



GOVERNOR'S OFFICE OF EMERGENCY SERVICES

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*DS09
A. Mohseni*

October 13, 1998

RULES & DIR. BRANCH
US NRC

*63FR 38865
July 20, 1998
(21)*

Mr. David Meyer
Chairman, Rules, Review, and Directives Branch
MS T6D69
Office of Administration
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Dear Mr. Meyer:

Enclosed per your request are the comments on NUREG 1633, "Assessment of the Use of Potassium Iodide (KI) As a Public Protective Action During Severe Reactor Accidents" from the Governor's Office of Emergency Services (OES), Radiological Preparedness Unit, and compiled comments from local jurisdictions.

If you have any questions, please call Paul Skiermont of my staff at (916) 464-3268.

Sincerely,

BEN TONG, Manager
Radiological Preparedness Unit

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Enclosures

- c: Aby Mohseni, Federal Coordinator
U.S. Nuclear Regulatory Commission (MS T4A43)
- Pam Handley, Supervisor
Southern California Edison
- Ed Waage, Supervisor
Pacific Gas and Electric
- Vince Morici, Emergency Services Coordinator
San Luis Obispo County OES
- George Brown, Emergency Services Coordinator
San Luis Obispo County OES
- Mark Johnson, IPC Chair
City of Dana Point
- Stephen Woods, Senior Health Physicist
Department of Health Services

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COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY

2191 Johnson Avenue • P.O. Box 1489
San Luis Obispo, California 93406
(805) 781-5500 • Fax: (805) 781-1048

Susan G. Zepeda, Ph.D.
Director

Gregory Thomas, M.D., M.P.H.
Health Officer

DATE: March 27, 1998
TO: Susan Zepeda, Ph.D., Health Agency Director
FROM: Greg Thomas, M.D., M.P.H., Health Officer *Greg Thomas*
RE: POTASSIUM IODIDE STOCKPILING

The current nuclear power plant disaster response plan includes provision of potassium iodide (KI) to Emergency Response workers who remain in Emergency Planning Zones under limited conditions after evacuation orders as well as radiation monitoring teams. A supply of bottles of KI tablets are stored at certain emergency response sites around the County. In addition, the disaster plan provides an update annually of the number of additional doses of KI that are present at hospitals and laboratories around San Luis Obispo County.

In July 1997 the Nuclear Regulatory Commission changed its policy to allow states to stockpile and/or plan delivery of KI to the general population after a nuclear release. The State (DHS) is currently reviewing options regarding this new national policy.

It is my opinion that a statewide policy is imperative. Policies by individual counties would create potential confusion and havoc. For example, the reception center planned for a part of our Emergency Planning Zone is in Santa Barbara County. Leaving the decision to distribute KI to the general public up to the local government, will result in decisions that are confusing and contradictory.

If KI is to be offered in a nuclear accident scenario, it should be done at an evacuation reception center. Having multiple field sites within the potentially affected zones would lead to the potential of long lines awaiting KI in an area that is supposed to be in the process of evacuation.

Adequate screening for the persons requesting KI in a radiation release scenario would be required to prevent provision of KI to a person who has allergies to it.

Please see the letter to Mr. Woods of the Department of Health Services Radiation Branch regarding our proposed position on this subject.

c: Health Commission Members
Vince Morici, County EOS



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Susan G. Zepeda, Ph.D.
Director

Gregory Thomas, M.D., M.P.H.
Health Officer

March 27, 1998

Mr. Steve Woods
State of California Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320

RE: Potassium Iodide stockpiling and distribute to the general public

Dear Mr. Woods:

It is our understanding that the State Department of Health Services is considering revising the State policy regarding the use of Potassium Iodide (KI) for nuclear power plant emergencies. While it is early in the process, we want you to consider our perspective and position regarding the pre-distribution and/or stockpiling of KI for use by the general public.

