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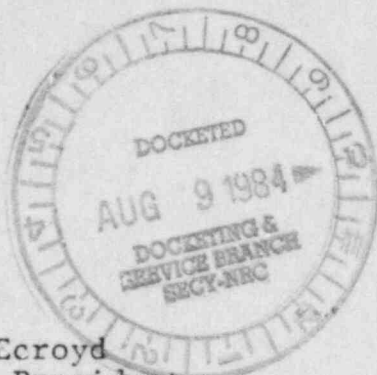


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Direct Dial Number

May 31, 1984



U. S. NUCLEAR REGULATORY COMMISSION  
EXHIBIT No. EP-46  
Applicant ☒ Staff ☐ Intervenor  
Identified ☒ Received ☒ Rejected  
Date: JUNE 6-9, 1984  
Reporter: Myrtle H. Doyle

Mr. Robert F. Ecroyd  
Executive Vice President  
Central Suffolk Hospital  
1300 Roanoke Avenue  
Riverhead, NY 11901

Dear Mr. Ecroyd:

Enclosed for your review is Revision 2 to the Protective Action Implementation Plan for Central Suffoik and Revision 2 to the sheltering floor plan. The changes suggested by you and your staff at our March 21 meeting have been incorporated.

If you have any further modifications or questions on this material, please call me at 733-4884.

Very truly yours,

*Eileen M. Ryan*

Eileen M. Ryan  
Local Emergency Response  
Implementing Organization

EMR/kv

cc: Mr. G. Dinizio

bcc: Messrs. J. A. Weismantle  
C. A. Daverio  
J. N. Christman - H&W  
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LERO File

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CENTRAL SUFFOLK HOSPITAL  
PROTECTIVE ACTION IMPLEMENTATION  
PLAN IN THE EVENT OF A  
RADIOLOGICAL EMERGENCY AT  
THE SHOREHAM NUCLEAR POWER STATION (SNPS)

**DRAFT**

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## A. GLOSSARY

The terms listed below are used in these procedures or may be used in the Emergency Broadcast System (EBS) messages which you may hear on your tone alert radio in the event of a radiological emergency at the Shoreham Nuclear Power Station. Underlined words cited in the definitions are cross-indexed.

### ALERT

An alert would be declared if there were an actual or potential safety problem at the plant. A release of radiation may have occurred, but the amount would not have been significant. At this level, LERO would make emergency personnel ready and available to respond if the problem became more serious.

### CONTAMINATION

The presence of radioactive material in undesirable locations.

### DECONTAMINATION

The reduction or removal of radioactive contaminants from an object, person or area, as by cleaning or washing with water or detergents.

### DOSE

A quantity of energy absorbed from ionization per unit mass of tissue. The rem is a unit of absorbed dose.

### EMERGENCY OPERATIONS CENTER (EOC)

The command, coordination, and communication center operated by LERO which will be activated to evaluate the radiological emergency and make and coordinate protective action recommendations along with other efforts that may be implemented for emergency response.

### EMERGENCY PLANNING ZONE (EPZ)

The area about a nuclear power plant for which planning is accomplished to assure that prompt and effective actions can be taken to protect the public in the event of a radiological emergency. The plume exposure EPZ is an area approximately 10 miles in radius around a nuclear power plant.



## EVACUATION

The protective action that entails the actual movement of people out of the affected area.

## EXERCISE

A preplanned event that tests a major portion of all of the basic elements within the radiological emergency response plan. This event tests the capability of the emergency preparedness organization to successfully respond to a radiological emergency that could result in offsite consequences.

## GENERAL EMERGENCY

A General Emergency would be declared if the situation involved actual or expected core damage and radiation releases were expected to exceed the government limits for areas beyond the immediate site. At this level, LERO officials would decide whether preplanned protective actions such as sheltering or evacuation were necessary. Continuing information would be provided to the public.

## LERO

Local Emergency Response Organization

## MILLIREM (MREM)

One-thousandth (1/1,000) of a rem.

