



**FEMA**

December 13, 2004

Donald P. Cheney, Director  
Division of Fire Safety & Emergency Management  
Bureau of Emergency Management  
10 Hazen Drive  
Concord, New Hampshire 03305

Dear Director Cheney:

In compliance with NUREG-0654, FEMA REP-1, Rev. 1 and FEMA Guidance Memorandum MS-1, Region I staff evaluated a Medical Support MS-1 Drill involving offsite response to a simulated, contaminated injured individual, ambulance transport and treatment of the individual.

Enclosed is a copy of the final report for the October 21, 2004, Medical Support MS-1 Drill of the offsite radiological emergency plans for Vermont Yankee Nuclear Power Station in Brattleboro, Vermont. This report addresses the evaluation of the plans and procedures for the State of New Hampshire, Cheshire Medical Center and Keen Fire and Ambulance Service. The final exercise report was prepared by the Federal Emergency Management Agency Region I staff.

No Deficiencies were identified during the October 21, 2004 drill. There were no Areas Requiring Corrective Action (ARCA) identified. The prior ARCA, 67-02-6.d.1-A-01, was resolved.

If you have any questions, please contact Deborah S. Bell, RAC Chair at 617-832-4744 or Deborah.Bell@DHS.GOV.

Sincerely,

Kenneth L. Horak  
Acting Regional Director

Enclosure

CC: Mike Nowaj, NHOEM  
Joan Brown, NHDCPH

U.S. Department of  
Homeland Security  
99 High Street, 5<sup>th</sup> floor  
Boston, MA 02110



**FEMA**

Mary Ann Wilson, ENTERGY  
Bob Bores, NRC  
Pat Tenorio, FEMA, HQ

# **Vermont Yankee Nuclear Power Station**

## **MS-1 Drill – Cheshire Medical Center Keene, New Hampshire**

**Licensee:** Entergy – Vermont Yankee

**Exercise Date:** October 21, 2004

**Report Date:** December 13, 2004



# **FEMA**

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**DEPARTMENT OF HOMELAND SECURITY  
EMERGENCY PREPAREDNESS AND RESPONSE  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
REGION I  
99 HIGH STREET  
BOSTON, MASSACHUSETTS 02110**

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## **I. EXECUTIVE SUMMARY**

On October 21, 2004, an MS-1 Drill was conducted with City of Keene Fire and Ambulance Company and Cheshire Medical Center in Keene, New Hampshire. The purpose of this drill was to assess the capability of the Cheshire Medical Center and City of Keene Fire and Ambulance, to respond to a radiological incident involving the Vermont Yankee Nuclear Power Station. This drill was held in accordance with FEMA's policies and guidance concerning the exercise of State and local radiological emergency response plans (RERP) and procedures.

FEMA wishes to acknowledge the efforts of the many individuals who participated in this drill. Protecting the public health and safety is the full-time job of some of the drill participants and an additional assigned responsibility for others. This report contains the final evaluation of the Cheshire Medical Center MS-1 Drill.

Cheshire Medical Center and City of Keene Fire and Ambulance Company personnel demonstrated knowledge of their emergency response plans and procedures. There were no deficiencies and no areas requiring corrective action (ARCA) identified as a result of this drill.

## II. INTRODUCTION

On December 7, 1979, the President directed FEMA to assume the lead responsibility for all off-site nuclear planning and response. FEMA's activities are conducted pursuant to 44 Code of Federal Regulations (CFR) Parts 350, 351 and 352. These regulations are a key element in the Radiological Emergency Preparedness (REP) Program that was established following the Three Mile Island Nuclear Station accident in March 1979.

FEMA Rule 44 CFR 350 establishes the policies and procedures for FEMA's initial and continued approval of Tribal, State and local governments' radiological emergency planning and preparedness for commercial nuclear power plants. This approval is contingent, in part, on State and local government participation in joint exercises with licensees.