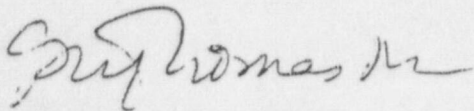
Pre-distribution of KI to multiple field locations is not an acceptable option. Pre-distribution for use by other than emergency workers is contrary to our planned public protective actions of sheltering or evacuation. If the State decides that KI should be made available to the general public, then all aspects of planning, storage and distribution should be a state responsibility. KI use will likely extend over more than one county. For example, the Reception Center planned for a part of our Emergency Planning Zone is in Santa Barbara County. Leaving the decision to distribute KI to the general public up to local governments will result in a variety of decisions that will be confusing and contradictory. A consistent State policy, combined with consistent State placement, maintenance and management of stockpiles and a consistent State procedure for providing KI to the public is the only reasonable alternative for implementing this concept.

It is probable that if KI is distributed to the general public during a nuclear power plant emergency, people many miles and several county lines away from the incident will ask or demand to have KI. The State policy must clearly describe the boundaries for persons who will and who will not be eligible for KI. Local governments should not be burdened with the costs of the provision and ongoing maintenance of KI stockpiles. Lastly, the same entities who reviewed and approved the State's original KI policy must be involved in the review and approval of the revised State KI policy.

This issue clearly extends over multiple local jurisdictional boundaries and has statewide policy implications. The State must develop a coherent and consistent policy and strategy if stockpiling of KI for general public use is implemented. Local governments should not be the focal point for State KI stockpiling and use by the general public.

Thank you for considering our position. We anticipate that the policy will be sent to us for review and comment in a draft form. Please feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Greg Thomas".

Greg Thomas, M.D., M.P.H.
San Luis Obispo County Health Officer

c: Clark Channing, San Luis Obispo County Administrator
Ben Tong, State Office of Emergency Services
Mark Johnson, IPC Chair, City of Dana Point

Comments on the NRC Document
"Assessment of the Use of Potassium Iodide (KI)
As a Public Protective Action During Severe Reactor Accidents"

After reviewing this document it appears that it would be better not to stockpile and use KI as a supplemental protective measure for the general public within the plume pathway. The following are some examples of the areas covered in the document that lead us to that conclusion.

For protective action considerations in the ten mile EPZ, the report states that "use of KI is not an alternative to evacuation", "the use of KI in conjunction with evacuation could potentially delay evacuation". The objective of protective actions for the public is to minimize early health effects (injuries or death) in the event of a severe reactor accident. Based on the fact that the preferred protective action is early evacuation, it would not appear to be prudent to take any course of action that would delay that action. If the effort to distribute the KI slowed the evacuation the public could be exposed when they might otherwise have been out of harms way. When considering protective actions outside of ten miles (ingestion pathway) the report says "KI would not (and should not) be an option to protect the public from ingesting radioactively contaminated foodstuffs". If, as planned, the public is evacuated before a release occurs it is obvious that administering KI would have no positive effect.

From the consideration of potential health effects of KI, the report states "use of KI with other medications (such as anti-thyroid agents, diuretics (potassium sparing), and lithium) could lead to problems of major clinical significance. A high degree of caution would have to be exercised before recommending its administration on a mass basis, including pregnant women and children." Further the report states "the recommendation by the WHO is to administer KI to pregnant women and children, whereas U.S. references specifically warn against administering KI to the same group". Administering a drug to the general public, including pregnant women and children, during an emergency without direct medical supervision is a significant departure from the norm in emergency response.

This raises the question of liability. For example, local school districts may not have the authority to administer a drug to school children even if the local health officer recommends it. The implementation of such a protective action may entail litigation. In context of this issue the report states, "One can expect that administration of KI on a mass basis would certainly entail litigation in this country."

The data presented in this report shows the benefit of taking KI in close proximity to exposure to radioactive iodine, is a potential reduction in thyroid dose of about a factor of ten. That reduction would seem to make the use of KI by the general public a very good idea. However, this reduction is possible only if the KI is administered just before

or very shortly after exposure to inhalation of radioactive Iodine. There are significant logistical reasons to believe that it is impractical to assume that the KI could be administered within these time constraints, thus reducing the benefit of KI's use. The whole body exposure resulting from a severe reactor accident is the most significant public health concern. However, KI will only provide some level of protection to one nuclide from one exposure pathway and will have no effect on the whole body exposure of the noble gases.