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SHAW, PITTMAN, POTTS & TROWBRIDGE

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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DOCKETED  
USNRC

'86 OCT 23 P3:46

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October 22, 1986

Gary J. Edles, Chairman  
Atomic Safety and Licensing  
Appeal Board  
U.S. Nuclear Regulatory  
Commission  
Washington, D.C. 20555

Ms. Christine N. Kohl  
Atomic Safety and Licensing  
Appeal Board  
U.S. Nuclear Regulatory  
Commission  
Washington, D.C. 20555

Mr. Howard A. Wilber  
Atomic Safety and Licensing Appeal Board  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

In the Matter of  
Georgia Power Company, et. al.  
(Vogtle Electric Generating Plant, Units 1 and 2)  
Docket Nos. 50-424 and 50-425

Dear Administrative Judges:

On October 7, 1986, the NRC Staff served the Appeal Board and all parties to this proceeding with a copy of the "Radiological Emergency Preparedness Exercise Report" (September 19, 1986) prepared by FEMA based on its observations of the April 30-May 1, 1986 full participation exercise for the Vogtle Emergency Planning Zone ("EPZ"). FEMA there concluded that the offsite emergency response plans provide "reasonable assurance" that "adequate measures \* \* \* [can be taken] to protect the health and safety of the public in the event of a radiological emergency" at Vogtle. While a number of "Areas Recommended For Improvement" were identified in the Exercise Report, there were no "Deficiencies" or "Areas Requiring Corrective Action." Thus, federal regulations do not require further action by any party as a result of the exercise.

Nevertheless, the States of Georgia and South Carolina, the four counties in the EPZ, and Georgia Power Company have reviewed the "Areas Recommended For Improvement" and have identified responsive actions for each. The correspondence enclosed here for the information of the Appeal Board documents those actions. See Memorandum, To Executive Director of GEMA, From D. Moffett, Re: Plant Vogtle Exercise Report (October 20, 1986); Letter, To J. DiLuzio (GPC), From J. Moore (SCEPD) (October 7, 1986); Letter,

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PDR ADOCK 05000424  
G PDR

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SHAW, PITTMAN, POTTS & TROWBRIDGE

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

to B. Clack (GEMA) and J. Moore (SCEPD), From J. Varner (GPC)  
(October 15, 1986).

Further, on October 14, 1986, the NRC Staff served FEMA's "Interim Findings Report on the Adequacy of Radiological Emergency Response Preparedness for Plant Vogtle, Georgia" (September 8, 1986). FEMA there concluded that the offsite emergency response plans "are adequate and capable of being implemented and that offsite preparedness is adequate to provide reasonable assurance that appropriate measures can be taken offsite to protect the health and safety of the public in the event of a radiological emergency." The Interim Findings Report also noted:

The qualifying exercise at Plant Vogtle did not include a medical drill as an objective. \* \* \* However, a medical drill is scheduled to be conducted on September 22, 1986, which, if successfully conducted, will provide the missing element and, at that time, this office may assert that this planning standard [L. Medical and Public Health Support] is adequately addressed.

Interim Findings Report at 3, 20. Enclosed, for your information, is a copy of FEMA's "Medical Drill Evaluation Report, Plant Vogtle, Georgia" (September 22, 1986). That report concluded:

The plant personnel, ambulance and hospital staff demonstrated a good knowledge of proper and adequate radiation emergency response capabilities. All players took this drill very seriously and exhibited a strong desire to do an adequate, appropriate and thorough job.

Medical Drill Evaluation Report at 5.

