G-M Ratemeter	Eberline	RM-14		X		$5x10^5$				
3	Air sampler	Radeco	H-809C		X	[2.5 cfm]					
7	Micro-R Meter	Ludlum	19		X			5 mR/hr			
2	G-M	Ludlum	5		X			2 R/hr			
1	G-M	Ludlum 2000 + Atlantic Nuclear G-M		X			$5x10^5$				

LABORATORY AN[redacted] CAPABILITY (5)

State NEW HAMPSHIRE

Date 11/07/85

Rev ?

Medium	Analysis	Analysis Time (hrs)	Analyses Per Day(1) State Involved in Emergency 8 hr day	State Involved in Emergency 24 hr day(4)	State Not Involved in Emergency 8 hr day	State Not Involved in Emergency 24 hr day(4)
Milk, water or vegetation	Gamma scan	4.0	2	5	2	5
Water or precipitation(2)	Gross alpha & gross beta	0.7	2(3)	8(3)	6(3)	24(3)
Water or precipitation	Tritium (H-3)	3.0	1	3	2	8
Air filter or dry deposition(2)	Gross alpha & gross beta	0.7	4	11	11	34
TLD (bulb or chip)	External gamma	0.1	27	80	80	240

(1) This schedule can be maintained for a relatively short period of time (e.g., 1-5 days)
(2) Instrumentation not available to do both analyses simultaneously
(3) Preparation time included
(4) This presupposes the availability of personnel
(5) For any other NERHIC members

tity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
	Scintillation Counter	Ludlum	60		X	$5x10^6$ CPM					
	Beta Survey (not GM)	Nuclear Chicago	2650		X		100 mR/hr				
	Gamma Survey	Victoreen	470A		X			1 R/hr 1000 R/hr			
(8)	Geiger Counter	Ludlum	3		X			200 mR/hr $3x10^5$ cpm			
	Micro-R Meter	Ludlum	12 S		X			3 mR/hr			
	Geiger Counter	Ludlum	2		X		50 mR/hr	50 mR/hr			
(1)	GM	Eberline	E-120		X		50 mR/hr	50 mR/hr			
	GM (thin wall)	Victoreen	CDV-700		X		50 mR/hr	50 mR/hr			
	Ion Chamber	Victoreen	CDV-715		X			500 R/hr			
(2)	Condenser R Meter	Victoreen	570		X			(2)			
	RAD TAD	Eberline	RT-1A		X			X	X		
	Dosimeter	Bendix	CDV-742		X			200 mR	X		
	Dosimeter	Capintec	PMY-SPQ	6	X			2R	X		
	Dosimeter	Capintec	PMY-SPQ	6	X			200 mR	X		

ıtity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave	
	Dosimeter	Landsverk	L-50		X			200 mR	X			
	Dosimeter	Nuclear Asso.	012		X			1.2 R	X			
	Dosimeter	Nuclear Asso.	050		X			5 R	X			
	Dosimeter	Dosimeter Corp.	1200		X			200 mR	X			
	Dosimeter	Dosimeter Corp.	002		X			200 mR	X			
	Low Bkgrnd Alpha/Beta Counting System	Canberra	2402	X		X	X					3
	NaI/MCA (3) System	TMC	400 Channel	(Note: Gamma Spec. system inoperable.)								3
(4)	Ion Chamber	MDH	1015		X			999 R	999 R			
(5)	Ion Chamber	Victoreen	440RFC		X		X	1 R/hr				
(6)	Power Density	NARDA	8100		X						20 mW/cm^2	
	Power Density	NARDA	8616		X						200 mW/cm^2 (915 & 2450 MHz only)	
	Power Density	Holaday	1500		X						100mW/cm^2 (2450 MHZ)	
(7)	Probe	NARDA	8633		X						100 mW/cm^2 10MHz-300MHz	
(7)	Probe	NARDA	8623		X						100 mW/cm^2 300MHz-26GHz	

OTES and/or COMMENTS:

) Calibrated with both geiger and HP-270 probes.

) One unit has 2.5R, 5R, 10R, and 25R chambers. The other unit has 2.5R and 25R chambers.

) System has 3 x 3 NaI coupled to 400 channel MCA. Output is channel by channel teletype or X-Y plot.

) 10 x 5-6 and 10 x 5-180 probes on 2 units; 10 x 5-6 probe only on 1 unit.

) RF shielded for CRT and TV measurements. This unit is on loan from BRH.

) One unit with two probes. This unit is on loan from BRH.

) Probe is for use with NARDA Model 8616 meter.

) Unit is calibrated for Ludlum Model 44-3 (Low-energy) Probe, although it will detect other gammas.

LABORATORY ANA[illegible] CAPABILITY (5)

State NEW HAMPSHIRE

Date 11/07/85

Rev ?

Medium	Analysis	Analysis Time (hrs)	Analyses Per Day(1)			
			State Involved in Emergency		State Not Involved in Emergency	
			8 hr day	24 hr day(4)	8 hr day	24 hr day(4)
Milk, water or vegetation	Gamma scan	4.0	2	5	2	5
Water or precipitation(2)	Gross alpha & gross beta	0.7	2(3)	8(3)	6(3)	24(3)
Water or precipitation	Tritium (H-3)	3.0	1	3	2	8
Air filter or dry deposition(2)	Gross alpha & gross beta	0.7	4	11	11	34
TLD (bulb or chip)	External gamma	0.1	27	80	80	240

1) This schedule can be maintained for a relatively short period of time (e.g., 1-5 days)
2) Instrumentation not available to do both analyses simultaneously
3) Preparation time included
4) This presupposes the availability of personnel
5) For any other NERHC members

ntity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
	BF_3	Eberline	PNC-4		X					$5x10^5$ cpm	
	Ion Chamber	Victoreen	570		X			0.25R to 100R	0.25R to 100R		
	Ion Chamber	M.H.D.	1015		X			999 R	999 R		
	Pressurized Ion Chamber	Reuter-Stokes	RSS-111		X			500 uR/hr	500 uR/hr		
	GM	Eberline	E-120		X		$5x10^4$ cpm	$5x10^4$ cpm	$5x10^4$ cpm		
	Ion Chamber	Victoreen	471		X			300R/hr (<1mR to 300mR integrate)	300R/hr		
	GM	Eberline	PRM-4A		X		$2x10^5$ cpm	$2x10^5$ cpm			
	GM to Scintillation NaI	Victoreen	Thyac III		X		$8x10^5$ cpm	$8x10^5$ cpm			
	Silicon Barrier	Merac	IV		X	$1x10^5$ counts					
	Scintillation	Eberline	PAC-15AG		X	$2x10^6$ cpm		2R/hr			
	Diode	Holiday (2.54 GHz)	HI-1500		X						100 mW/cm^2
	Diode	Holiday	3002		X				E-probe: 0.5MHz to 6 GHz, 10^7 V^2/M^2 FS. H-probe: 5MHz to 300 MHz, 100 A^2/M^2 FS.		2
	Isotropic	IFI	RHM-1						10 KHz to 220 MHz, 300 V/M		2

Quantity	Type	Manufacturer	Model #	Lab.	Field	Radiation Evaluated: Alpha	Beta	Gamma	X-ray	Neutron	Microwave
1	Diode	Narda	8616		X						
	Probe	Narda	8621		X						20 mW/cm^2 300MHz-26GHz
4	Ion Chamber	Victoreen	V715		X			500R/hr			
2	GM	Victoreen	V700		X		3×10^5 cpm	50mR/hr			
1	Ion Chamber	Nuclear Associates	Strad		X			10^3R/hr	10^3R/hr		
3	Quartz Fiber	DCA	015		X			1.5R	1.5R		
3	Quartz Fiber	DCA	050		X			5.0R	5.0R		
3	Quartz Fiber	DCA	150		X			0.5R	0.5R		
3	Quartz Fiber	Capintec	SBQ-6		X			0.5R	0.5R		
2	TLD Reader	Victoreen	2810	X				10^3R	10^3R		
1	Gas Flow Proportional Counter	NMC	PCC-11T & DS-1T	X		5×10^7 cpm	5×10^7 cpm				
	100 mgm/cm^2 Window Gas Flow Counter	Canberra	220S	X							
	Ge-Li Gamma Spectrometer	Canberra	Series 80 Mod.8623	X							
	Survey Meter	Ludlum	2218	X	X						
	Alpha scint probe	"	43-2	X	X						
	Beta " "	"	44-1	X	X						
	Gamma " "	"	44-10	X	X						
	GM Tube	"	44-7	X	X						

Attachment 1

NEW ENGLAND COMPACT

REQUEST FOR RADIOLOGICAL ASSISTANCE

(1) I (we) request the following radiological assistance from _____ under the provisions of the New England Compact.