FEMA's responsibilities in radiological emergency planning for fixed nuclear facilities include the following:

- Taking the lead in off-site emergency planning and in the review and evaluation of RERPs and procedures developed by State and local governments;
- Determining whether such plans and procedures can be implemented on the basis of observation and evaluation of exercises of the plans and procedures conducted by State and local governments;
- Responding to requests by the U.S. Nuclear Regulatory Commission (NRC) pursuant to the Memorandum of Understanding between the NRC and FEMA dated June 17, 1993 (Federal Register, Vol. 58, No. 176, September 14, 1993); and
- Coordinating the activities of Federal agencies with responsibilities in the radiological emergency planning process:
  - U.S. Department of Commerce,
  - U.S. Nuclear Regulatory Commission,
  - U.S. Environmental Protection Agency,
  - U.S. Department of Energy,
  - U.S. Department of Health and Human Services,
  - U.S. Department of Transportation,
  - U.S. Department of Agriculture,
  - U.S. Department of the Interior, and
  - U.S. Food and Drug Administration.

Representatives of these agencies serve on the FEMA Region I Regional Assistance Committee (RAC), which is chaired by FEMA.

An MS-1 Evaluated Drill was conducted on October 21, 2004, by DHS-FEMA Region I, Radiological Emergency Preparedness Program (REP) Staff to assess the capabilities of Cheshire Medical Center staff and the City of Keene Fire and Ambulance Company staff, to demonstrate the adequacy of procedures, facilities, equipment, and personnel for the radiological monitoring and decontamination of injured individuals as a result of a Vermont Yankee Nuclear Power Station incident. The purpose of this drill report is to present the drill results and findings on the performance of the offsite response organizations (ORO) during a simulated radiological emergency.

The findings presented in this report are based on the evaluations of the Federal evaluator team, with final determinations made by the FEMA Region I RAC Chairperson, and approved by the Regional Director.

The criteria utilized in the FEMA evaluation process are contained in:

- NUREG-0654/FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," November 1980;
- "Radiological Emergency Preparedness: Exercise Evaluation Methodology," published in the Federal Register on September 12, 2001, and amended April 25, 2002.

Section III of this report, entitled "Drill Evaluation and Results," presents information on the demonstration of applicable exercise criteria at Cheshire Medical Center and the City of Keene Fire and Ambulance Company. This section also contains, if applicable: (1) descriptions of all Deficiencies and Areas Requiring Corrective Action (ARCA) assessed during this exercise, recommended corrective actions, and (2) descriptions of unresolved ARCAs assessed during previous exercises and the status of the OROs' efforts to resolve them.

### **III. DRILL EVALUATION AND RESULTS**

**Participating Agencies:**

Cheshire Medical Center

City of Keene Fire and Ambulance Company

**The following participated, but were not evaluated by FEMA:**

Entergy Nuclear Vermont Yankee

Contained in this section are the results and findings of the evaluation of the Keene, New Hampshire, MS-1 Cheshire Medical Center Drill conducted on October 21, 2004. The purpose of this evaluated drill was to test the readiness capabilities of Cheshire Medical Center and the City of Keene Fire and Ambulance Company to be able to respond to an incident involving injured, contaminated individuals.

Each functional entity was evaluated on the basis of its demonstration of criteria delineated in the exercise criterion contained in the "Radiological Emergency Preparedness: Exercise Evaluation Methodology," published in the Federal Register on September 12, 2001, and amended April 25, 2002.

The following is the status of functional entities evaluated.



## **A. City of Keene Fire and Ambulance Company**

The City of Keene Fire and Ambulance crew did an outstanding job in communicating with the patient as well as the hospital keeping them informed of what was taking place as they did it. They kept the patient calm during transport and worked together to prevent cross-contamination.