## MONITORING, RADIOLOGICAL

The operation of locating and measuring radioactivity by means of survey instruments that can detect and measure (as dose rates) ionizing radiation.

## NUCLEAR POWER PLANT

A commercial nuclear electric power generating facility.

## NUCLEAR REACTOR

A device in which a fission chain reaction can be initiated, maintained, and controlled. Its essential component is a core with fissionable fuel.

### OFFSITE

The area beyond the property boundary line of a nuclear power plant.

### ONSITE

The area including and around the nuclear power plant enclosed by the property boundary line.

### PROTECTIVE ACTION GUIDELINES

Projected radiological doses to individuals in the general population and emergency workers, that warrant protective actions following a release of radioactive material.

### PROTECTIVE ACTIONS

The measures taken in anticipation of, during, or after a release of radioactive material. The purpose is to reduce the radiological doses to persons that would be likely to occur if the actions were not taken.

### RADIATION

The emission or propagation of waves or particles such as light, sound, radiant heat, or particles or waves emitted by radioactivity including any or all of the following: alpha particles, beta particles, gamma rays, X-rays, neutrons, high-speed electrons, high-speed protons and other atomic particles.

### RADIOLOGICAL EMERGENCY

Any event involving actual or potential radiation exposure or radiological contamination to the environment.

### RELEASE

Escape of radioactive materials into the environment.

### REM

A measure of radiation's biological affect, similar to the way degrees measure temperature or inches measure distance.

### SHELTERING

The protective action consisting of going indoors, closing doors and windows, and turning off ventilation systems.

### SITE AREA EMERGENCY

A Site Area Emergency would be declared if there were actual or potential major failures of plant systems needed for public protection. Releases of radiation may be involved, but beyond the site boundary, they would not be expected to exceed safe limits past which the government requires protective action. At this level, LERO would staff emergency positions, radiation survey teams would be dispatched, and the public would be notified through the news media.

### UNUSUAL EVENT

An Unusual Event would be declared if there were potential for a safety problem, but there had been no release of radiation from the plant. If this classification is declared, offsite officials are notified about the potential problem.



## B. CONCEPT OF OPERATIONS

### I. INTRODUCTION

The primary protective action recommendation for Central Suffolk Hospital in the event of a radiological emergency at the Shoreham Nuclear Power Station (SNPS) will be to shelter the patients and employees.

Under the Shoreham Plan, emergencies are to be classified using four categories of increasing seriousness: Unusual Event, Alert, Site Area Emergency, and General Emergency. Only at a General Emergency would there be the possibility that a release of radioactivity would be of sufficient magnitude to potentially exceed, in the plume Emergency Planning Zone (EPZ), the Environmental Protection Agency's Protective Action Guideline dose levels.

Your hospital will be notified initially of any emergency at Shoreham requiring protective actions by anyone in the EPZ by the tone alert radio provided to the hospital by LERO. Your tone alert radio may be activated at the Alert Classification although there will be no need for hospitals to take any protective actions at that emergency classification. If at a higher classification protective actions are recommended for the general public, your tone alert radio would broadcast the Emergency Broadcast System (EBS) message. If it is necessary for the hospital to take protective actions, LERO would contact your hospital by telephone to verify that you received the protective action recommendation and are implementing these procedures.

Protective actions of sheltering or evacuation are recommended based upon the projected radiation doses that may be received in particular areas of the plume EPZ, and the amount of time available in which to respond relative to the amount of time necessary to implement a response. While it is unlikely that an emergency resulting in a release would occur at Shoreham, it is more unlikely that a release would occur that would make it necessary to take protective actions out to the 10-mile boundary.

### II. SHELTERING

In sheltering Central Suffolk patients during a release radioactivity from Shoreham, the patients are being protected from two kinds of exposure: (1) external exposure to radiation from an overhead plume and (2) internal exposure from inhaling



radioactive particulates from the plume. Adequate sheltering can be provided by your building. The sheltering areas are indicated on the floor plan in Attachment 4.