(2) Agency requesting assistance: _____

(3) Authorized requestor: _____

(4) Phone (include area code): _____

(5) Describe type and quantities of assistance requested:

a. Equipment: _____

b. Manpower: _____

c. Support Services: _____

(6) a. Where is the assistance needed?

b. Where should equipment and/or personnel report (be specific):

c. When is the requested assistance needed?

d. Estimated duration of assistance: _____

e. Contact person for requested assistance -- specify location and phone number (include area code): _____

NEW ENGLAND COMPACT

REQUEST FOR RADIOLOGICAL ASSISTANCE

(7) Other Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of
Authorized Requestor:

_____

Date:

_____

R. S. Landauer, Jr. & Co.
Division of Tech Ops Incorporated

39 Millpowr Road
East Brunswick, New Jersey 08816
Telephone (201) 238-6444

December 20, 1983

NH State Department of Civil
Defense
Attention: Mrs. Petullo
1 Airport Road
Concord, New Hampshire 03301

Ref: Account #11346

Dear Mrs. Petullo:

The following are some of the points Mike Navoj and I discussed prior to the initiation of your film badge service in 1982:

1. We can provide, in large quantities, our G-1 film badge and/or T-1 TLD badge in the event of an emergency. The pricing schedule would be the price which is in effect at the time of need, depending on the quantity required.

2. In the event of an emergency, an appropriate location for emergency dosimetry processing would be provided. This could entail a combination of the following facilities; an on-site location, a nearby location (such as a hotel room), our New Jersey regional office and our main processing facilities in Glenwood, Illinois. The choice would depend on your needs and the extent of the emergency situation.

If you have any questions or if I can be of any further help, please contact me at (201) 238-6444.

Sincerely,

R. S. LANDAUER, JR. & COMPANY
DIVISION OF TECHNICAL OPERATIONS

Chuck Anderson
Chuck Anderson
East Coast Regional Sales Manager

/smc

CHAPTER 106-D

NEW ENGLAND STATE POLICE COMPACT

106-D:1 Compact Ratified. The general court of this state hereby ratifies the following compact to become effective at such time as the legislative bodies of any 3 of the eligible states also ratify it.

New England State Police Compact

Article I. Purposes

The purposes of this compact are to:

A. Provide close and effective cooperation and assistance in detecting and apprehending those engaged in organized criminal activities;

B. Establish and maintain a central criminal intelligence bureau to gather, evaluate and disseminate to the appropriate law enforcement officers of the party state information concerning organized crime, its leaders and their associates;

C. Provide mutual aid and assistance in the event of police emergencies, and to provide for the powers, duties, rights, privileges and immunities of police personnel when rendering such aid.

Article II. Entry into Force and Withdrawal

A. This compact shall enter into force when enacted into law by any 3 of the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. Thereafter, this compact shall become effective as to any other of the aforementioned states upon its enactment thereof.

B. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until one year after the governor of the withdrawing state has given notice in writing of the withdrawal to the governors of all other party states. No withdrawal shall affect any liability already incurred by or chargeable to a party state prior to the time of such withdrawal, and any records, files, or information obtained by officers or employees of a withdrawing state shall continue to be kept, used, and disposed of only in such manner as is consistent with this compact and any rules or regulations pursuant thereto.

Article III. The Conference

A. There is hereby established the "New England State Police Administrators' Conference," hereinafter called the "conference", to be composed

of the administrative head of the state police department of each party state.

B. If authorized by the laws of his party state, the administrative head of the state police department of a party state may provide for the discharge of his duties and the performance of his functions on the conference, for periods none of which shall exceed 15 days, by an alternate. No such alternate shall be entitled to serve unless notification of his identity and appointment shall have been given to the conference in such form as the conference may require.

C. An alternate serving pursuant to subdivision (B) of this article shall be selected only from among the officers and employees of the state police department, the head of which such alternate is to represent.

D. The members of the conference shall be entitled to one vote each. No action of the conference shall be binding unless taken at a meeting at which a majority of the total number of votes on the conference are cast in favor thereof. Action of the conference shall be only at a meeting at which a majority of the members of the conference, or their alternates, are present.

E. The conference shall have a seal.

F. The conference shall elect annually, from among its members, a chairman (who shall not be eligible to succeed himself), a vice chairman, and a treasurer. The conference shall appoint an executive secretary and fix his duties and compensation. Such executive secretary shall serve at the pleasure of the conference, and together with the treasurer shall be bonded in such amount as the conference shall determine. The executive secretary also shall serve as general secretary of the conference.

G. Irrespective of the civil service, personnel or other merit system laws of any of the party states, the executive secretary subject to the direction of the conference, shall appoint, remove or discharge such personnel as may be necessary for the performance of the conference functions and shall fix the duties and compensation of such personnel.

H. The conference may establish and maintain independently or in conjunction with any one or more of the party states, a suitable retirement system for its full time employees. Employees of the conference shall be eligible for social security coverage in respect of old age and survivor's insurance provided that the conference takes such steps as may be necessary pursuant to the laws of the United States, to participate in such program of insurance as a governmental agency or unit. The conference may establish and maintain or participate in such additional programs of employee benefits as may be appropriate. Employment by the conference of a retired officer or employee of a party state shall not affect the pension or other retirement-connected benefits paid to such officer or employee by a party state.

I. The conference may borrow, accept or contract for the services of personnel from any party state, the United States, or any subdivision or

agency of the aforementioned governments, or from any agency of 2 or more of the party states or their subdivisions.

J. The conference may accept for any of its purposes and functions under this compact any and all donations, grants of money, equipment, supplies, materials, and services, conditional or otherwise, from any state, the United States, or any governmental agency, or from any person, firm or corporation, and may receive, utilize and dispose of the same. The conference shall publish in its annual report the terms, conditions, character, and amount of any resources accepted by it pursuant hereto together with the identity of the donor.

K. The conference may establish and maintain such facilities as may be necessary for the transacting of its business. The conference may acquire, hold, and convey real and personal property and any interest therein.

L. The conference shall adopt bylaws for the conduct of its business and shall have the power to amend and rescind these bylaws. The conference shall publish its bylaws in convenient form and shall file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the party states. The bylaws shall provide for appropriate notice to the conference members of all conference meetings.

M. The conference annually shall make to the governor and legislature of each party state a report covering the activities of the conference for the preceding year, and embodying such recommendations as may have been issued by the conference. The conference may make such additional reports as it may deem desirable.

Article IV. Conference Powers

The conference shall have power to:

A. Establish and operate a New England Criminal Intelligence Bureau, hereinafter called "the bureau", in which shall be received, assembled and kept case histories, records, data, personal dossiers, and other information concerning persons engaged or otherwise associated with organized crime.

B. Consider and recommend means of identifying leaders and emerging leaders of organized crime and their associates.

C. Facilitate mutual assistance among the state police of the party states pursuant to Article VII of this compact.

D. Formulate procedures for claims and reimbursements, pursuant to Article VII of this compact.

E. Promote cooperation in law enforcement and make recommendations to the party states and other appropriate law enforcement authorities for the improvement of such cooperation.

F. Do all things which may be necessary and incidental to the exercise of the foregoing powers.

Article V. Disposition of Records and Information

The bureau established and operated pursuant to Article IV A of this compact is hereby designated and recognized as the instrument for the performance of a central criminal intelligence service to the state police departments of the party states. The files, records, data and other information of the bureau and, when made pursuant to the bylaws of the conference, any copies thereof shall be available only to duly designated officers and employees of the state police departments of the party states acting within the scope of their official duty. In the possession of the aforesaid officers and employees, such records, data and other information shall be subject to use and disposition in the same manner and pursuant to the same laws, rules and regulations applicable to similar records, data, and information of the officer's or employee's agency and the provision of this compact.

Article VI. Additional Meetings and Services

The members of the conference from any 2 or more party states, upon notice to the chairman as to the time and purpose of the meeting, may meet as a section for the discussion of problems common to their states. Any 2 or more party states may designate the conference as a joint agency to maintain "for them" such additional common services as they may deem desirable for combating organized crime.

Except in those cases where all party states join in such designation for common services, the representative of any group of such designating states in the conference shall constitute a separate section of such conference for the performance of the common service or services so designated provided that, if any additional expense is involved, the state so acting shall provide the necessary funds for this purpose. The creation of such a section or joint agency shall not affect the privileges, powers, responsibilities or duties of the states participating therein as embodied in the other articles of this compact.

Article VII. Mutual Aid

A. As used in this Article:

1. "Emergency" means an occurrence or condition, temporary in nature, in which the state police department of a party state is, or may reasonably be expected to be, unable to cope with substantial and imminent danger to the public safety, and in which the cooperation of or aid from local police forces within the state is, or may reasonably be expected to be insufficient. Also "emergency" shall mean a situation in which an investigation of an aspect of organized crime, or events connected with organized crime require augmentation, for a limited time, of the investigative personnel of the state police department from without the state.

2. "Requesting state" means the state whose state police department requests assistance in coping with an emergency.

3. "Responding state" means the state furnishing aid, or requested to furnish aid, pursuant to this Article.

B. In case of emergency, upon the request of the administrative head of the state police department of a party state, the administrative head of the state police department of each responding state shall order such part of his state police forces as he, in his discretion, may find necessary, to aid the state police forces of the requesting state in order to carry out the purposes set forth in this compact. In such case, it shall be the duty of the administrative head of the state police department of each responding state to issue the necessary orders for such use of state police forces of his state without the borders of his state, and to direct such forces to place themselves under the operational control of the administrative head of the state police department of the requesting state.