Respectfully submitted,

*Delissa A. Ridgway*

Delissa A. Ridgway  
Counsel for Applicants

Enclosures

cc: Service List (attached)

UNITED STATES OF AMERICA  
NUCLEAR REGULATORY COMMISSION

DOCKETED  
USNRC

Before the Atomic Safety and Licensing Appeal Board

'86 OCT 23 P3:47

In the Matter of	)	OFFICE OF SECRETARY
	)	DOCKETING & SERVICE
GEORGIA POWER COMPANY, <u>et al.</u>	)	BRANCH
	)	Docket No. 50-424
(Vogtle Electric Generating Plant,	)	50-425
Units 1 and 2)	)	

SERVICE LIST

Gary J. Edles, Chairman Atomic Safety and Licensing Appeal Board U.S. Nuclear Regulatory Commission Washington, D.C. 20555	Bernard M. Bordenick, Esquire Office of the Executive Legal Director U.S. Nuclear Regulatory Commission Washington, D.C. 20555
Christine N. Kohl Atomic Safety and Licensing Appeal Board U.S. Nuclear Regulatory Commission Washington, D.C. 20555	Bradley Jones, Esquire Regional Counsel U.S. Nuclear Regulatory Commission 101 Marietta Street, Suite 3100 Atlanta, GA 30303
Howard A. Wilber Atomic Safety and Licensing Appeal Board U.S. Nuclear Regulatory Commission Washington, D.C. 20555	Danny Feig 1130 Alta Avenue Atlanta, GA 30307
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	Carol Stanqler 425 Euclid Terrace Atlanta, GA 30307



MG JOSEPH W. GRIFFIN  
THE ADJUTANT GENERAL  
DIRECTOR

STATE OF GEORGIA

**Department of Defense**  
**Georgia Emergency Management Agency**

P.O. Box 18055  
Atlanta, Georgia 30316-0055  
TEL: (404) 656-5500



BILLY J. CLACK  
EXECUTIVE DIRECTOR

20 October 1986

MEMORANDUM

TO: Executive Director *Approved Clack 10-21-86*

THRU: ~~Chief of Planning~~ *21 Oct 86*

SUBJECT: Plant Vogtle Exercise Report

As you are aware, subject report contained no observed deficiencies or areas requiring corrective actions. Accordingly, no response to FEMA Region IV is required or necessary.

The report did identify some areas recommended for improvement. Each of those recommendations was reviewed by the appropriate members of the GEMA, DNR and DHR Staffs on 6 October 1986. Based on this review, appropriate actions have been taken or will be taken to address each area. A discussion of each of these actions keyed to specific FEMA comments in the report is enclosed.

*David H. Moffet*  
DAVID H. MOFFET  
REP Planning Officer

Enclosures:  
(as stated)

DHM/sa

ACTIONS ADDRESSING  
AREAS RECOMMENDED FOR IMPROVEMENT  
RADIOLOGICAL EMERGENCY PREPAREDNESS EXERCISE REPORT

PLANT VOGTLE  
19 SEPTEMBER 1986

A. Paragraph 2.1, Page 13

Area Recommended For Improvement

1. Description: High noise levels in the FEOC impaired normal telephone conversation and effective monitoring of the ENN.

Recommendation: It is recommended that the room directly across from the FEOC be used to house the person monitoring the ENN and Radiological Health personnel.

Response: To reduce the noise level in the FEOC, carpet will be installed. In addition, a jack will be installed in the room directly across the hall so that the ENN terminal can be moved from the FEOC, if necessary.

B. Paragraph 2.1.2, Page 16

Areas Recommended For Improvement:

1. Description: Field teams were prepositioned at the Burke County EOC. Back-up field teams were not available for 24-hour staffing.

Recommendation: County and state members of the field teams should demonstrate activation and mobilization in a future exercise. A 24-hour staffing capability should be demonstrated.

Response: Annex D to the Georgia Radiological Emergency Plan (The Vogtle-Specific Plan) indicates that backup staffing for field teams is provided by federal personnel. In accordance with the plan, during the Vogtle exercise, backup field team assistance was requested from the DOE Savannah River Plant (SRP), who agreed to respond. In any event, the State has the capability to provide 24-hour staffing, if necessary. A roster of personnel will be prepared which will demonstrate this capability.

2. Description: One ingestion pathway team had a micro-R meter instead of a CDV-700.

Recommendation: SOP 6.0.3.7 should be revised to indicate this equipment change. Equipment possessed by the teams in their kits should agree with the equipment check list.

Response: SOP 6.0.3.7 provides that each field team should be equipped with either an Eberline E-520 or a CDV-700. The referenced team was equipped with an Eberline E-520 in addition to the micro-R meter, and was therefore in compliance with the procedure. SOP 6.0.3.7 will be revised to indicate micro-R meter availability, as well as circumstances where its use may be appropriate.