The primary sheltering areas are the cafeteria and corridors on the first floor. These areas have no outside walls and are well below the roof, and thus provide maximum sheltering protection. The ventilation system in these areas can be isolated protecting the patients and staff from radioactive particulates that could be inhaled.

Hospital staff should be instructed to move portable life-support equipment and medication to the sheltering areas. All patients should be sheltered in the special areas except those patients in the intensive care unit, the coronary care unit, isolation and the prison unit. The following individuals should be sent home if they do not live in an affected (evacuated/sheltered) area: patients who are in the hospital for elective surgery; patients who were due to have been discharged the day of the emergency is announced; any other persons, which from the standpoint of their health, the hospital considers safe to release.

### III. EVACUATION

It is possible to postulate a highly unlikely accident scenario that would result in the conclusion that it would be necessary to evacuate Central Suffolk Hospital. However, Central Suffolk Hospital is located on the edge of the plume EPZ and in most accident scenarios, a radioactive release from Shoreham would not present the hospital with an immediate emergency (as would, for example, a fire), giving the hospital ample time to implement protective actions. In addition, government studies indicate that the probability of large radiation doses, even from a worse case accident at the plant, drops off substantially at about 10 miles from the reactor (NUREG 0396, Pg. I-37).

### IV. WHY WILL LERO RECOMMEND SHELTERING OVER EVACUATION AS THE PRIMARY PROTECTIVE ACTION?

LERO will recommend sheltering rather than evacuation as the primary protection action based on the high level of radiation shielding provided by your hospital, your distance from Shoreham, and the greater possibility of risk to patients by relocating rather than sheltering them.

There is federal guidance which acknowledges the need to apply different criteria in establishing the appropriate protective

action for special groups (e.g., hospital patients). As written in the Environmental Protection Agency's Manual of Protection Action Guides and Protective Actions for Nuclear Incidents, "..... some persons are involuntarily included under different criteria because the risk of taking action is different than for the general population. This involuntarily selected population may include bedridden and critically ill patients, patients in intensive care units, prisoners, etc." (EPA-520/1-75-001, pg. 1.14).

V. SUMMATION

In the event of a radiological emergency at the Shoreham Nuclear Power Station, LERO's primary protective action recommendation to Central Suffolk Hospital will be to shelter. Patients in ICU, CCU, isolation and the prison unit should not be moved.

## C. PROTECTIVE ACTION IMPLEMENTATION PROCEDURE

### 1.0 PURPOSE

This procedure provides guidance for the implementation of sheltering and evacuation efforts for the Central Suffolk Hospital in the event of a radiological emergency at the Shoreham Nuclear Power Station (SNPS).

### 2.0 RESPONSIBILITY

The Hospital Administrator or his designee is responsible for implementing this procedure.

### 3.0 PRECAUTIONS

You may be notified at the Alert level and will be notified at all higher emergency classifications that there is an emergency situation at the SNPS by the Emergency Broadcast System (EBS) message broadcast over your tone alert radio.

Protective Action recommendations will not be made until a Site Area or General Emergency is declared.

### 4.0 PREREQUISITES

An Alert, Site Area Emergency or General Emergency condition is in progress and has been verified.

### 5.0 ACTIONS

5.1 Hospital Administrator or his designee do the following:

- 5.1.1 Upon notification of an Alert or higher emergency classification via the tone alert radio, note that your hospital is located in Zone P (see Attachment 1 for map illustrating the EPZ). All EBS messages which require protective actions are keyed to 19 zone letters, A through S.
- 5.1.2 Continue to listen to your tone alert radio for further EBS messages.
- 5.1.3 If sheltering or evacuation is recommended by the EBS message for zone P, go to Section 6.0 and implement the sheltering procedure.



- 5.1.4 If evacuation is recommended for Central Suffolk Hospital, the LERO Health Facilities Coordinator will contact you via commercial phone. Implement the evacuation procedures in Section 7.0.