C. The administrative head of the state police department of any party state, in his discretion, may withhold or recall the police forces of his state or any part or any member thereof, serving without its borders.

D. Whenever any of the state police forces of any party state are engaged outside their own state in carrying out the purposes of this compact, the individual members so engaged shall have the same powers, duties, rights, privileges and immunities as members of the state police department of the state in which they are engaged, but in any event, a requesting state shall save harmless any member of a responding state police department serving within its borders for any act or acts done by him in the performance of his duty while engaged in carrying out the purposes of this compact.

E. All liability that may arise under the laws of the requesting state or under the laws of the responding state or under the laws of a third state on account of or in connection with a request for aid shall be assumed and borne by the requesting state.

F. Any responding state rendering aid pursuant to this compact shall be reimbursed by the requesting state for any loss or damage to, or expense incurred in the operation of any equipment answering a request for aid, and for the cost of materials, transportation and maintenance of state police personnel and equipment incurred in connection with such request: provided, that nothing herein contained shall prevent any responding state from assuming such loss, damage, expenses or other cost.

G. Each party state shall provide, in the same amounts and manner as if they were on duty within their state, for the pay and allowances of the personnel of its state police department while engaged without the state pursuant to this compact and while going to and returning from such duty pursuant to this compact.

H. Each party state providing for the payment of compensation and death benefits to injured members and the representatives of deceased members of its state police department in case such members sustain injuries or are killed within their own state, shall provide for the payment of

compensation and death benefits in the same manner and on the same terms in case such members sustain injury or are killed while rendering aid pursuant to this compact.

Article VIII. Finance

A. The conference shall submit to the governor or designated officer or officers of each party state a budget of its estimated expenditures for such period as may be required by the laws of that party state for presentation to the legislature thereof.

B. Each of the conference's budgets of estimated expenditures shall contain specific recommendations of the amount or amounts to be appropriated by each of the party states. The total amount of appropriations under any such budget shall be apportioned among the party states as follows: One-third in equal shares; ⅓ divided among the party states in the proportions that their population bear to the total population of all the party states; and ⅓ divided among the party states in the proportions that the major crimes committed in each party state bear to the total number of major crimes committed in all the party states. In determining population pursuant to this paragraph, the most recent decennial census compiled by the United States Government shall be used. Numbers of major crimes shall be as reported in the most recent annual "Uniform Crime Report" compiled by the Federal Bureau of Investigation of the United States Department of Justice, or by any agency which may assume responsibility for such compilation in the place of such bureau. In the event that any source of information required to be used for the purpose of this paragraph shall be discontinued, the conference shall make its calculations on the basis of the best alternative sources of information and shall identify the sources used.

C. The conference shall not pledge the credit of any party state. The conference may meet any of its obligations in whole or in part with funds available to it under Article III J of this compact, provided that the conference takes specific action setting aside such funds prior to incurring any obligation to be met in whole or in part in such manner. Except where the conference makes use of funds available to it under Article III J hereof, the conference shall not incur any obligation prior to the allotment of funds by the party states adequate to meet the same.

D. The conference shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the conference shall be subject to the audit and accounting procedures established under its rules. However, all receipts and disbursements of funds handled by the conference shall be audited yearly by a qualified, public accountant and the report of the audit shall be included in and become part of the annual report of the conference.

E. The accounts of the conference shall be open at any reasonable time for inspection by duly constituted officers of the party states and any persons authorized by the conference.

F. Nothing contained herein shall be construed to prevent conference compliance with laws relating to audit or inspection of accounts by or on behalf of any government contributing to the support of the conference.

Article IX. Construction and Severability

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the Constitution of any state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating herein, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the state affected as to all severable matters.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:2 Director, Division of State Police. For the purposes of this act, the director of the division of state police shall be this state's representative to the conference.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:3 Powers of Director. The director shall not request aid from without the state, pursuant to Article VII B of the compact, until he has received the concurrence of the governor in such request. The governor, in his discretion, may withhold or recall the police forces of this state or any part or any member thereof, serving without its borders.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:4 Alternate to Conference. The director is authorized to designate an alternate to serve in his place and stead on the conference as permitted by Article III B-C of the compact. However, it is the intention of the legislature that the director shall attend and participate in the work of the conference in person to the maximum extent practicable.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:5 Retirement System. The New England State Police Conference may, by resolution legally adopted in form approved by the board

of trustees of the New Hampshire retirement system, elect to have its New Hampshire officers and employees become eligible to participate in the said retirement system. After such election, said conference shall be known as an employer for the purposes of RSA 100-A. The board of trustees of the New Hampshire retirement system shall set a date when the participation of the officers and employees of the conference shall become effective, and then such officers and employees may become members of the said retirement system and participate therein.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:6 Membership Retirements. Membership in the New Hampshire retirement system shall be optional for the New Hampshire officers and employees of said conference who are in its service on the date when participation becomes effective and any such officer or employee who elects to join said system shall be entitled to a prior service certificate covering such periods of previous service rendered to such conference or the state for which the conference is willing to make accrued liability contributions. Membership shall be compulsory for all New Hampshire employees entering the service of the conference after the date participation becomes effective.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:7 Reports. The chief fiscal officer of the conference shall submit to the board of trustees such information and shall cause to be performed, with respect to the New Hampshire employees of said conference who are members of said retirement system, such duties as shall be prescribed by the board of trustees in order to carry out the provisions of the state employees' retirement system.

History

Source. 1969, 224:1, eff. June 11, 1969.

106-D:8 Repeal of Compact. Renunciation, within the meaning of Article II of the compact shall be accomplished by act of the legislature repealing the compact and by notice in accordance with said article. In the event of such an act of repeal the governor shall send the necessary notice to the other party states.

History

Source. 1969, 224:1, eff. June 11, 1969.

STATEMENT OF UNDERSTANDING
BETWEEN
THE STATE OF NEW HAMPSHIRE
AND
THE AMERICAN RED CROSS

PURPOSE

The purpose of this statement of understanding is to provide for cooperation and coordination between the State of New Hampshire, its agencies, counties and municipalities, and the American National Red Cross, (hereinafter known as the American Red Cross) in carrying out their assigned responsibilities in the event of natural or man-made disaster or enemy attack.

DEFINITION OF DISASTER

A disaster is an occurrence such as hurricane, tornado, storm, food, high water, wind-driven water, tidal wave, earthquake, drought, blizzard, pestilence, famine, fire, explosion, volcanic eruption, building collapse, transportation wreck, or other situation that causes human suffering or creates human needs that the victims cannot alleviate without assistance.

AUTHORITY

The State of New Hampshire

The State of New Hampshire, in cooperaton with the Federal Government, is responsible for the development and execution of civil preparedness programs and for providing assistance to local governments and municipal units in the development of disaster plans and capabilities.

The New Hampshire Civil Defense Agency has been designated by the Governor as the coordinating agency for diaster operations. In conducting such operations, the New Hampshire Civil Defense will encourage all state and local agencies and municipalities to cooperate with agencies established by laws of the United States.

The American Red Cross

The American Red Cross is an instrumentality of the United States Government, with a Congressional Charter, codified at 36 U.S.C., Section 1 et. seq., under which it is charged to "...carry on a system of relief in time of peace and apply the same in mitigating the suffering caused by pestilence, famine, fire, floods, and other great national calamities..." This role has been restated in the Disaster Relief Act of 1974 (P.L. 93-288), which says "...nothing contained in this act shall limit, or in any way affect the responsibilities of the American National Red Cross under the Act of January 5, 1905."

SCOPE OF AMERICAN RED CROSS ACTIVITIES

Natural Disasters

The magnitude of a disaster may be such that it simultaneously affects tens of thousands of people in several states or it may bring suffering and anguish to just a few persons in one apartment building or group of houses. Regardless of the extent of the disaster, it is the responsibility of the American Red Cross to help meet the human needs that the disaster has caused. These needs may include food, clothing, shelter, first aid, and other basic elements for comfort and survival.

The American Red Cross also helps disaster victims needing long-term recovery assistance by advising and counseling them on the availability of resources, so that they can resume living in keeping with acceptable standards of health, safety and human dignity. Such resources include those of their own family, as well as federal, state and local agencies, both public and private. If there are no other resources available, the American Red Cross may provide direct additional assistance to enable the victims to re-establish themselves.

Red Cross assistance to disaster victims is not dependent upon a Presidential or other federal disaster declaration but is provided regardless of the size of the catastrophe or disaster incident.

In carrying out its responsibilities to provide for mass care in peacetime disasters, including precautionary evacuations and peacetime radiological emergencies/nuclear accidents, the American Red Cross will operate appropriate shelter facilities and arrange for mass feeding and other appropriate support. In doing so, the Red Cross will pay related costs only when such activities are under the administrative control of or authorized by the American Red Cross, or when prior written agreements have been made for some other organization to provide emergency services on behalf of the Red Cross.