3. Description: The dosimetry issued to the teams is different than that specified in the plan.

Recommendation: The plan should be revised to reflect the proper and appropriate dosimetry which was worn by the team members during the exercise.

Response: The Base Plan, Appendix 9, will be revised to reflect the appropriate low range and high range dosimetry which would be issued in an emergency.

4. Description: None of the teams performed open window readings, only closed window readings as stipulated in the SOP 6.0.3.6.

Recommendation: SOP 6.0.3.6 should be revised to call for both open and closed window readings. Such readings should be taken to assure that the air sample measurements are actually in the plume and not in an area outside of the plume where plume shine causes non-zero closed window readings.

Response: Eberline HP-270 instrument probes have been purchased and included in kits, and SOP 6.0.3.6 has been revised to provide for open window measurements.

#### C. Paragraph 2.2.1.1, Page 19

##### Areas Recommended For Improvement

1. Description: Signs should be prominently displayed that direct evacuees to the Reception Center and to specific areas such as parking and reception.

Recommendation: More signs and directional arrows would be helpful in directing the flow of evacuees. Also, evacuees assigned to an alternate shelter who are proceeding in private vehicles should be given strip maps.

Response: Additional signs and directional arrows will be provided to direct evacuees. All evacuees would report initially to the primary reception center. If any had to be relocated to a backup facility, they would be transported by bus or other similar means of mass transportation, rather than by private vehicle.

2. Description: The Reception Center notified the EOC that it was open before all personnel were in place.

Recommendation: All personnel should be in place and ready to receive evacuees prior to notifying the EOC that the Reception Center is open.

Response: As noted in the pre-exercise briefing of exercise controllers and evaluators, full reception center staffing and the processing of evacuees were intentionally delayed during the exercise to avoid disrupting students' use of common areas such as the gym. The opening of the reception center was timely simulated to facilitate other parts of the exercise scenario. In the event of an actual emergency, students would vacate the common areas of the school; reception center personnel would not notify the EOC that the center was open until all personnel were in place and ready to receive evacuees.

3. Description: Traffic control and security were not evident during this exercise.

Recommendation: Traffic control and security should be provided.

Response: Additional traffic control and security will be provided at the reception center.

4. Description: Red Cross personnel did not arrive, although both shelter managers requested and expected Red Cross support.

Recommendation: Red Cross personnel should participate at the shelter in the next exercise.

Response: While a Red Cross representative was stationed in the Burke County EOC during the exercise, other Red Cross personnel were not available to participate. However, Red Cross personnel have reaffirmed their commitment to participate in future exercises and to respond in the event of an actual emergency.

5. Description: It appears unrealistic to expect normal school activities to proceed while large numbers of evacuees are being registered and/or sheltered.

Recommendation: The County Plan should specify at what point schools would be dismissed.

Response: County School Superintendent Checklist procedures specify that school will be dismissed at the discretion of the School Superintendent. This is consistent with the decision of the NRC Licensing Board, which granted summary disposition of the issue of reception center capacity. FEMA supported that motion. See "Memorandum and Order (Ruling On 'Applicants' Motion For

Summary Disposition of Contention EP-5)" (July 17, 1986);  
"NRC Staff Supplemental Response to 'Applicants' Motion For  
Summary Disposition of Joint Intervenors Contention EP-5  
(Reception Center Capacity)."

D. Paragraph 2.2.1.3, Page 21

Area Recommended For Improvement

1. Description: Signs indicating evacuation routes and/or information warnings were not present at strategic locations in the VEGP area or at the public boat ramps.

Recommendation: Permanent evacuation route signs should be installed at strategic locations in the VEGP area and information/warning signs would be helpful at the public boat ramps.

Response: Temporary evacuation route signs are available and would be posted in an emergency to mark the routes designated for use by officials; all available evacuation routes might not be used, depending on wind direction and other such factors. Permanent evacuation route signs would limit this flexibility. Emergency warning signs have been posted at the public boat ramps.