**(a) MET: Criterion 3.a.1, 6.d.1**

**(b) DEFICIENCIES: NONE**

**(c) AREAS REQUIRING CORRECTIVE ACTION (ARCA): NONE**

**(d) NOT DEMONSTRATED: NONE**

**(e) PRIOR ARCAs RESOLVED:**

Issue # 67-02-6.d.1-A-01

The EMTs attending to the contaminated injured worker displayed a lack of concern for the prevention of cross contamination techniques. The first incident occurred when the EMT placed a blanket on the contaminated floor, then used the same blanket to cover the backboard and the injured patient. The second incident was while removing the injured workers coveralls. Little care was taken in the removal process. The coveralls should have been rolled from the inside out, however, they were not, thus cross-contaminating the injured worker needlessly.

**CORRECTIVE ACTION DEMONSTRATED:**

The Ambulance Crew (EMT) displayed an outstanding knowledge of contamination control. They put all contaminated items in one area so as not to contaminate anything else and ensured that the RAD Officer took control of the items before they left the scene.

**(f) PRIOR ARCAs UNRESOLVED: NONE**

## **B. Cheshire Medical Center**

The Cheshire Medical Center (CMC) staff worked expeditiously to set up the Radiological Emergency Area (REA) Treatment Room before the arrival of the contaminated individual. This was particularly commendable due to CMC's newly renovated Emergency Room. Staff demonstrated knowledge of their procedures and used them accordingly

**(a) MET: 3.a.1, 6.d.1**

**(b) DEFICIENCIES: NONE**

**(c) AREAS REQUIRING CORRECTIVE ACTION:**

**(d) NOT DEMONSTRATED: NONE**

**(e) PRIOR ARCAs RESOLVED: NONE**

**(f) PRIOR ARCAs UNRESOLVED: NONE**

## DRILL EVALUATORS

The following is a list of the personnel who evaluated the Medical Services Drill (MS-1) for the Vermont Yankee Nuclear Power Station on October 21, 2004.

<u>EVALUATION SITE</u>	<u>CRITERION</u>	<u>EVALUATOR</u>	<u>ORGANIZATION</u>
Ambulance	6.d.1. - Transportation And Treatment of Contaminated Injured Individuals	Wanda Gaudet	FEMA Region I
	3.a.1-- Implementation of Emergency Worker Exposure Control		
Cheshire Medical Center		Lauren K. DeMarco	FEMA Region I
	3.a.1-- Implementation of Emergency Worker Exposure Control		
	6.d.1 - Transportation And Treatment of Contaminated Injured Individuals		

## APPENDIX 2

### EXTENT OF PLAY

#### EXTENT OF PLAY AGREEMENT

The extent of play for the Cheshire Medical Center drill is provided below. Two FEMA evaluation criteria will be demonstrated (Use of KI by emergency workers at the Hospital and FD is not necessary).

Criterion 3.a.1: The OROs issue appropriate dosimetry and procedures, and manage radiological exposure to emergency workers in accordance with the plans and procedures. Emergency workers periodically and at the end of each mission read their dosimeters and record the readings on the appropriate exposure record or chart. (NUREG-0654, K.3.a, b).

#### Extent of Play

ORO's should demonstrate the capability to provide appropriate direct-reading and permanent record dosimetry, dosimeter chargers, and instructions on the use of dosimetry to emergency workers. For evaluation purposes, appropriate direct-reading dosimetry is defined as dosimetry that allows individual(s) to read the administrative reporting limits (that are pre-established at a level low enough to consider subsequent calculation of Total Effective Dose Equivalent) and maximum exposure limits (for those emergency workers involved in life saving activities) contained in the ORO's plans and procedures.

Each emergency worker should have the basic knowledge of radiation exposure limits as specified in the ORO's plan and/or procedures. Procedures to monitor and record dosimeter readings and to manage radiological exposure control should be demonstrated.