American Red Cross disaster responsibilities are nationwide. Therefore, when the local chapters in the affected areas are unable to meet the needs of disaster victims, the resources of the total organization are made available.

The American Red Cross provides blood and blood products and handles welfare inquiries from anxious relatives outside the disaster area.

The American Red Cross will conduct an appeal for voluntary contributions of funds at the time of disasters.

In disasters with company or owner liability implications, the customary emergency services will be extended on either a mass care basis or to individuals and families if such help is not or cannot be provided immediately by the owner of the property involved, after such unpredictable catastrophes as collapse of private dams, fire in hotels, theaters, and night clubs, and on pleasure boats.

Peacetime Radiological Emergencies/Nuclear Accidents

In the case of peacetime radiological emergencies/nuclear accidents, which have company or owner liability implications, the American Red Cross will conduct shelter and feeding operations in centers and facilities designated in advance by the New Hampshire Disaster Planning Office, under arrangements worked out among the Disaster Planning Officer, the American Red Cross and officials or owners of the buildings.

Civil Disorders

Where there are suffering and want resulting from civil disorders, and fundamental human needs are not met, the American Red Cross will participate in community action to supplement the efforts of the responsible civil authorities in extending emergency services and relief to the victims of such disturbances.

Other Emergency Situations

Situations caused by economic, political and social maladjustment including the usual hazards of industry and agriculture, are not usually considered to be within the American Red Cross responsibility for disaster preparedness and relief. There may be other kinds of emergencies involving large numbers of people; or problems related to energy outages, costs or shortages that create evident human needs or in which public officials request Red Cross assistance.

War-Caused Situtions

In war-caused situations, the American Red Cross will use its facilities and personnel to support and assist mass care and emergency operations of the Disaster Planning Office, to the extent the Red Cross considers possible, while carrying out its other essential responsibilities and assignments.

The American Red Cross will support national emergency blood collections and supply efforts as provided for under special Federal Emergency Management Agency procedures and regulations related to the National Emergency Blood Program.

COORDINATION AND COOPERATION

In the discharge of its responsibilities the American Red Cross recognizes the responsibility of the State of New Hampshire in disasters and will coordinate its activities with the responsible state agencies and local governments, as required. This is essential when a state of emergency is declared by the Governor or the President has declared an emergency or major disaster.

The American Red Cross will keep the Governor or his designee advised of actions taken and will keep a continuing liaision with the offices of the State of New Hampshire to ensure effective assistance to all disaster victims.

Responsibility for coordinating the services of other voluntary agencies or groups during and after a major disaster will be underaken by the American Red Cross upon a request from the Disaster Planning Office, and with the consent of such agencies or groups.

The American Red Cross agrees, that in an emergency, at the request of the Disaster Planning Office, Red Cross liaison personnel will be provided at the state's Emergency Operations Center (and to other district or regional Emergency Operations Centers, as appropriate.)

PLANNING AND IMPLEMENTATION

Cooperative arrangements for planning, exchange of information and continuing liaison regarding preparedness and disaster operations will be developed and maintained by the Disaster Planning Office and the American Red Cross. Local counterparts of the two organizations will be encouraged to make similar arrangements.

IN WITNESS THEREOF, the parties hereto have executed this Statement of Understanding on the dates indicated.

STATE OF NEW HAMPSHIRE

John Sununu
Governor

3/29/83
Date

AMERICAN NATIONAL RED CROSS

Frederick M. Wood
N.H. Volunteer

3/29/83
Date

FI Policy

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF PUBLIC HEALTH SERVICES

RECEIVED
SEP 20 1985
N.H.C.D. AGENCY
CONCORD, N.H.

H. Mary Mongan
Acting Commissioner
Department of Health and Welfare

William T. Wallace, Jr., M.D., M.P.H.
Director
Division of Public Health Services

Health & Welfare Bldg.
Hazen Drive
Concord, NH 03301
Tel. (603) 271-4501

September 17, 1985

Richard Strome, Director
N. H. Civil Defense Agency
State Office Park South
107 Pleasant St.
Concord, NH 03301

Dear Dick:

This letter states the policy for the Division of Public Health Services regarding Potassium Iodide and replaces the policy stated by letter to you dated 10/83.

1. Potassium Iodide shall not be made available by the Division to the general public. Since FDA has authorized the non-prescription sale of Potassium Iodide, it is legally available to individuals who, based on their own personal analysis, choose to have the drug immediately available. Any decision by individuals from the general population to take the drug shall be a personal decision.

2. Potassium Iodide will be made available, in the event of a radiological emergency, to emergency workers. For the purpose of this policy, emergency workers are defined as a person ordered by the Governor, or his duly authorized representative, whether directly or through an authorized chain-of-command, to enter or remain in an area, the residents of which have been ordered to take protective action(s), for the purpose of assisting in implementing this (these) protective action(s) in any manner the Governor or his duly authorized representative shall deem appropriate. Emergency workers shall include those individuals carrying out routine or enhanced fire, police, and health care duties during the course of a protective action and who are employed, empowered or designated to do so by the authorized authorities of municipalities.

3. The Potassium Iodide shall be ingested by emergency workers only after instructions to do so from myself or my designee.

In order to implement this policy, the Division of Public Health Services will purchase Potassium Iodide in sufficient quantity to cover 4,000 state and local emergency workers. The Potassium Iodide will be provided to the Civil Defense Agency for distribution to the IFO/EOF, local Eoc's, and other points from which emergency workers will be dispatched. I recommend that the individual dosemetry equipment and the Potassium Iodide be packaged together and issued as a unit at the appropriate time. The package should contain instructions on how to take it and a message to the effect that the Potassium Iodide should be ingested only after a message of authorization to do so has been made by myself or my designee.

Maintenance and inventory of the Potassium Iodide can be done jointly by our agencies on the same basis as maintenance and inventory of the dosemetry equipment.

Please contact me if you have any questions.

Sincerely,

William T. Wallace, Jr., M. D., M.P.H.
Director of Public Health Services

WTW:ja

ELLIOT HOSPITAL

October 17, 1985

William T. Wallace, Jr., MD, MPH
Director
Division of Public Health Services
Health and Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

In response to your letter regarding potential care for members of the general public exposed to radiation, there has been no significant changes in our policy. To reiterate and to address your questions specifically:

1. Assuming the individuals involved have been externally exposed and are not contaminated, the number who could be accommodated would depend on the number of rooms available for reverse isolation. I am told by the Vice President of Nursing that this varies between 5 and 10 at any given time.

2. Our hospital does have the facilities to provide medical services to individuals as described in comment 1.

3. Our hospital can provide some limited decontamination to one individual at a time at the approximate rate of one per hour until available beds are filled, depending on the severity of the contamination. That number is in addition to the ones in comment 1, given the conditions set forth in that comment. Medical treatment would be provided prior to decontamination providing the patient's medical condition was serious. This condition would be determined by a physician in conjunction with a radiation specialist before the patient entered the hospital. Treatment would not necessarily be possible without exposing the hospital and its staff, if performed before decontamination. All reasonable efforts would be taken to avoid contaminating other patients.

4. This hospital does have a written protocol for the handling and treatment of radiation contaminated individuals.

5. This hospital does have the staff available and the ability to assure their proficiency to execute such a protocol.

The above comments apply to a normal situation. However, in a disaster, the total capability of the hospital would be mobilized to treat patients. If you need any further information, please do not hesitate to contact me.

Sincerely,

Scott W. Goodspeed
Vice President

John Bunt

Exeter Hospital
10 buzell avenue, exeter, n.h. 03833
603-778-7311

January 16, 1986

William T. Wallace, Jr., MD
Director of Public Health Services
Department of Health and Welfare
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace,

Kevin Callahan, the CEO of Exeter Hosptial, asked me to reply to your letter of September 30, 1985, regarding the status of Exeter Hospital's ability to respond to a radiological emergency. Please refer to my letter of November 14, 1983, as the following comments will be largely an update of that letter.

Because of the delays at Seabrook Station, and it's questionable viability, there was little action taken from 1983 until late 1985 on the radiation decontamination facility. However, with Seabrook Station now scheduled for completion late in 1986, we have again actively been working on this facility.

Question #1: no change from November 14, 1983.

Question #2: again, no change.

Question #3: Exeter Hospital is now developing a radiation decontamination treatment room, by converting one of the existing Emergency Department rooms, which would be able to handle two (2) patients at one time who are both contaminated and significantly injured. This is in addition to the patients discussed in question #1 above. We expect the physicial changes in the Emergency Room to be completed in February, and we expect to have our first drill in March 1986. The protocol which is being developed, and the treatment area are designed to allow us to treat life threatening or limb threatening emergencies prior to decontamination, and proceeding with decontamination after the patient is stablized. This will be done without exposing the Hospital or it's patients to radiation or radioactive contamination. The medical staff working with the injured patient would, of necessity, be exposed to some radiation from the patient's contamination, but this is expected to be well below maximal permissable doses for non-exposed workers, and radioactive contamination of the hospital staff involved should not be a problem with the protective clothing and on-going monitoring by health physicist during the patient's treatment.