E. Paragraph 2.5.2, Pages 33-34

Areas recommended for improvement related to Media Center Operations have been addressed by Georgia Power Company in a letter to the States of Georgia and South Carolina dated 15 October 1986.

The State of South Carolina  
Military Department



OFFICE OF THE ADJUTANT GENERAL

T. ESTON MARCHANT  
MAJOR GENERAL  
THE ADJUTANT GENERAL

October 7, 1986

Mrs. Jean DiLuzio  
Nuclear Operations Department  
Georgia Power Company  
P. O. Box 4545  
Atlanta, Georgia 30302

Dear Mrs. <sup>Jean</sup> DiLuzio:

As you know, we recently received the final report of the Alvin W. Vogtle Electric Generating Plant full participation exercise conducted on April 30 - May 1, 1986, from the Federal Emergency Management Agency. The report was very laudatory with there being no "Deficiencies," "Areas Requiring Corrective Actions" and very few "Areas Recommended for Improvement."

We have reviewed the report with great interest. At the end of the second paragraph in Part 1.3 EVALUATION CRITERIA (page 2), FEMA states "no deficiencies and no areas requiring corrective actions were identified during this exercise." There is no further action required by FEMA.

While neither NRC nor FEMA regulations require response to "Areas Recommended for Improvement" those comments are addressed as matters of routine coordination between the State of South Carolina and Georgia Power Company. To wit:

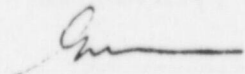
1. The problems with the Administrative Decision Line (ADL) and the Emergency Notification Network (ENN) are being corrected. The ADL has been redesigned and tested. A new, permanent ENN telephone system (like the Georgia system) is being installed and tested to replace the substitute system which South Carolina used for the exercise.
2. Thermoluminescent Dosimeters (TLDs) have been issued at State and County levels in South Carolina.

Emergency Preparedness Division  
Rutledge Building 1429 Senate Street  
Columbia, South Carolina 29201 (803) 758-2826

3. The planned siren to be located in Barnwell County is programmed by your organization to be operational December 15, 1986. Tone alert radios have been issued to residents within the EPZ.
4. The following improvements will be made:
  - a. Additional training will be conducted for county public information personnel.
  - b. Pre-scripted messages will be revised.
  - c. Operations personnel at the FEOC will receive training on posting correct units on the dose table and message verification procedures will be streamlined.
  - d. Emergency workers (including law enforcement personnel) will be issued appropriate dosimetry, and record keeping cards. KI will also be available for distribution, if necessary, at the direction of state authorities.
  - e. Additional training will be given the Barnwell EOC Coordinator.
  - f. The remedial improvements recommended in the report and the objectives which were not demonstrated will be shown in subsequent exercises.
  - g. The Allendale County EOC radiological officer will receive additional training in the use of dosimetry equipment.

We have appreciated the fine support and assistance we have received from Georgia Power Company in the past and look forward to your continuing cooperation in the future.

Sincerely,

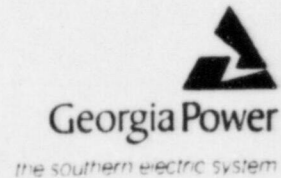
  
for JOSHUA P. MOORE  
Director

JPM:JMC:ncs

Georgia Power Company  
333 Piedmont Avenue  
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Mailing Address:  
Post Office Box 4545  
Atlanta, Georgia 30302

Corporate Communication Department



October 15, 1986

Mr. Billy J. Clack, Executive Director  
Georgia Emergency Management Agency  
Post Office Box 18055  
Atlanta, Georgia 30316-0055

Mr. Joshua Moore, Director  
State of South Carolina Military Department  
Office of the Adjutant General  
Emergency Preparedness Division  
Rutledge Building  
1429 Smith Street  
Columbia, South Carolina 29201

Dear Sirs:

As you know, in the September 19, 1986, FEMA report on the Vogtle exercise of April 30-May 1, 1986, there were five areas recommended for improvement at the Emergency News Center. The following contains FEMA's descriptions and recommendations in these areas as well as Georgia Power Company's response:

1. Description: Maps of the Savannah River Plant area and a chart for tracking activities such as sheltering, evacuation and opening of reception centers were not present at the Emergency News Center.