## 6.0 SHELTERING PROCEDURE

- 6.1 Call in any additional staff that may be required for the implementation of the sheltering protective action by using the Hospital Call List in Attachment 2.
- 6.2 Upon a recommendation of a protective action from LERO, prepare your patients for sheltering. The following activities must be considered:
- o Keep all employees and patients indoors.
  - o Close all doors and windows.
  - o Turn off all ventilation systems.
  - o Have everyone, except ICU/CCU, isolation, and any prisoners go to a special sheltering area (see Attachments 3 and 4).
  - o Cancel any elective surgery.
  - o If possible, do not start Renal Dialysis.
  - o Move all patients on oxygen and respirators (not ICU/CCU) to the cafeteria.
  - o If your facility has decided to use Potassium Iodide (KI) administer it to the patients and/or employees as soon as possible (see Attachment 5 for KI distribution instructions).
- 6.3 Keep in contact with the LERO Health Facilities Coordinator located at the EOC (xxx - xxxx). The EOC should be contacted:
- o If the mounted dosimeter indicates a 1.0 REM reading and again if it indicates a 3.5 REM reading
  - o When the sheltering protective action is completed
  - o To tell the EOC how many patients will not be sheltered in the special sheltering areas
- 6.4 Brief your key personnel on the status of the emergency. Review their procedures with them:
- Nursing - Section 6.4.1
  - Maintenance - Section 6.4.2
  - Dietary - Section 6.4.3
  - Housekeeping - Section 6.4.4
  - Social Services - Section 6.4.5
  - Administration - Section 6.4.6
  - Security - Section 6.4.7



6.4.1 Upon notification of sheltering from the person in charge, the Nursing Supervisor will do the following:

6.4.1.1 Hold a separate briefing with your staff, including inhalation therapy, ICU, CCU, and emergency room and implement the following steps:

- A. Identify those patients who should be moved to the sheltering area (e.g. patients in the intensive care unit/coronary care unit, the isolation unit, and isolation should be moved).
- B. Provide instructions on where the sheltering area is located and how patients are to be moved to the sheltering areas (see Attachments 3 and 4). The cafeteria will be used for patients requiring suction and oxygen since sufficient emergency power exists in the cafeteria to handle the suction machines in the event of a simultaneous power failure.
- C. Provide instructions on moving medications and charts to the sheltering area.
- D. Discharge any patients considered safe to release if they do not live in an affected area.
- E. If your facility has decided to use Potassium Iodide (KI), administer the KI to the patients and/or employees ASAP (see Attachment 5 for KI distribution instructions).

6.4.1.2 Call in any additional nurses and support staff that may be required to implement the protective action recommendation.

6.4.2 Upon notification of sheltering from the person in charge, the Maintenance Supervisor will do the following:

6.4.2.1 Hold a separate briefing with your staff and implement the following steps:

- A. Prepare the sheltering area for the arrival of the patients. Move any furniture and movable equipment (start with the cafeteria). Review the floor plan illustrating the sheltering area (Attachment 4).
- B. Turn off all outside ventilation. Close and lock doors and windows. The two main entrance doors should be sealed with tape, towels, blankets, or sheets. Shield windows in lobby.
- C. Read the mounted dosimeter every 30 minutes.

6.4.3 Upon notification of sheltering from the person in charge, the Dietary Supervisor will do the following:

6.4.3.1 Hold a separate briefing with your staff and implement the following steps:

- A. Check with nursing about food for tube feeders to accompany patients to the special sheltering areas.
- B. Prepare a small amount of food and drink. Avoid spending more than twenty minutes preparing the food and drink.
- C. Stop all cooking activities. Turn off all ranges, ovens, and disconnect all electrical equipment (except those providing refrigeration).
- D. After steps A, B, and C are complete, have all members of the dietary staff report to the personnel pool area in radiology.