Question #4: the protocol for the treatment of radiologically exposed individuals is a part of the protocol for handling patients who are injured and radiologically contaminated. This protocol is now in the draft stages, with a final revision expected in February, 1986.

Question #5: Exeter Hospital is currently involved in a program to develop the nursing, housekeeping, maintenance, security, and physician competence to carry out such a protocol. The first series of lectures and demonstrations was given by Dr. David Drum and his nurse, Carol Jankowski, from Brigham and Women's Hospital in Boston, last week. They will be involved with further teaching sessions and with overseeing the first drill of this protocol, which is expected to occur in March, 1986.

If you you have further questions about Exeter Hospital's capability to handle radiologically contaminated patients, or if you would like an update when the drills have been successfully completed, please let me know.

Sincerely,

Gary W. Lamphere, M.D.

GWL/lem
cc: Kevin Callahan

apd
Alice Peck Day Memorial Hospital
125 Mascoma Street, Lebanon, New Hampshire 03766 / 603-448-3121

Office of Executive Director

October 09, 1985

William T. Wallace, Jr., M.D.
Director, Division Of Public Health Services
Health And Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

I am in receipt of your letter dated September 30, 1985, requesting information on our hospital's ability to provide services to individuals whom might contaminated by radiation.

Because the Mary Hitchcock Memorial Hospital is just six miles away and because APD is a small hospital with extremely limited resources, it is unable to handle radiation victims.

Sincerely,

Claire L. Bowen
Executive Director

CB/sg

androscoggin valley hospital

RECEIVED
NOV 1 1985
Office of the Director
Division of
Public Health Services

October 31, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director
Division of Public Health Services
State of New Hampshire
Health and Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

This letter is in response to your letter of September 30, 1985, concerning the survey about persons involved in radiation contamination emergencies.

1. The number of patients that our Hospital would be able to accommodate, at any one time, who have experienced an excessive exposure to radiation would be one (1). Please remember that there is a major difference between exposure and radioactive contamination.

2. Our Hospital is capable of providing medical care only to the extent of primary emergency care as outlined in the attached policy. At that point we would then make arrangements to transfer the patient to a facility that is able to provide adequate care based on medical requirements.

3. Here again our Hospital is able only to the point of providing primary care as outlined in attached policy and then making arrangements to transfer the patient to another facility. The abilities that we have are still limited to one (1) and this would include those listed in question 1.

   Our plan calls for the use of our morgue for decontamination capabilities and that would be able to be sealed off for a short half-life isotope. Medical treatment would be provided as outlined in the attached policy and based on patient needs.

   There is no possible way that we would be able to provide any care for a contaminated patient

without exposing the Hospital and staff in providing care for a contaminated patient or contamination brought to the Hospital with the person.

4. The only written protocol that we have in our Hospital is the one that you will find attached to this letter.

5. The protocol that you find attached could be executed during the weekday, daytime hours when staffing is available. At any other time, staff would have to be called in, but please note that we do not keep such persons readily accessible.

Thank you very much for your time and cooperation. I regret that there was no response to your original survey.

Sincerely,

Steven Dickerson

Steven Dickerson, RT, R
Director of Radiology &
Nuclear Medicine

cc: Benson L. Eisenberg, M. D., Radiologist
Donald F. Saunders, Administrator
Radiation Safety Committee
C. U. Glenney, M.D., President, AVH Medical Staff
Ms. Marion Z. Dover, Director of Patient Services
Ms. Suzanne D'Ercole, Head Nurse, Emergency Dept.
Physics Consultants

RADIATION ACCIDENT POLICY
EMERGENCY DEPARTMENT

PURPOSE:

To establish a systematic approach in the management of radiation accidents/incidents.

NOTIFICATION:

Emergency Department staff upon notification that a radiological emergency has occurred will:

1. Obtain information regarding number and condition of victims, type of radiation accident and Radioisotopes.

2. Notify Director of Emergency Department or his designee who shall have overall responsibility for the total medical and radiological care and treatment of patients.

   a. Decides whether to implement the radiation accident plan
   b. Instructs notification of:

      1. Radiation Safety Officer
      2. Security - On Call
      3. Director of Nursing Service
      4. Hospital Engineer
      5. Informational Services (to be found on page 5)
      6. Executive Director

   c. Takes charge of victims or designates person to do so.

EMERGENCY DEPARTMENT PREPARATION

1. Preparation for arrival of victim (s)

   a. Floor

      1. Route from Purchasing Department entrance to decontamination room (morgue) is to be covered with suitable floor covering and secured to floor with tape.
      b. Above route to be roped off and marked "Radioactive".

   b. Decontamination Room: Morgue

      1. Turn off ventilation
      2. Cover floor with absorbent paper
      3. Designated person with geiger counter to monitor all personnel, equipment and samples leaving

decontamination room.
4. Cover non-essential equipment with plastic and cover light switches and handles on cabinets with tape.
5. Provide suitable containers to receive discarded contaminated materials, eg. clothes, supplies,...

3. Decontamination Team

a. ED Physician - takes charge of all medical problems
b. Nurse - assists physician
c. Radiation Safety Officer - monitors patients and decontamination team
d. Circulating Nurse - assists all the above as needed

4. Decontamination Team Preparation

a. Attach personnel monitor to clothes
b. Don full surgical dress, eg., gloves, mask, shoes,...
c. Attach outside dosimeter

PATIENT ARRIVAL

1. Physician and Radiation Safety Officer examine patients in ambulance on arrival.

a. Contaminated patients with life threatening injuries are given top priority.
b. Contaminated, noncritical patients are to remove clothing in ambulance and proceed to the decontamination room via the purchasing dock.
c. Non-contaminated patients go to regular trauma section of the Emergency Department

2. Stretcher is brought to ambulance to receive patients.

a. Cover patient with plastic or cloth sheet after being transferred to stretcher.

3. Monitor ambulance attendants for contamination

a. Non-contaminated attendants return to duty
b. Contaminated attendants are to follow instructions per the Radiation Safety Officer.

DECONTAMINATION OF PATIENT

1. Airway, breathing, and circulation status of patient per M.D.

a. Diagnostic testing and procedures as indicated to stabilize patient's condition.

b. Place patient's clothing in plastic bag.

c. Cotton swab samples of ear canals, nares, and mouth.

1. Label and place in lead container for later analysis.

d. Radiation Safety Officer monitors entire patient and records the amount of contamination.

Physical Decontamination of Radioactive Areas.

1. Contaminated open wounds (first priority)

a. Begin decorporation. (detailed procedure enclosed)

b. Wash areas with normal saline for three minutes.

c. Monitor and repeat steps as needed.

d. If contamination persists, wash with 3% hydrogen peroxide.

e. Save and monitor all tissues.

f. Cover wounds after decontamination.

2. Contaminated eyes

a. Rinse with water, monitor and repeat as needed.

3. Contaminated ear canal

a. Rinse gently with small amount of water.
b. Suction frequently.
c. Monitor and repeat as needed.

4. Contaminated Nares or Mouth

a. Rinse mouth gently with small amounts of water and suction frequently.
b. Prevent water from entering stomach as much as possible.
c. Insert naso gastric tube, suction and monitor contents.
   1. If contents contaminated lavage with N/S until contents are clear of contamination.
   2. Begin decorporation.

5. Contaminated Intact Skin

a. Scrub gently with soft brush for three minutes using soap and water.

b. Monitor and repeat as needed.

c. If contamination persists, use Lava soap or Clorox full strength for small areas or diluted for larger areas, if still showing signs of contamination.

6. Contaminated Hair

a. Shampoo with soap for three minutes and rinse.
b. Monitor and repeat as needed.
c. If contamination persists clip hair off. (do not shave scalp).

D. Removal of Patient From Decontamination Room

1. Dry patient thoroughly
2. Reswab all contaminated areas and label containers "post decontamination."
3. Radiation Safety officer monitors patient's entire body and documents.
4. New covering is placed on floor to stretcher outside decontamination room.

a. Patient is transferred to clean stretcher outside contaminated zone.

b. Patient transferred by attendants who are not involved in decontamination procedure.

E. Exit of Decontamination Team

1. All protective clothing removed at "clean line" and disposed of in plastic bag marked "contaminated."
2. Clothing is removed in the following order.

a. Outer gloves (turn inside out)
b. dosimeter
c. surgical gown and shirt (turn inside out)
d. head cover
e. surgical trousers
f. remove one shoe cover, monitor shoe, if clean step over line and repeat same for other shoe cover.
g. remove inner gloves.

3. Monitor feet and hands for final time.

F. Radiation Safety Officers's Responsibility

1. Monitoring of:

a. ambulance and attendants
b. route from ambulance entrance to decontamination

room.
c. decontamination room, patient and personnel.

2. Decontamination of areas as needed.

3. Analysis of specimens considered to be potentially contaminated.

4. Proper disposal of contaminated items or water.

5. Examination of film badges and dosimeters and follow-up as needed.

F. For 24 Hour Assistance:

Call: REAC/TS, Oak Ridge National Laboratory, (615) 576-1004.