During a plume phase exercise, emergency workers should demonstrate the procedures to be followed when administrative exposure limits and turn-back values are reached. The emergency worker should report accumulated exposures during the exercise as indicated in the plans and procedures. OROs should demonstrate the actions described in the plan and/or procedures by determining whether to replace the worker, to authorize the worker to incur additional exposures or to take other actions. If scenario events do not require emergency workers to seek authorizations for additional exposure, evaluators should interview at least two emergency workers, to determine their knowledge of whom to contact in the event authorization is needed and at what exposure levels. Emergency workers may use any available resources (for example, written procedures and/or co-workers) in providing responses.

Although it is desirable for all emergency workers to each have a direct-reading dosimeter, there may be situations where team members will be in close proximity to each other during the entire mission and adequate control of exposure can be affected for all members of the team by one dosimeter worn by the team leader. Emergency workers who are assigned to low exposure rate areas, for example, at reception centers, counting laboratories, emergency operations centers, and communications centers, may have individual direct-reading dosimeters or they may be

monitored by dosimeters strategically placed in the work area. It should be noted that, even in these situations, each team member must still have their own permanent record dosimetry.

Individuals without specific radiological response missions, such as farmers for animal care, essential utility service personnel, or other members of the public who must re-enter an evacuated area following or during the plume passage, should be limited to the lowest radiological exposure commensurate with completing their missions.

All activities must be based on the ORO's plans and procedures and completed as they would be in an actual emergency, unless noted above or otherwise indicated in the extent of play agreement.

#### Scenario Specific Extent of Play

##### City of Keene Fire Department:

In the interest of time, the issue of dosimeters and radiological briefing part of the demonstration will be done out of sequence prior to the start of the drill. The ambulance crew and the FD first responders will be briefed together as they normally would when the Reception Center is set up and the ambulance is on stand by at the Reception Center.

The ambulance crew and the FD first responders will follow the City of Keene and the State of New Hampshire procedures for use of dosimeters and exposure control. They will wear a direct reading dosimeter (DRD) and a permanent reading dosimeter (TLD). A dosimeter charger will be available for demonstration. It will be ensured that FEMA observes the dosimetry briefing. The City of Keene Fire Department will dispatch Radiation Monitors to assist the Hospital in maintaining contamination control.

##### Cheshire Medical Center:

The Cheshire Medical Center staff will follow the Hospital Plan for the use of direct reading dosimeters and permanent reading dosimeters (TLD). They will use the low range 0 to 200 mR DRD and TLD supplied by the State of New Hampshire. Exposure limits are specified in the Hospital Plan. High Range 0 to 200 R DRD are available but will not be used for this event. It will be ensured that FEMA observes the dosimetry briefing.

The paperwork supporting the calibration of the TLD and leak testing of the direct reading dosimeters supplied by the State of New Hampshire are located at the State of New Hampshire Offices in Concord, New Hampshire. Both the ambulance crew and the hospital will be interviewed about their knowledge of dosimetry and exposure limits by the FEMA evaluators. All participants will demonstrate knowledge of procedures for the use of the dosimeters and of the exposure limits.

Criterion 6.d.1: The facility/ORO has the appropriate space, adequate resources, and trained personnel to provide transport, monitoring, decontamination, and medical services to contaminated injured individuals. (NUREG-0654, F.2; H.10; K.5.a, b; L.1, 4).

#### Extent of Play

Monitoring, decontamination, and contamination control efforts will not delay urgent medical care for the victim.

Offsite Response Organizations (ORO) should demonstrate the capability to transport contaminated injured individuals to medical facilities. An ambulance should be used for the response to the victim. However, to avoid taking an ambulance out of service for an extended time, any vehicle (for example, car, truck, or van) may be used to transport the victim to the medical facility. Normal communications between the ambulance/dispatcher and the receiving medical facility should be demonstrated. If a substitute vehicle is used for transport to the medical facility, this communication must occur before releasing the ambulance from the drill. This communication would include reporting radiation monitoring results, if available. Additionally, the ambulance crew should demonstrate, by interview, knowledge of where the ambulance and crew would be monitored and decontaminated, if required, or whom to contact for such information.