- 6.4.4 Upon notification of sheltering from the person in charge, the Housekeeping Staff Supervisor will do the following:
  - 6.4.4.1 Hold a separate briefing with your staff and implement the following steps:
    - A. Close all windows in patients and other rooms.
    - B. Upon the completion of the above step, report to the personnel pool in radiology.
- 6.4.5 Upon notification of sheltering from the person in charge, the Social Services Staff Supervisor will do the following:
  - 6.4.5.1 Hold a separate briefing with your staff and implement the following steps:
    - A. Notify relatives and friends about the sheltering of the patients. Inform them that they will be notified again when the emergency is terminated.
    - B. Upon the completion of the above step, report to the personnel pool in radiology.
- 6.4.6 Upon notification from the person in charge, the Administration Supervisor will do the following.
  - 6.4.6.1 Hold a separate briefing with your staff and implement the following step:
    - A. Instruct all members of the administration staff to report to the personnel pool in radiology.
- 6.4.7 Upon notification from the person in charge, the Security Supervisor will do the following.
  - 6.4.7.1 Hold a separate briefing with your staff and implement the following steps:
    - A. Set up Security at the main entrance and emergency room entrance.

- B. Direct all non-injured potentially contaminated evacuees (who may come to the hospital) to the nearest decontamination center for monitoring and, if necessary, decontamination.



## 7.0 EVACUATION PROCEDURE

- 7.1 When the LERO Health Facilities Coordinator calls with evacuation instructions, provide him with the number of patients that will require an ambulette/van or ambulance and the number of patients that are ambulatory and can be evacuated in a bus.
- 7.2 If the projected dose is expected to reach 1-5 REM inside the hospital, the LERO Health Facilities Coordinator will call the Hospital Administrator or his designee and recommend evacuation of all pregnant women (patients, staff, and visitors) and children under the age of 12. If the projected dose within the hospital is expected to exceed 5 REM, LERO may recommend that the remaining hospital population be evacuated.
- 7.3 Call in any additional staff that may be required for the implementation of the evacuation protective action by using the Hospital Call List in Attachment 2. Advise remaining staff members to report to reception hospital as directed.
- 7.4 Upon a recommendation of evacuation from LERO, prepare your patients for evacuation. The following activities must be considered:
  - o Radiosensitive patients (e.g. maternity and pediatrics) and pregnant staff and visitors should be evacuated first.
  - o LERO will provide transportation (ambulances, ambulette/vans, buses) for the evacuation of patients.
  - o LERO will work with you in identifying reception hospitals.
- 7.5 Keep in contact with the LERO Health Facilities Coordinator located at the EOC (XXX-XXXX). The EOC should be contacted:
  - o If the mounted dosimeter indicates a 1.0 rem reading and again at a 3.5 REM reading.
  - o If difficulties arise with transportation during the evacuation,
  - o To inform the EOC when evacuation is completed.
- 7.6 Brief your key personal on the status of emergency. Review their procedure with them:
  - Nursing - Section 7.6.1
  - Maintenance - Section 7.6.2

Dietary - Section 7.6.3  
Housekeeping - Section 7.6.4  
Social Services - Section 7.6.5  
Administration - Section 7.6.6  
Security - Section 7.6.7

- 7.6.1 Upon notification of evacuation from the person in charge, the Nursing Supervisor will do the following:
- 7.6.1.1 Hold a separate briefing with your staff, including inhalation therapy, ICU, CCU, and emergency room staff and implement the following steps:
    - A. Identify those patients who will require ambulance, ambulette/van or bus transportation to be evacuated.
    - B. Provide instructions on which patients should be evacuated first and how the evacuation will be implemented (see Attachment 6).
    - C. Insure that emergency tags (see attachment 7) accompany the patients to the reception hospital.
    - D. Discuss the transfer of medications to the reception hospital.
    - E. Provide each patient with adequate and proper clothing, including outerwear.
  - 7.6.1.2 Call in any additional nurses and support staff that may be required to implement the protective action recommendation.
  - 7.6.1.3 Inform the person in charge of the number of patients who are ambulatory, the number of patients who will require ambulances, the number of patients who will required ambulette/vans.
  - 7.6.1.4 Record the name of the reception hospital that each evacuated patient was sent to on the emergency tags and provide the list to the Social Services Department (the Social Services Department will call relatives to inform them of the evacuation).

