

October 19, 1984

Mr. James G. Keppler
Regional Administrator
Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Mr. Keppler:

The Quad Cities Nuclear Power Station exercise, conducted August 28-29, 1984, and the Medical Support Exercise, conducted September 11-12, 1984, both of which were evaluated by the Region V Regional Assistance Committee, have exposed two areas of weakness in radiological emergency response capability. I am sharing the findings with you in that the corrective actions which are necessary are the partial responsibility of the licensee, Commonwealth Edison Company. The exercise report we have prepared for the State of Illinois will contain the two areas as deficiencies to be corrected by the State.

One area of weakness in capability is the News Media Center which is located near the licensee's Emergency Operations Facility (EOF), Morrison, Illinois. Our evaluation of the facility during this exercise is similar to our evaluation during the May 11, 1983 exercise.

When applying the FEMA evaluation criteria, we find the News Media Center facility unsuitable. We have been informed the News Media Center arrangement is temporary, as it was also reported at the previous exercise. The building, in a normal day-to-day operation, is an equipment/parts garage for the licensee. It is a steel frame structure with high bay ceilings and unfinished walls. The permanent lighting is not of an intensity to afford close work illumination. It is believed that comfort zone temperature control would be difficult in the heat of summer or the cold of winter. Bathroom facilities consists of one room.

Space for information officers and the news media is severely limited. Furniture is in short supply mainly due to the limited space. The telecopier is in the EOF and the EOF is a building apart from the equipment garage.

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The News Media Center can accommodate approximately forty reporters at a briefing. There is no space for the media representatives to conduct private interviews, make audio tapes or video tapes and films. The facility has no backup power source. News releases have to be processed at the EOF which causes a delay in getting the releases out to the news media.

The main point is that the facility is interim but has been interim for a considerable period of time and should an accident of a significant magnitude and duration occur at Quad Cities Nuclear Power Station, it would overtax the capacity of the currently designated News Media Center. It should be noted that our comments apply only to the facility itself. The people and support equipment in the center did perform well.

Another area of weakness in capability has to do with the Quad Cities Medical Support Exercise conducted September 11-12, 1984 at the Moline Public Hospital. FEMA has a responsibility to observe and evaluate the capability of the emergency medical staff and the capacity of the facility. Once again the Federal criteria requires FEMA to assure that medical care facilities and personnel who treat contaminated injured from the licensee are available to treat citizens from the general public who may become contaminated and/or injured.

Two simulated contaminated-injured persons were transported by different ambulance companies to the Moline Public Hospital. Each victim was handled to a different degree of safety and protection in relation to radiation contamination. Daley Gibson Ambulance Service who transported victim #1 did not use the proper protective clothing on themselves or the victim to contain contamination. At the hospital, application of procedures was inconsistent. Problems were noted with implementing established procedures regarding availability of the transport cart, draping and clean path carpet. During washdown of the victim, the contaminated water discharged onto the floor of the examination room. Water sprayed on Victim #2 splashed about and ran over the splash boards onto the attendant and onto the floor.

It was noted that Radiation Management Corporation consultants performed some of the functions at the hospital. If training and supervision is provided and conducted with the exercise itself, it should be done by regular hospital staff and not by consultants who will be unavailable during any actual emergency.

I have enclosed a copy of the Medical Support Exercise evaluation for your information. It provides greater detail of the evaluation. As usual, the full exercise report will be forwarded to NRC by our Headquarters Office in the near future.

Please keep me informed of enforcement actions you may take to correct these two areas of weakness.

Sincerely,

Wallace J. Weaver, Chairman
Regional Assistance Committee

Enclosure