DECORPORATION

A true medical emergency exists when a victim of a radiation accident inhales or ingests radioactive material or has contaminated open wounds. The sensitive internal tissues become irradiated as the material becomes incorporated biochemically, which results in permanent radioactivity within body tissues. Therefore, whenever it is possible that radioactive material has entered the body, decorporation should be started within one or two hours of the accident.

In most cases, emergency department personnel will not know the exact isotopes involved, and isotope identification may take days. Thus certain steps should be taken routinely in an attempt to remove the most commonly encountered radioactive isotopes. Lincoln has prepared detailed charts and references for this purpose, and those should be available to emergency department personnel. Further information published by the International Atomic Energy Agency can be obtained from UNIPUB, 345 Park Avenue South, New York, New York 10010. Finkel and Hathaway discuss the principles of dealing with open wounds contaminated with radioactive material.

The radioactive actinide isotopes can be chelated effectively and subsequently excreted by the use of DTPA (diethylenetriaminepentaacetic acid) which is available only through REAC/TS. Because to be effective it must be administered within one hour of internal contamination, it should be ordered from REAC/TS before a radiation accident occurs. Any emergency department that has reason to expect that DTPA may be needed because of nearby nuclear reactors, isotope production facilities, nuclear chemistry laboratories, etc., should have on hand both the chemical and instructions on its use.

If DTPA is not available, several procedures can be used to decrease incorporation of common radioisotopes. They should be started as quickly as possible.

Because radioactive iodine is taken up by the thyriod, its uptake can be blocked to a great extent by having the patient swallow two or three drops of saturated solution of potassium iodide in a glass of water after gastric lavage has been completed. Antacids will precipitate many metals in the stomach as insoluble hydroxides, and cathartics will subsequently shorten their internal transit time. Aluminum phosphate gel (Phosphajel) reduces by 87% the intestinal absorption of radioactive strontium. Barium sulfate (to be obtained from the Radiology Department) will precipitate radium. Again, these should be given as soon as gastric lavage is completed.

This emergency department personnel have available a number of agents that lesson the biological incorporation of radioactive isotopes. Once these isotopes have been incorporated, there is little anyone can do except wait for metabolism and excretion, as well as radioactive decay, to occur.

SUPPLIES NEEDED TO PREPARE THE
MORGUE FOR A CONTAMINATED PATIENT

I. All supplies will be kept in Morgue.

A. Ample supply of chux to Morgue
   1. Cover floor from ambulance entrance to decontamination room (rolls of paper or sheets can be substituted)
   2. Cover the floor of the decontamination room (rolls of paper or sheets can be substituted)
   3. Prepare several stretchers for contaminated patients

B. Rolls of 2-inch-wide masking tape to
   1. Secure floor covering
   2. Tape decontamination teams' sleeves and cuffs
   3. Cover handles in decontamination room
   4. Make "clean line" at door to decontamination room

C. Rope to delineate contaminated route from ambulance entrance to decontamination room

D. "Radioactive" signs to place on rope and on door to decontamination room.

II. For Decontamination Room

A. Three large waste containers
B. Plastic bags to line waste containers
C. Cotton-tipped applicators
D. Stoppered containers for swabs of contaminated areas
E. Lead storage containers for stoppered glass containers obtained from Nuclear Medicine Department.
F. Clorox
G. Lava soap

H. Soft scrub brushes
I. 3% hydrogen peroxide

III. For Decontamination Team
A. Surgical scrub suits
B. Surgical gowns (waterproof)
C. Surgical hoods
D. Surgical masks
E. Surgical gloves (various sizes)
F. Waterproof shoe covers
G. Film badges
H. Dosimeters

IV. For Radiation Safety Officer
A. Beta-gamma detector - in nuclear medicine room
B. Alpha detector - from Civil defense
C. Extra batteries for detectors
D. "Radioactive" tape-labels to mark containers holding contaminated specimens or swabs
E. "Post-decontamination" tape-labels to mark containers holding relevant swabs.

REFERENCES

1. Lincoln TA: Importance of initial management of persons internally contaminated with radionuclides. Am Ind Hyg Assoc. J. 37:16-21, 1976.

2. Manual on Early Medical Treatment of Possible Radiation Injury, Safety Series #47, Vienna, International Atomic Energy Agency, 1978.

3. Finkel AJ, Hathaway EA: Medical care of wounds contaminated with radioactive materials. JAMA 161:121-126, 1956.

4. Ann Emerg Med. Sept. 1980. 462-470.

Revised: 3/84
Revised: 7/84

October 17, 1985

William T. Wallace, Jr., MD, MPH
Director, Division of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301

Dear Dr. Wallace:

Regarding your letter dated September 30, 1985, to Charles F. Whittemore, President of Catholic Medical Center, requesting an update on our capabilities to handle radiation exposed and contaminated individuals, I must report that there has been no change at our institution with respect to the items you have enumerated. Therefore, the letter written by Dr. Windler on January 6, 1984, still holds for our institution.

If I may be of any further assistance in this matter, please feel free to contact me.

Sincerely,

Joseph M. Deguis, MD
Director, Emergency Medicine Department

JMD/ows

The Cheshire Medical Center

Cheshire Hospital
580 Court St., Keene, New Hampshire 03431. Tel. (603) 352-4111

John T. Foster, President

November 7, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
State of New Hampshire
Hazen Drive
Concord, New Hampshire 03301

Dear Dr. Wallace:

Following are answers from my colleagues to your September 30 questions about treatment of patients exposed to radiation:

Question #1 How many individuals could the hospital accommodate, at any point in time, who have experienced an excessive exposure to radiation.

Answer: The number of patients we could handle would directly reflect the available beds at the time of the incident. There is usually no radiation hazard from a patient who has experienced an excessive exposure to radiation. Therefore, it becomes a matter of available bed space, reflecting the house census at the time of the incident.

Question #2 Does your hospital have the capability to provide medical services to such an individual, or would the individual need to be transported to another hospital for care? If so, where?

Answer: The hospital would be able to provide medical services to such patients, dependent upon the severity of their injuries. The specific management of the patient from the various short term radiation effects (known as Acute Radiation Syndrome) would be predicated on the patient's particular symptoms.

Question #3 Is your hospital capable of providing services to individuals in need of medical care who are radiologically contaminated? If you can provide service, please answer the following. How many at any one time?

Answer: At any given time, we would accept and triage the patients, staging care based on their medical needs. The decontamination procedures take approximately 15 minutes. Therefore, our through-put could be projected at four patients per hour. Emergency medical procedures (life saving) are given priority, and may be expedited based on individual needs. It is our feeling that this rate could be sustained over several hours if necessary.

Question 3B Is that number in addition to the answer in Question #1 above?

Answer: The numbers would include those in Question #1 for patients in need of admission to the institution.

Question #3C What decontamination capabilities do you have?

Answer: Our facility would allow the decontamination of four patients per hour. We are assuming they are moderately contaminated, and require no life saving measures.

Question #3D and 3E Would medical treatment be provided prior to, or after, decontamination?

Answer: Treatment in the decontamination area would be limited to life supportive measures, with other definitive treatment being done in the Emergency Department, or other appropriate areas, after decontamination. Our present decontamination area is located in the morgue, which minimizes the risk of unnecessary exposure to the general public.

Question #4 Does your hospital have a written protocol for handling and treatment of radiologically exposed individuals?

Answer: The "Cheshire Hospital Radiation Accident Plan", addresses the handling and decontamination of radioactive contaminated patients. This plan was tested in April 1985.

Question #5 Does your hospital have staff available, and the availability to assure their proficiency to execute such a protocol?

Answer: Yes, staff assignments including on-call personnel have been made to implement this plan. A test run of the procedures has demonstrated our ability to respond to these emergencies. We have participated in the emergency response concerning a radioactive accident at the Vernon Nuclear Plant in April 1985. It should be noted, however, that we are considered to be a secondary facility.

If you have any questions regarding our response to these questions, please do not hesitate to call me.

Sincerely,

John T. Foster
President

/mg

COTTAGE HOSPITAL
SWIFTWATER ROAD, WOODSVILLE, NEW HAMPSHIRE 03785
603-747-2761

October 3, 1983

Mr. William T. Wallace, Jr. M.D. M.P.H.
Director of Public Health Services
State of New Hampshire
Department of Health and Welfare
Division of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301

Re: Radiological Emergencies

Dear Dr. Wallace:

Regarding your request for information on the capabilities of this hospital to respond to radiological emergencies:

1. It is estimated that Cottage Hospital could accommodate 20 patients who have experienced excessive exposure to radiation. Like all hospitals, our occupancy does vary, but the probability that we could treat less than 20 patients is low.

2. Cottage Hospital does have the capability to provide medical services to individuals exposed to radiation.

3. Yes, we are capable of providing services to individuals in need of medical care who are also radiologically contaminated. The hospital can serve 20 people at any one time (not in addition to #1 above.) A decontamination protocal is in place, however, patients would have to be done 1 or 2 at a time. Medical treatment would be provided after or during decontamination. Treatment is possible without exposing the hospital, staff and patients from the contaminated person or from contaminations brought by him.