7.6.2 Upon notification of evacuation from the person in charge, the Maintenance Supervisor will do the following:

7.6.2.1 Hold a separate briefing with your staff and implement the following steps:

- A. Make sure boilers are kept running in freezing weather.
- B. Prepare the building for the evacuation.
- C. Secure all entrances after evacuation of the building by locking, chaining, etc.

7.6.3 Upon notification of evacuation from the person in charge, the Dietary Staff Supervisory will do the following:

7.6.3.1 Hold a separate briefing with your staff and implement the following steps:

- A. Check with nursing about food for tube feeders to accompany patients to the reception hospital(s).
- B. Stop all cooking activities. Turn off all ranges, disconnect all electrical equipment (except those units providing refrigeration).
- C. After steps A and B are complete, all dietary staff members will report to the personnel pool in radiology.

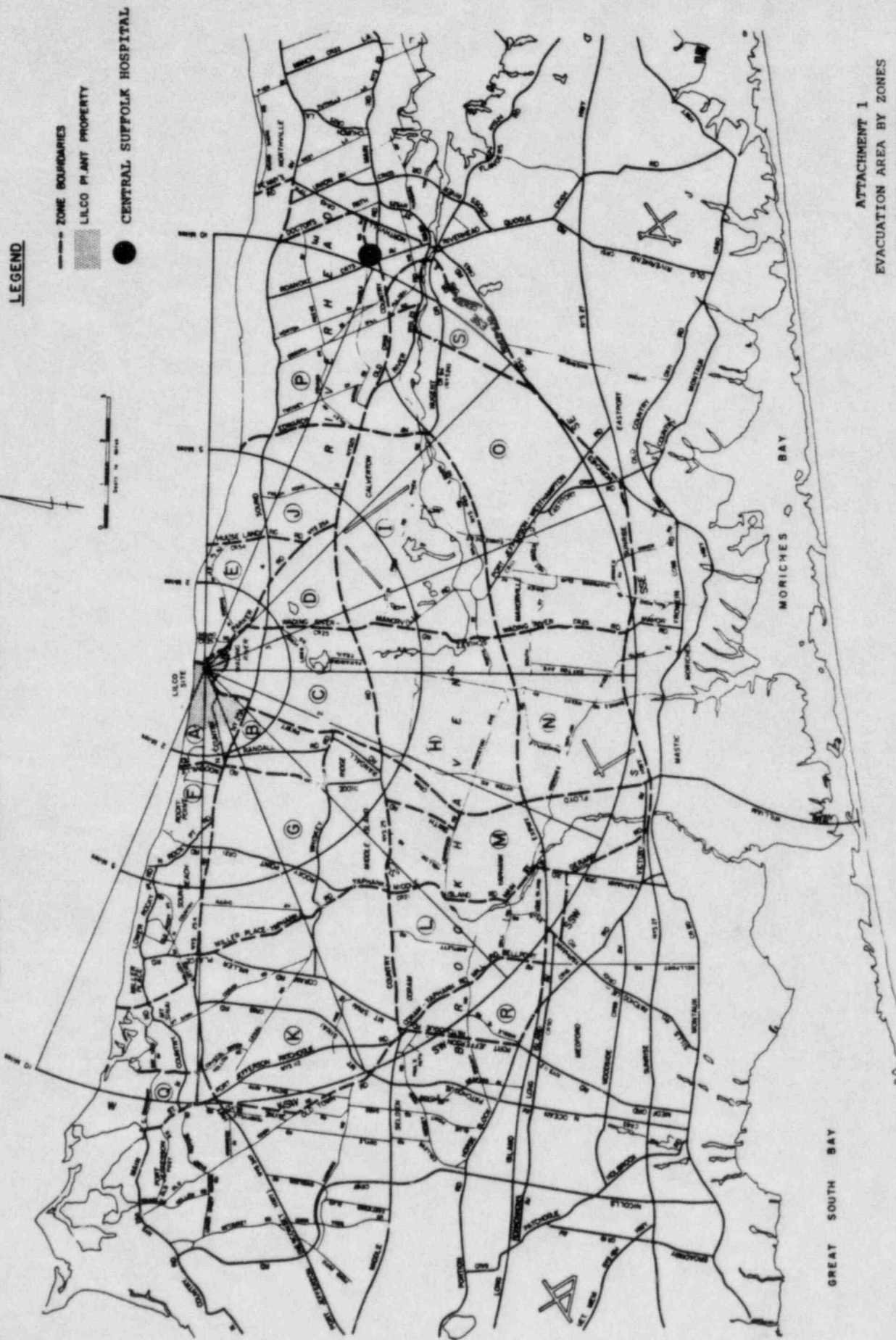


- 7.6.4 Upon notification of evacuation from the person in charge, the Housekeeping Staff Supervisor will do the following:
  - 7.6.4.1 Hold a separate briefing with your staff and implement the following steps:
    - A. Close all windows in patients' and other rooms.
    - B. Upon the completion of the above step, report to the personnel pool in radiology.
- 7.6.5 Upon notification of evacuation from the person in charge, the Social Services Staff Supervisor will do the following:
  - 7.6.5.1 Hold a separate briefing with your staff and implement the following steps:
    - A. Notify relatives and friends about relocation of patients and convey their new location and telephone numbers.
- 7.6.6 Upon notification of evacuation from the person in charge, the Administration Department will assist the personnel pool in radiology.
- 7.6.7 Upon notification of evacuation from the person in charge, the Security Department will set up security around the hospital until the evacuation efforts have been completed.

ATTACHMENT 1

MAP OF EPZ

# LONG ISLAND SOUND



ATTACHMENT 1  
EVACUATION AREA BY ZONES  
AND ZONE DESIGNATIONS

ATTACHMENT 2

HOSPITAL CALL LIST

(to be provided)



ATTACHMENT 3

SHELTERING INSTRUCTIONS

ATTACHMENT 3  
SHELTERING INSTRUCTIONS

Step

- 1 - Common sense and good judgement must take precedence.