Recommendation: Providing the indicated maps and displays at the ENC would enhance the media briefings.

Response: A detailed map of the Vogtle EPZ (including the Savannah River Plant area) is available at the Emergency News Center. Status charts to track such activities as sheltering, evacuation and opening of reception centers will be provided.

2. Description: Additional telephones for incoming media calls are needed at the Emergency News Center.

Recommendation: Providing additional telephone lines for incoming media calls to the ENC would expedite information flow to the media.

Response: The number of Emergency News Center phone lines for incoming media calls is being doubled. In addition, in an emergency, a telephone response team would be available at Georgia Power Company corporate headquarters in Atlanta, with access to the same information as the News Center, thus reducing the load on the News Center.

3. Description: The staff members on the ENC rumor control telephones were not kept up to date on events and were, therefore, not always well prepared to answer questions.

Recommendation: Procedures for keeping rumor control staff members better informed should be strengthened.

Response: Procedures are being revised to stress the need to keep rumor control staff informed. This point also will be emphasized in training.

4. Description: Although the ENC was fully staffed, mobilization procedures were not demonstrated.

Recommendation: Staff mobilization procedures for the ENC should be demonstrated in a future exercise.

Response: Staff mobilization of the Emergency News Center was not an objective of the April 30-May 1, 1986 exercise but will be demonstrated in a subsequent exercise.

5. Description: Hard copy news releases were not always available in a timely manner at the Emergency News Center due to some coordination problems in the procedures for handling, numbering and distribution news releases.

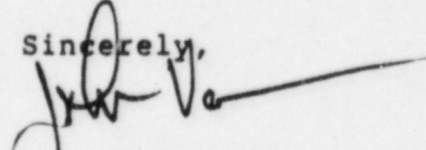
Recommendation: The procedures for handling, reviewing and distributing proposed and final hard copy news releases should be reviewed for adequacy. The staff should be provided with additional training to ensure proper coordination.

Response: Procedures for handling, numbering and distributing news releases are being revised and will be the subject of training.

If you have any questions or desire additional information regarding these responses, please let me know.

Thank you.

Sincerely,



John Varner  
Speech & Information  
Supervisor

cc: Mr. E. Morris Howard  
Mr. Larry Hill  
Ms. Jean DiLuzio



# Federal Emergency Management Agency

Region IV 1371 Peachtree Street, NE Atlanta, Georgia 30309

October 7, 1986

Mr. Billy J. Clack, Executive Director  
Georgia Emergency Management Agency  
Post Office Box 18055  
Atlanta, Georgia 30316-0055

Dear Mr. Clack:

Attached is the Medical Drill Evaluation Report for the Plant Vogtle medical drill conducted on September 22, 1986.

The drill was satisfactory and completes the requirements of the initial full participation exercise conducted on April 30 - May 1, 1986 at Plant Vogtle.

Should you have questions, please contact John Heard at 347-7079.

Sincerely,

Glenn C. Woodard, Chief  
Natural and Technological  
Hazards Division

Attachment



# Federal Emergency Management Agency

Region IV 1371 Peachtree Street, NE Atlanta, Georgia 30309

## MEDICAL DRILL EVALUATION REPORT

PLANT VOGTLE, GEORGIA

September 22, 1986

Evaluator: Gary Simmons, DHHS; Observer: Thomas Hawkins, FEMA

On September 22, 1986, a medical drill was conducted at the Burke County Hospital in Waynesboro, Georgia. This drill was conducted to fulfill the requirement from FEHA memorandum dated August 5, 1983, which set standard exercise objectives. The drill was to address items no. 30 and no. 31:

No. 30 - demonstrate adequacy of ambulance facilities and procedures for handling contaminated individuals. No. 31 - demonstrate adequacy of hospital facilities and procedures for handling contaminated injured patients.

This drill went beyond these criteria and included the emergency medical response of the plant staff.