Monitoring of the victim may be performed before transport, done en route, or deferred to the medical facility. Before using a monitoring instrument(s), the monitor(s) should demonstrate the process of checking the instrument(s) for proper operation. All monitoring activities should be completed as they would be in an actual emergency. Appropriate contamination control measures should be demonstrated before and during transport and at the receiving medical facility.

The medical facility should demonstrate the capability to activate and set up a radiological emergency area for treatment. Equipment and supplies should be available for the treatment of contaminated injured individuals.

The medical facility should demonstrate the capability to make decisions on the need for decontamination of the individual, to follow appropriate decontamination procedures, and to maintain records of all survey measurements and samples taken. All procedures for the collection and analysis of samples and the decontamination of the individual should be demonstrated or described to the evaluator.

All activities associated with this criterion must be based on the ORO's plans and procedures and completed as they would be in an actual emergency, unless noted above or otherwise indicated in the extent of play agreement.

#### Scenario Specific Extent of Play

South West NH Mutual Aid (Dispatch, if available)

SWNHMA if available will be involved with the dispatch of the ambulance as appropriate.

City of Keene Fire Department

Radiological monitoring of the patient at the accident site and, in the ambulance if appropriate will be conducted by personnel from the City of Keene Fire Department. The staging area for the scene of the medical accident will be at the Keene Fire Department on Vernon Street.

First responder actions at the accident scene outside of the radiation monitoring if appropriate, and packaging of the patient for handoff to the ambulance crew is not part of the FEMA demonstration.

FEMA will observe the packaging of the patient.

The ambulance (City of Keene Fire Department) will demonstrate the transportation of an injured and contaminated individual to the Cheshire Medical Center (CMC). The ambulance crew will package the patient for transport.

The monitoring of the ambulance, ambulance bay and the ambulance crew prior to release from the hospital will be demonstrated by either the CMC Nuclear Medicine personnel or the City of Keene Fire Department.

The Area requiring corrective action (ARCA, Issue No. 67-02-6.d.1-A-01) from the 2002 MS-1 Drill will be addressed by the FD.

#### Cheshire Medical Center

Cheshire Medical Center Emergency Room personnel and the Safety / Maintenance Department will demonstrate the set up of the treatment area and decontamination area, and the securing of the approach to this area.

The Cheshire Medical Center ER and ambulance entrance bay is under construction. If all of the construction is not completed in time, the area will still be used for the demonstration and the FEMA Evaluator will be given a description of what equipment etc is missing or being simulated.

In addition, the CMC will reserve the right to exercise the option of simulating the sealing of all the air ventilation inlets/outlets in the corridors and ER area. If the option is exercised, a sample of how ventilation inlets/outlets are sealed will be conducted in the Decontamination / Treatment Room.

The issue of dosimeters, briefing on exposure limits and gowning as appropriate will be demonstrated by the ER personnel.

The Nuclear Medicine Specialists or City of Keene Fire department personnel will demonstrate radiological monitoring and contamination control in the Emergency Room.

In the ER, the ER doctor and ER nurses will demonstrate patient assessment and decontamination of the wounds. The ER personnel will demonstrate the collection of samples, swabs etc from the patient and transfer of samples to the clean areas for analyses.

If X Rays are needed in the ER Decontamination Room, the ER Staff and the X Ray technician will describe how this will be done. If necessary the FEMA evaluator will be shown the portable X Ray equipment.

ER personnel will demonstrate transfer of the patient from the decontamination / treatment area to the clean area. The patient will be decontaminated to the extent possible in the ER.

At the end of the drill in the ER, one of the Emergency Room staff members will demonstrate the removal of protective clothing and entry into clean areas. Final monitoring of personnel at the boundary of the decontamination area will be demonstrated by either the CMC Nuclear Medicine personnel or the City of Keene Fire Department.