- 2 - All elevators and staircases will be used to move the patients to the special sheltering areas.
- 3 - Patients will be moved starting from the third floor and then the second floor to the first floor special sheltering areas.
- 4 - Review floor plan (Attachment 4) and note where patients will be moved.
- 5 - Each head nurse will determine which of their patients can be moved in wheelchairs and which patients must be moved in stretchers or beds.
- 6 - All head nurses will then report to the Nursing Administrator on the third floor to start the movement of the patients to the first floor.
- 7 - All other nurses will stay with their patients until they are moved.
- 8 - Maternity will be moved first. If possible, maternity patients should be given their babies and released from the hospital. Maternity patients may use the stairs.
- 9 - After all patients from maternity have been moved, determine which patients from pediatrics can be moved in wheelchairs and which must be moved in stretchers or beds. NOTE: If any parents are present, release the children into the care of their parents, if possible.
- 10 - Move the wheelchair pediatric patients first using elevators 1 or 2. Then move the patients in stretchers or beds using elevators 1 or 2.
- 11 - After all pediatric patients are moved to the first floor sheltering area, move the patients located in 3 SOUTH using elevator 4.

ATTACHMENT 3

SHELTERING INSTRUCTIONS (CONT'D.)

Step

- 12 - After all patients on third floor have been moved start moving the patients on 2 EAST. Use elevators 1 or 2.
- 13 - Move the patients on 2 SOUTH using elevator 4.
- 14 - After patients on 2 SOUTH have been moved, move the patients on the first floor over to the sheltering areas using the hallways.

ATTACHMENT 4

FLOOR PLAN OF SHELTERING AREAS

( see enclosures )



ATTACHMENT 5

KI DISTRIBUTION INSTRUCTIONS

## ATTACHMENT 5

### Potassium Iodide (KI) Distribution Instructions

#### I. General Background on KI:

KI blocks radioiodine, which might be ingested or inhaled by an exposed person, from entering the thyroid gland by saturating the gland with nonradioactive iodine. If radioiodine exposure has occurred or is anticipated, the Administrator or her designee can recommend the use of KI as a protective action, in conjunction with sheltering.