The drill started with the following scenario:

Mechanics are moving a heavy object. A malfunction in the lifting mechanisms causes the heavy object to fall to the floor crushing and pinning the right leg of one of the mechanics. He sustains open fractures to the lower right leg, ankle and foot, and multiple abrasions, lacerations and contusions.

A co-worker nearby witnesses the accident. He assures his own safety (i.e., assesses hazards in the area) then checks the injured worker's vital signs. He calls aloud for a co-worker to notify the control room for help. The control room operator notifies appropriate site response personnel.

The exercise began with the victim lying on his back, wearing protective clothing. A heavy weight pinning his right leg. He was screaming. The plant first aid team arrives at the scene with appropriate supplies.

Since the response of the site response team was evaluated in April 1986 no critique is provided for their activities.

It was noted that several attempts to notify the ambulance service on 554 6666 were unsuccessful because of a busy signal. The contact was made using an alternate number 554 6651. I do not know how widely this alternate number is circulated since the State of Georgia Plan only lists the main number.

It took approximately 29 minutes for the ambulance to arrive at the door of the facility after the call was made.

A security guard met the ambulance attendants to issue dosimeters. The attendants were not aware of patient's vital signs and the most important issue appeared to be issuance of the dosimeters instead of assessment of the patient's condition. This process seemed a bit time consuming especially if the patient is in critical condition.

The ambulance attendants were provided with protective clothing by plant personnel at the entrance to the controlled area. The attendants were briefed by the plant rescue team and completed their assessment of the patient's condition. The Health Physics (HP) Technician apprised them of the extent and location of the contamination and monitored and directed their activities with regard to contamination.

The patient had been wrapped in a sheet, moved to a clear area, and placed on a rigid stretcher in preparation for transport. The ambulance attendants completed their emergency treatment, secured the life support devices, prepared the patient for transport and moved the patient to the ambulance. The floor of the ambulance was covered with heavy plastic.

The elapsed time from ambulance arrival at the plant to departure for the hospital was approximately 24 minutes.

The actions by the ambulance attendants and communication with the EOC and the hospital were not monitored.

The hospital had been informed of the nature and extent of the injured patient and had prepared the receiving area well in advance of the arrival of the patient. The hospital personnel were dressed in protective clothing. Most of the outside receiving area as well as the floor of the special recovery room was covered with heavy protective plastic.

The Burke County Hospital has a dedicated radiation emergency treatment room with its own entrance beside the regular entrance to the emergency. Since the parking lot and driveway paving were not complete at the time of this drill, the ambulance had to unload approximately 20 feet from where the normal unloading area will be. This created some awkward pathway movements but should be eliminated when the construction is complete. The time of transport from the plant to the hospital was approximately 30 minutes.

The elapsed time from notification to the control room of the accident to delivery to the hospital treatment room was approximately 90 minutes. At this point in the drill, it was learned from hospital personnel that a major auto/truck accident with multiple burn injuries had occurred nearby. The ambulance was quickly stripped of the plastic liner and put back into service. Due to the emergency, the survey of the ambulance attendants, equipment and supplies and the inside of the ambulance was not conducted. Therefore, the appropriateness of this procedure and the decisions concerning the release/decontamination of the above mentioned was not evaluated. I believe that a second plant HP Technician followed the ambulance to perform these functions. The same HP Technician that assisted the plant rescue team, rode in the ambulance and was present in the ER for continued radiation, monitoring and assistance with contamination control. He reported to the hospital staff the areas of patient contamination upon arrival in the ER.

The hospital staff immediately began assessing the patient's condition and administering appropriate medication. There were three hospital staff members plus the plant technician in the treatment area with two or more support staff immediately outside the treatment room. A nurse outside the treatment room was used exclusively for recording information on the patient's record and another for securing supplies and medications that were not already in the treatment room.

The dressings were removed from the injured area and at first discarded in the trash can. These dressings were recovered a short time later and placed in a closed container for late evaluation. The patient was reported to have the following contamination levels;

Hands:	3mR/h
Forehead:	2000cpm
Ankle:	2mR/h
Leg:	2mR/h

The priority for decontamination was established as the injured area and debridement was begun by the physician. The foreign matter and tissue removed from the wound was placed in a container for evaluation.