A description only, of the cleanup of the decontamination / treatment areas in the ER and the disposal of potentially contaminated equipment and materials will be provided by the Nuclear Medicine Specialist or the Maintenance Department.

#### Re-demonstration

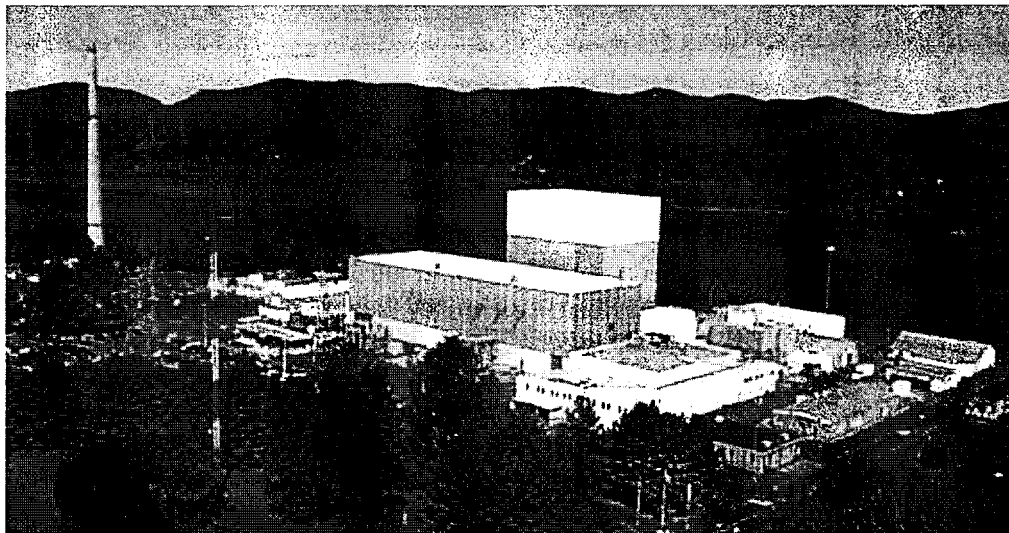
A re-demonstration of issues identified by the FEMA evaluator to the Drill Controller is allowed during the conduct of the drill. The conditions are that the issues are related to the adequacy of the demonstration of radiological monitoring of the patient, the adequacy of the demonstration of contamination control procedures used by the ambulance crew and hospital emergency room personnel, and the adequacy of the demonstration of the use of personal dosimeters. The re-demonstration will be agreed to by the FEMA evaluator and will occur after a brief remedial training is provided by the drill controller or another qualified person. Any re-demonstration will be conducted after a session of training of the particular area identified as a problem. FEMA will not conduct training.



APPENDIX 3

MEDICAL SERVICES DRILL SCENARIO

SCENARIO FOR THE MEDICAL SERVICES (MS-1) DRILL  
FOR THE  
CHESHIRE MEDICAL CENTER, KEENE, NH  
AND THE  
CITY OF KEENE FIRE DEPARTMENT



IN SUPPORT OF THE  
STATE OF NEW HAMPSHIRE EMERGENCY PLAN  
FOR THE  
VERMONT YANKEE NUCLEAR POWER STATION

Type of Drill: Medical Drill MS-1

Date of Drill: October 21, 2004

Location of Drill:

- City of Keene Fire Department, accident staging area at Vernon Street, Keene
- Cheshire Medical Center, 580-590 Court Street, Keene, New Hampshire

Participants:

- City of Keene Fire and Ambulance
- South Western NH District Fire Mutual Aid Dispatch Center (SWNHDFMA), Keene (if available)
- Cheshire Medical Center