Because KI works by saturating the thyroid gland with nonradioactive iodine before radioiodine reaches the thyroid, it is very important to take KI shortly before or soon after any exposure to radioiodine. The concept is illustrated by the fact that KI is over 95 percent effective when taken at the time of exposure to radioiodine and is only 50 percent effective when taken 3-4 hours after exposure. It is important to remember that KI protects only the thyroid gland and does not protect the rest of the body from radiation exposure.

#### II. Decision Authority:

LERO will not make a recommendation for the use of KI as a protective action. The decision to recommend KI will be made by the Administrator or her designee.

#### III. Recommended Dose and Frequency:

The recommended dosage is one (1) 130 mg. tablet per day (equivalent to 100 mg. of iodine) to all individuals over one year of age and one-half ( $\frac{1}{2}$ ) of a 130 mg. tablet per day (equivalent to 50 mg. of iodine) to infants under one (1) year of age.

KI will not be required after ten (10) days if other protective measures are taken. These protective measures could include interruption of contaminated milk supplies or evacuation.

Radioiodine already present in the body but blocked from entering the thyroid gland by KI will continue to circulate for up to 48 hours after cessation of exposure. Thus, it takes the body two (2) days to eliminate radioiodine by renal excretion. The thyroid gland must be protected for this 48 hour period to prevent uptake of radioiodine from other parts of the body. Continued use of KI is, therefore, required for two (2) additional days after cessation of exposure. The minimum dosage of KI is three (3) days.

IV. Side Effects:

Read the manufacturer's brochure for possible side effects to KI. IF the side effects are severe or if a person has an allergic reaction, they should contact a doctor.

V. Storage:

There are no special storage requirements for this type of KI, provided that each bottle remains tightly close. It is recommended, however, that all KI be kept under lock and key to ensure against possible misuse.

ATTACHMENT 6  
EVACUATION INSTRUCTIONS



ATTACHMENT 6

EVACUATION INSTRUCTIONS

Step

- 1 - Common sense and good judgement must take precedence.
- 2 - All elevators and staircases will be used to move the patients out of the hospital.
- 3 - The main lobby area and cafeteria will be used as a staging area for the patients.
- 4 - All patients will be evacuated through the main lobby.
- 5 - Pediatrics and maternity should be evacuated first.
- 6 - Record the name of the reception hospital that each evacuated patient was sent to on the emergency tags.

ATTACHMENT 7

EMERGENCY TAG

*Central  
Suffolk  
Hospital* PRINT  
ALL  
HOSPITAL INFORMATION

ATTACH TAG  
SECURELY  
TO PATIENT

Family Name		First	Initial	Tag No.
Address		Phone		
Date	A.M. P.M.	Age-Yr.	Sex M F	Religion
Notify in Case of Emergency		Relationship		
Address		Phone		

Tentative Diagnosis: if injury, state when, where, how incurred

Priority: urgent ☐ less urgent ☐ least urgent ☐  
Surgery: major ☐ minor ☐ first aid ☐

Record orders and treatment on other side

### Disposition

Admitted Room \_\_\_\_\_ Ambulatory: ☐  
Shock Ward \_\_\_\_\_ hold for Rx ☐  
Surgery \_\_\_\_\_ for X-ray ☐  
Other \_\_\_\_\_ for transfer ☐

Transferred to \_\_\_\_\_ Date \_\_\_\_\_ A.M.  
P.M.

Discharged ☐ Died ☐ Date \_\_\_\_\_ A.M.  
P.M.

### DISASTER TAG

Keep attached to patient until incorporated into medical record  
(over)

Treatment	Dose	Time	By
Tetanus Toxoid			
Antitetanic Serum			
T.A.T. with Gas Gangrene			
Final Diagnosis			
Remarks			

Signed \_\_\_\_\_ M.D.