At this point in the drill, the first of the burn victims arrived and the exercise was terminated. This was necessary due to the limited hospital staff and the number of patients in this accident.

Therefore, the following items of concern were not observed:

- 1) Patient decontamination techniques and control procedures.
- 2) Management of contaminated waste (including liquids that may have been used for wound cleansing).

- 3) Determination of successful patient decontamination.
- 4) Survey and transfer of patient to regular hospital environs.
- 5) Proper removal of protective clothing, departure to clean area, body survey, equipment and room survey, dosimeter collection and documentation and general miscellaneous decontamination and clean-up of the treatment area.

#### COMMENTS

1. The procedure for issuing dosimeters to ambulance personnel could be streamlined to save time.
2. Protective clothing could be issued to ambulance attendants so they could, if indicated, be dressed on arrival.
3. Transmission of information regarding patient's condition, nature of injury and vital signs to the ambulance enroute by the plant rescue team would be beneficial.
4. Thorough distribution of alternate ambulance telephone numbers should be assured.
5. Considerations should be given to practice proper extrication procedures if patient must be moved up flights of stairs.
6. Reporting of radiation measurements in varying units (mR/h and cpm) may confuse some ambulance and hospital personnel.
7. The air vent in the radiation emergency treatment room at the hospital should be covered to prevent potential air-borne contamination from entering the rest of the hospital.
8. The containers used in the ER for contaminated dressing, skin, etc. should be handled in a manner to avoid cross contamination, i.e., the outside of one container had blood from a glove and this container was placed in a foam filled suitcase. This could result in transfer of contamination to the foam and suitcase.
9. The floor covering in the treatment room should cover the entire floor (from wall-to-wall, a narrow uncovered area existed along one side of the room) to minimize spread of contamination.
10. The covering used for the ambulance, the entrance to the ER and on the floor of the treatment room was heavy plastic. The State of Georgia RFP - Annex D, Page 56, Table F-2, A-1 reads "If contamination is suspected, have the treatment area prepared for receiving a contaminated patient. The floor area from the emergency entrance to the treatment room should be covered with absorbent paper". This plastic is not absorbent and in the case of wet contamination, run off could occur.

11. Medical drills are expensive and time consuming. However, they do serve a very useful purpose. By keeping to a minimum, the simulation (particularly of the non-invasive medical techniques) by all players will assure they know exactly what to do in a real emergency. Many times constraints and limitations of protective clothing can create problems not otherwise imagined, i.e., removal of pen from shirt pocket to record patient data presented a problem to an attendant. Therefore, it is suggested that this type of drill be conducted frequently even if only evaluated by in-house personnel.
  
12. The plant personnel, ambulance and hospital staff demonstrated a good knowledge of proper and adequate radiation emergency response capabilities. All players took this drill very seriously and exhibited a strong desire to do an adequate appropriate and thorough job. The exercise, while prematurely aborted, demonstrated good basic skills in handling/treating, and adequate hospital facilities for a limited number of contaminated injured patients. As with any drill, the ability to perform effectively and efficiently will improve with continued practice.

MEDICAL SUPPORT MODULE

OUTLINE

I. COMMUNICATIONS.....	2
II. HOSPITAL FACILITIES & PROCEDURES.....	4
III. AMBULANCE FACILITIES & PROCEDURES.....	6
IV. SCENARIO.....	8

MEDICAL SUPPORT MODULE

I. COMMUNICATIONS

Yes No N/A N/O

L.1 1. Name the hospital(s) you observed:

- 1. Burke County Hospital, Waynesboro, GA X
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

L.1, 2. Did each hospital receive and verify a message stating that a radiological incident had occurred?

- hospital #1..... X
- hospital #2.....
- hospital #3.....

F.2, L.1 3. Which of these hospitals (by number) had emergency communication links to:

- local EOCs \_\_\_\_\_ #1
- congregate care facilities \_\_\_\_\_
- ambulances in transit \_\_\_\_\_ #1
- radiological laboratories \_\_\_\_\_

F.2, L.1 4. Describe the communication links listed above.

Burke County has an emergency center that receives all fire, police and ambulance calls. They dispatch the ambulance and have direct communication with the hospital.