4. Yes, such protocal is established.

5. Yes, a disaster drill was conducted on August 31, 1983 to provide in service training.

Finally, Cottage Hospital recognizes that an agreement with the Division of Public Health Services to deliver services is in the best interest of the community we serve and we would be quite willing to enter into this kind of commitment

Frisbie Memorial Hospital
Whitehall Road
Rochester, New Hampshire 03867
Tel.: 603/332-5211

October 28, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
Health & Welfare Bldg - Hazen Drive
Concord, New Hampshire 03301

Dear Doctor Wallace:

In response to your letter dated September 30, 1985, I have responded below on behalf of Frisbie Memorial Hospital to the questions which you raised regarding the hospital's ability to deal with a radiological emergency.

1) How many individuals could your hospital accommodate, at any point in time, who have experienced an excessive exposure to radiation?

..Since people exposed to radiation are not contaminated, they would be evaluated, have baseline blood work done, and admitted if needed or sent home and referred for followup. We could handle two per hour in the Emergency Department along with usual patients.

2) Does your hospital have the capability to provide medical services to such an individual, or would the individual need to be transported to another hospital for care? If so, where?

..Yes, we have capability of treating most medical and surgical problems except neurosurgery. We have a hematologist who could treat radiation sickness.

3) Is your hospital capable of providing services to individuals in need of medical care who are also radiologically contaminated? If you can provide services, please answer the following:

..As above, no neurosurgery. These cases would be referred to Wentworth-Douglass Hospital in Dover. Attempt would be made to contain the radioactivity while transporting the patient who is critically ill. Any patient who is not critically ill would be decontaminated and treated here.

a) How many, at one time?

We could treat 1 or 2 seriously injured and 2 to 4 non-emergency patients.

b) Is that number in addition to the answer to question #1 above?

Yes, this is in addition to those treated in question #1.

c) What decontamination capabilities do you have?

Decontamination facility is in Physical Therapy Department which provides a separate outside entrance with a Hubbard tub with spray for washing off patients. Radiation would be released into the sewer system - we have no separate radiation-proof drainage.

d) Would medical treatment be provided prior to, or after, decontamination?

Medical care would be provided prior to decontamination if the patient is seriously ill or injured. If victim is only slightly or moderately injured, he would be treated after decontamination.

e) Will treatment be possible without exposing your hospital, staff and patients to exposure from the contaminated individual or from contamination brought to the hospital with the person?

The Physical Therapy area will be protected from contamination by covering the floor with plastic. Staff will wear gloves and O.R. jumpsuits for protection. If patient must be moved quickly to surgery before decontamination, there might possibly be contamination of the route of travel, however all attempts will be made to reduce the spread of particles by covering the patient with a plastic sheet. Clothing will be kept in a waste container and covered to contain source of contamination.

4) Does your hospital have a written protocol for the handling and treatment of radiologically exposed individuals?

Frisbie Memorial Hospital has written radiation decontamination protocol which we review and update yearly.

5) Does your hospital have the staff available, and the ability to assure their proficiency to execute such a protocol?

Frisbie Memorial Hospital would initiate a disaster recall to ensure enough staff to handle this situation. We have had a drill of this procedure and plan more for the future.

Should you have any questions regarding the responses provided above, please feel free to contact my office.

Very truly yours,

Jeffrey White
Executive Vice President

JW:CP

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF PUBLIC HEALTH SERVICES

Edgar J. Helms, Jr.
Commissioner
Department of Health and Welfare

William T. Wallace, Jr., M.D., M.P.H.
Director
Division of Public Health Services

Health & Welfare Bldg.
Hazen Drive
Concord, NH 03301
Tel. (603) 271-

September 29, 1983

Leslie MacLeod, Adm.
Huggins Hospital
South Main St.
Wolfeboro, NH 03894

Dear Mr. MacLeod :

The Division of Public Health Services is currently involved in planning for radiological emergencies, such as nuclear power plant accidents, highway accidents involving radiological materials in transport and other possible spillage of radioactive materials. One of the specific responsibilities of the state health agency is to assure that members of the general public exposed to radiation will be able to receive appropriate medical care. To that end, I am requesting information on the capabilities of your hospital to provide this medical care.

Specifically, I would appreciate your comments on the following:

1. How many individuals could your hospital accomodate, at any point in time, who have experienced an excessive exposure to radiation?

2. Does your hospital have the capability to provide medical services to such an individual, or would the individual need to be transported to another hospital for care.

3. Is your hospital capable of providing services to individuals in need of medical care who are also radiologically contaminated? If you can provide services, please answer the following:

-How many, at any one time?

-Is that number in addition to the answer to question one above?

-What decontamination capabilities do you have?

-Would medical treatment be provided prior to, or after, decontamination?

-Will treatment be possible without exposing your hospital, staff and patients to exposure from the contaminated individual or from contamination brought to the hospital with the person?

4. Does your hospital have a written protocol for the handling and treatment of radiologically exposed individuals?

5. Does your hospital have the staff available, and the ability to assure their proficiency to execute such a protocol?

One additional question needs to be asked: would your hospital enter into an agreement with the Division of Public Health Services to deliver services, according to the capabilities identified by the previous questions, should the need arise during the course of a radiological emergency?

I am aware that some of the foregoin, will not be easily answered, but I would greatly appreciate your taking the necessary time to fully answer each question. As the State's Chief Health Officer, it is important that I fully understand the scope of services available to the public in the event of this kind of emergency. Please do not hesitate to contact me if I can be of assistance or answer any questions.

Sincerely,

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services

WTW:p
c.c. Alan Fraser Houston, M.D., Chief Emergency Dept.

[illegible] of external contamination can be eliminated by simple removal of the patient's clothing.

Patients may be checked for contamination using detection equipment which is stored in the E.D. [illegible] or closet.

[illegible] are removed and bagged at the entrance, and the patient transferred, if necessary, to a private room for more intensive [illegible]. The nurse may act as a [illegible] of radioactive contamination. Any material will be stored in barrels for later disposal by appropriate [illegible]. Treatment of minor wounds or injuries may be performed in the rooms adjacent to or in the decontamination area. Patients needing definitive treatment or hospitalization will be transferred to a private [illegible] treatment, or operating room as [illegible].

[illegible] Guidelines

[illegible] Maintenance Security

[illegible] Secure entrance to the hospital including Emergency Department upon notification by the [illegible] or by the E.D. physician that a radiation emergency or a [illegible] has occurred. Installation and [illegible] will then be a control to the contaminated entrance.

[illegible] the E.D. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Lakes Region General Hospital
LACONIA, NEW HAMPSHIRE 03246 • 603-524-3211

October 15, 1985

William T. Wallace, MD, MPH
Director of Public Health Services
State of New Hampshire
Health & Welfare Building
Hazen Drive
Concord, New Hampshire 03301

Dear Mr. Wallace:

In response to your letter dated September 30, 1985 regarding this hospital's ability to provide services to individuals who might be contaminated by radiation, I believe is still correctly answered in my letter to you of November 14, 1983, copy attached.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Robert C. Abbott

Robert C. Abbott
Director
Environmental Services

RCA/slh
Attachment

LAKES REGION GENERAL HOSPITAL
LACONIA, NEW HAMPSHIRE 03246
603/524-3211

November 14, 1983

William T. Wallace, Jr., MD, MPH
Director of Public Health Services
State of New Hampshire
Health & Welfare Building
Hazen Drive
Concord, New Hampshire 03301

Dear Dr. Wallace:

I regret the delay in responding to your letter of September 29, 1983. I wanted to coordinate this reply with our Emergency Room Head Nurse, and Chief of our Emergency Room physicians. We were collectively unable to do so until recently. I will try and respond to your questions in the order in which they were asked and refer to them by number only.

1. The number of individuals we could accommodate would depend on the extent and type of injuries that accompanied their radiation exposure. It would depend on our current inpatient census and the types of inhouse patients. How many could be discharged, etc? I don't believe any hospital could give you a meaningful numerical answer to this question.

2. Yes, with some exceptions. We do not have a neurosurgeon on staff so patients with severe head trauma would be transported and those with extensive burns would be transported to a burn care facility.

3. Yes, we have this capability and a detailed radiation accident protocol. The number of individuals we could treat would depend on the circumstances as detailed in my answer to question #1. We have a hubbard tank and decontamination rooms. Medical treatment would be provided in conjunction with decontamination. The most urgent concern would get first attention. We have a radiation accident protocol designed to give us the capability to provide such a person medical treatment without unsafe exposure of our hospital or staff.

4. Yes, we have a radiation accident protocol.

Our hospital would be most happy to enter into a reasonable agreement with the Division of Public Health Services to deliver services providing that our commitment is the same as other area and state hospitals. The treatment of radiation accident cases obviously requires measures that totally disrupt the normal operation of the hospital. I don't think we would like to see our hospital designated as an area radiation treatment center so that other hospitals could avoid the commitment required to provide this treatment. On the other hand, we recognize our responsibilities to treat such cases that occur in our service area and to help neighboring hospitals that may be faced with more casualties than they can treat as a result of a disaster situation.