1. Description of Drill:

a. Initial Conditions

As a result of an accident (simulated) at the Vermont Yankee Nuclear Power Station there were radiation releases warranting evacuation of the public in the 10 mile downwind direction. The radioactive plume traveled in the north to north easterly direction through the state of New Hampshire. The Site Area Emergency and General Emergency notifications of the states and local communities were simulated. Off site, state and local community Emergency Operations Center activities were simulated. Evacuees were directed (simulated) to the Reception Center at Keene State College in Keene for monitoring and decontamination.

b. Narrative Summary

The activation of the Keene State College Reception Center is simulated to occur. Notification of the Hospital and the radiological briefing of the Reception Center staff to include the Fire Department Radiation Monitors and the pre positioned ambulance is done. The accident staging area is at the Keene Fire Department on Vernon Street. An emergency worker (Keene Fire Department) in the evacuee vehicle monitoring and decontamination center (EM&D) at Keene State College Reception Center was struck by a contaminated vehicle. The worker walked out and then fell into a clean area. The worker's anti contamination suit is torn and he has a 3" laceration on his left upper arm with an apparent fracture of the arm. He also struck his forehead causing an abrasion. Both the wound areas are slightly contaminated. Contamination is on the outer clothing and on /in the wounds. The worker is alert, conscious, breathing and in pain.

The Keene Fire Department and ambulance are first responders to/on the scene. They perform the necessary medical assessment, treatment and radiation monitoring of the patient if appropriate. The patient is packaged for transport by the ambulance to the hospital.

The Cheshire Medical Center will receive the patient at the ambulance loading dock. Medical assessment, treatment and decontamination will be performed. Transfer of the patient after decontamination out to clean areas will be demonstrated. Proper contamination control will be demonstrated.

c. Scenario Time Line

NOTE: All times provided below are approximate.

<u>CLOCK TIME</u>	<u>LAPSED TIME</u>	<u>EVENT</u>	<u>Messages</u>
06:30		Simulated Site Area Emergency at the Vermont Yankee plant	
07:00		Simulated General Emergency at the Vermont Yankee plant	
07:30		Out of sequence Radiological Briefing & dosimeter issue to ambulance crew and FD at the Keene Fire Station. Ambulance Controller to ensure FEMA evaluator observes briefing	
07:45		Ambulance Controller will check with SWNHDFMA 911 Dispatch that they are available	
08:00		Simulate the Reception Center & Evacuee Monitoring & Decon at Keene State College is activated	
08:00		Out of Sequence Call to the CMC ER and tell them to initiate standby preparation of the ER to receive a contaminated and injured patient, dosimeter briefing and issue (simulates the fact that this would normally occur when the EM&D Center is manned)	
08:15	00:00	Drill Starts. Keene FD at the simulated EM&D center call to 911 to send the ambulance(can be simulated if ambulance is at the accident scene)	Message Ambulance M-1
08:25	00:10	The ambulance arrives at the Accident Staging scene (can be simulated as it is staged there).	
08:25	00:10	Accident Staging area demonstration commences	Message Ambulance M-2
08:55	00:40	Ambulance leaves the Accident Staging Area, calls CMC with patient data	
09:00	00:45	Ambulance en route to the CMC, provide patient data when halfway to the CMC	Message Ambulance M-3
09:05	00:50	Ambulance arrives at the CMC and transfer of patient to the ER staff commences	Message ER M-1
09:10	00:55	CMC ER demonstration commences. ER begins patient	Message ER M-2

CLOCK TIME	LAPSED TIME	EVENT	Messages
		assessment & treatment	
After 09:15	After 01:00	Monitoring and release of the ambulance, ambulance crew and ambulance bay by the CMC Nuclear Med Dept and / or the Keene FD	Message Ambulance M-4
09:50	01:35	ER transfers patient to clean area	
10:00	01:45	ER demonstrates de gowning and monitoring of ER staff prior to entering clean area.	Message ER M-2
10:10	01:55	ER provides discussion on how area will be cleaned up and radioactive waste will be disposed.	Message ER M-2
10:20	02:05	Drill Termination	
10:40	02:25	Drill Critique	