Summary

In your own words, describe and evaluate the demonstrated activities, capabilities, and resources, or lack thereof, covered by this section. Put the facts recorded in the "yes/no" questions in perspective. Explain the deficiencies, and also note the exceptionally good performances.

See cover memo

## II. HOSPITAL FACILITIES & PROCEDURES

		Yes	No	N/A	N/O
L.1	1. Was a health physicist present, or available on short notice, to advise hospital staff?				
	—Hospital #1.....	X	—	—	—
	—Hospital #2.....	—	—	—	—
	—Hospital #3.....	—	—	—	—
L.1	2. Did the hospital have the necessary equipment for determining whether & how a patient was contaminated?				
	—H.#1.....	X	—	—	—
	—H.#2.....	—	—	—	—
	—H.#3.....	—	—	—	—
L.1	3. Was this function demonstrated satisfactorily?				
	—H. #1.....	X	—	—	—
	—H. #2.....	—	—	—	—
	—H. #3.....	—	—	—	—
L.1	4. Did the hospital have the necessary equipment to decontaminate a patient?				
	—H. #1.....	X	—	—	—
	—H. #2.....	—	—	—	—
	—H. #3.....	—	—	—	—
L.1	5. Was this function demonstrated satisfactorily?				
	—H. #1.....	—	—	—	—
	—H. #2.....	—	—	—	—
	—H. #3.....	—	—	—	—
L.1	6. Did the hospital staff follow sound procedures in handling patients, so as to avoid spreading contamination? (e.g. closing air ducts)				
	—H. #1.....	—	X	—	—
	—H. #2.....	—	—	—	—
	—H. #3.....	—	—	—	—
L.1	7. Does the hospital have an arrangement with a radiological laboratory for analysis in support of emergency operations?				
	—H. #1.....	—	—	—	X
	—H. #2.....	—	—	—	—
	—H. #3.....	—	—	—	—

Summary

In your own words, describe and evaluate the demonstrated activities, capabilities, and resources, or lack thereof, covered by this section. Put the facts recorded in the "yes/no" questions in perspective. Explain the deficiencies, and also note the exceptionally good performances.

See cover memo

### III. AMBULANCE FACILITIES & PROCEDURES

		Yes	No	N/A	N/O
L.4	1. Did an ambulance and crew participate in the exercise?.....	<u>X</u>	—	—	—
L.4, K.3.a	2. Was the crew provided with:		<u>X</u>	—	—
	—a survey meter?.....	—	<u>X</u>	—	<u>X</u>
	—did they demonstrate its proper use?....	<u>X</u>	—	—	—
	—dosimeters?.....	<u>X</u>	—	—	—
	—did they demonstrate their proper use?..	<u>X</u>	—	—	—
L.4, K.5.b	3. Did the crew demonstrate procedures for:		<u>X</u>	—	—
	—decontamination of a patient?.....	—	<u>X</u>	—	—
	—preventing contamination of ambulance and crew?.....	<u>X</u>	—	—	—
L.4	4. Did the crew know which area hospitals were capable of handling contaminated patients? <u>X</u>	<u>X</u>	—	—	—
L.4	5. Was a patient actually transported to a hospital for exercise?.....	<u>X</u>	—	—	—
L.4, K.5.a, K.5.b	6. If so, were ambulance and crew checked for contamination after the patient was removed from the ambulance?.....	<u>X</u>	—	—	—
F.2	7. Did the ambulance have two-way radio communication with:				
	—the hospital?.....	<u>X</u>	—	—	—
	—the local EOC?.....	<u>X</u>	—	—	—
	—traffic control personnel?.....	<u>X</u>	—	—	—

Summary

In your own words, describe and evaluate the demonstrated activities, capabilities, and resources, or lack thereof, covered by this section. Put the facts recorded in the "yes/no" questions in perspective. Explain the deficiencies, and also note the exceptionally good performances.

See cover memo

IV. SCENARIO

Summary: Comment on the adequacy of the scenario. did it provide enough activity? Was it realistic? Did it test areas of earlier deficiency?

See cover memo