I hope we have answered your questions satisfactorily. If not, please don't hesitate to call me.

Sincerely,

Robert C. Abbott

Robert C. Abbott
Director
Environmental Services

RCA/slh
cc: William Walsh, MD, Chief Emergency Room Services
Shelley Cohen, RN, Head Nurse, Emergency Room

MARY HITCHCOCK MEMORIAL HOSPITAL A component of Dartmouth-Hitchcock Medical Center

Lebanon, New Hampshire 03756

October 28, 1985

Dr. William T. Wallace, Jr.
Director of Public Health Services
Health & Welfare Bldg.
Hazen Drive
Concord, N.H. 03301

Dear Dr. Wallace:

Upon receiving your letter of September 30, 1985 inquiring about our capabilities to provide medical service to individuals contaminated by radiation, I reviewed our earlier response to the survey conducted during 1983. Essentially, our capabilities are unchanged.

Specifically, this means that we could normally accommodate four or five individuals who suffered from aplastic anemia due to excessive radiation. In addition, we could simultaneously handle the decontamination of an additional five patients who were otherwise unaffected. This is the same capacity as we had during 1983. Again, as stated in our 1983 response, if faced with a catastrophic emergency, we could accommodate perhaps two hundred patients.

We continue to routinely and periodically test our preparedness with drills that are conducted by our Disaster Committee. As a result of these drills we take appropriate follow-up action with our staff.

If you would like any additional information, or would like us to participate in a regional effort to plan a coordinated response to radiation emergencies, please let me know. We would be glad to assist you in such an effort.

Sincerely,

JAMES W. VARNUM
President

JWV/cs

Nashua
Memorial
Hospital

8 Prospect Street, Box 2014
Nashua, New Hampshire 03061
603-883-5521

December 27, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
State of New Hampshire
Department of Health & Welfare
Division of Public Health Services
Hazen Drive
Concord, NH 03301

Dear Doctor Wallace:

I am writing in response to your September 30, 1985, letter addressed to William T. Christopher, Jr., with regard to Nashua Memorial Hospital's capability to handle casualties from a radiation incident resulting in injury or radiological contamination. This letter will update my previous correspondence dated October 18, 1983, in reply to your similar survey at that time.

The following respond to your questions:

1. Based upon the average census of our hospital, we would expect to be able to accommodate approximately 35 persons who have been exposed to radiation.

2. Nashua Memorial Hospital has the capability to provide medical services to individuals who have suffered exposure to radiation. We expect that an individual who has suffered a massive exposure requiring very esoteric treatment, such as bone marrow transplant, to be referred to one of the tertiary referral hospitals in Boston.

3. NasHua Memorial Hospital is capable of providing services to individuals in need of medical care who are radiologically contaminated. Our decontamination facilities would probably accommodate no more than two persons at any one time. This number is included in the total number of patients we could treat who have been exposed to radiation. We have a specially-modified stretcher with a spray hose adapted for use to

decontaminate a patient in our emergency room. Our radioactive disaster plan calls for emergency treatment to be provided immediately, even prior to decontamination when that is medically required. In normal circumstances, we would attempt to decontaminate the patient before providing definitive medical care. Given a seriously-injured and contaminated patient, we would expect that our hospital staff would be exposed to contamination and radiation in the course of treating the contaminated patient.

4. We do have a written procedure for the handling and treatment of radiologically exposed individuals and for the monitoring, decontamination and clean-up required following such an incident.

5. We believe that we have the staff available with the ability to execute our radiological disaster plan which we have practiced. Our procedure has never been tested in reality.

In order for us to further prepare to appropriately handle the victims of a radiation accident, I would like to receive a copy of any contingency plan developed by your division to coordinate the response to radiological emergencies.

Sincerely,

NASHUA MEMORIAL HOSPITAL

Gerald M. Homer

Gerald M. Homer
Associate Executive Director

GMH2:mrm
RADIATION

NEW LONDON, NEW HAMPSHIRE 03257

December 3, 1985

William T. Wallace, Jr., M.D.
Director of Public Health Services
Health and Welfare Building
Hazen Drive
Concord, New Hampshire 03301

Dear Dr. Wallace:

This letter is in answer to your request of information regarding radiation contamination.

1. Hospital can accommodate two individuals at any point in time.
2. Hospital could provide medical services to such an individual.
3. Hospital could provide services to a maximum of two radiologically contaminated patients at any given time. This number is not in addition to question 1 above. Decontamination capabilities would have to be makeshift as we do not have a dedicated area at this time. Whether medical treatment was provided prior to or after contamination would depend on the type of medical treatment necessary. In all probability, there would be some contamination of hospital staff when dealing with this particular type of problem.
4. Hospital is in the process of writing protocol for handling of radiologically exposed individuals.
5. Hospital has staff available and ability to ensure proficiency to execute such a protocol.

Very truly yours,

Robert M. Friedlander, M.D.

RMF:ewb

Parkland Medical Center

One Parkland Drive
Derry, New Hampshire 03038
Tel. (603) 432-1500

November 27, 1985

William T. Wallace, Jr., M.D., M.P.H.
Director of Public Health Services
State of N.H. Dept. of Health and Welfare
Division of Public Health Services
Health & Welfare Building
Hazen Drive
Concord, N.H. 03301

Dear Sir:

The following is in response to the state survey of September 30, 1985:

1. Two patients can be accommodated at this institution.

2. Parkland Medical Center is capable of providing medical care to victims of radiation accidents.

3. (a and b) Parkland Medical Center is capable of providing medical care (as stated in question 1) for two patients who have received excessive radioactive contamination.

3. (c) Decontamination capabilities: isolated area/isolated entrance, examining table, stretcher, shower facility, disaster cart, disposable floor coverings, garments, containers, survey meters, pocket dosimeters, radiation warning signs, radiation tape.

3. (d) Medical treatment is provided prior to decontamination if the physician in charge determines that a medical emergency exists.

3. (e) Radiation safety measures, which adhere to ALARA guidelines, have been designed to provide treatment as appropriate.

4. The draft form of a written protocol (Radiation Disaster Policy) has been formulated by Parkland Medical Center. It is presently being reviewed for final approval in the near future.

5. Adequate and proficient staffing is available to carry out this protocol.

Please do not hesitate to call if you have any further questions regarding this matter.

Sincerely,

Steven R. Gordon
Administrator

/rtl

DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL PLANT B-3
[illegible]

7 October 1985

William T. Wallace, Jr., M.D., M.P.H.
Director, Div of Public Health Svcs
Health & Welfare Bldg
Hazen Drive
Concord, NH 03301

Dear Mr. Wallace

Thank you for your letter of 30 Sep 85.

Our response to your questions remain the same as outlined in our 31 Oct 83 letter to you.

Please contact me if you have any further questions.

Sincerely

F. R. STEPHEN, Colonel, USAF, MSC
Administrator

STATE OF NEW HAMPSHIRE
EXECUTIVE DEPARTMENT

New Hampshire Civil Defense Agency
State Office Park South
107 Pleasant Street
Concord, New Hampshire 03301
603/271-2231
1-800-852-3792

JOHN H. SUNUNU
Governor

RICHARD H. STROME
Director

JAMES A. SAGGIOTES
Deputy Director

(5)

February 18, 1986

Mr. Henry G. Vickers, Regional Director
Federal Emergency Management Agency
Region One
J.W. McCormack Post Office and Courthouse
Boston, Massachusetts 02109

Dear Mr. Vickers:

Enclosed are 20 copies of the ETE materials that have been compiled by KLD for Seabrook Station. These materials were forwarded to us on February 18, 1986. They represent the most current ETE work available for the Seabrook Station EPZ. It is our intent to use these materials to supercede the previous ETE studies prepared by CLD. Therefore, we suggest you distribute the new KLD studies, and not the older CLD studies, for review by the RAC. We make this suggestion with two provisions. First, we are reviewing the studies ourselves at this time. We have forwarded you what we consider draft rather than final report copies in order to meet the February 19, 1986 deadline for maintaining the exercise schedule for Seabrook Station. We may have internal questions and comments for Ed Lieberman. These questions and comments may lead to revisions in the final ETE product.

The second provision is the acknowledgment that the adoption of the KLD work by New Hampshire leads to some short-term inconsistencies in planning documents. As we have discussed with your staff, New Hampshire state and local plans reflect access and traffic control points and reception center locations that were adopted based upon the earlier CLD work. As we have agreed with your staff, it is not feasible to revise these plan elements at this point in time. Necessary revisions will be implemented after the exercise, but before the ASLB hearings. It is likely that these revisions will be made concurrently with revisions necessary to respond to RAC comments, FEMA's exercise comments, and comments raised by the state and local emergency responders.

Thank you for your assistance in this matter.

Sincerely,

Richard H. Strome
Director

RHS/jmb

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