

The Pierce County Reception Center, based on the necessary evacuee processing flow pattern, is not able to simultaneously accommodate both male and female evacuees. The mixed male/female Reception Center Staff operating station 5 (monitoring) and station 6 (decontamination) are cross trained to exchange positions depending on the sex of the evacuee(s) in need of decontamination. The Reception Center will decontaminate/monitor female or male evacuees using the appropriate same sex staff.

I. Purpose

Reception Center serves two purposes:

- A. Reception centers provide a predetermined location where the affected population will be directed in case of an evacuation triggered by an incident at a nuclear plant.**

Reception center personnel are responsible for the following activities:

- *Monitor evacuees, vehicles, and their possession for radiological contamination.
- *Decontaminate evacuees, vehicles and possessions as necessary.
- *Register evacuees.
- *Assign evacuees to shelter facilities and give them directions for reaching the facilities.
- *Attend to immediate physical needs of evacuees.
- *Monitor household pets, decontaminate if necessary and provide temporary shelter.

- B. Reception center provides a location where emergency workers can be monitored and decontaminated when they leave the evacuated area.**

II. Staffing and Responsibilities:

Reception Center Oversight Personnel

- A. Reception Center Manager-County Representative - The Reception Center Manager is responsible for the overall operation of the center.**

TASKS

1. Direct setup of the center.
2. Coordinates with security to maintain order at the center.
3. Assures that staffing and equipment at the center are adequate.
4. Resolves disagreements regarding center operation.
5. Works with Health Team Leader to determine when center capabilities can be scaled down.
6. Assist Health Team Leader as necessary needed corrective actions (e.g. replacing untrained personnel).

- B. Health Team Leader** – State Radiation Protection Unit representative (County RDO Officer or Assistance RDO will staff this position until Health Team Leader arrives).

This person is responsible for the radiological operation of the center.

a. TASKS:

1. Makes all decisions regarding radiological issues.
2. Provides guidance in situations beyond the scope of procedures.
3. Asks Reception Center Manager to provide additional staff and equipment, if needed.
4. Reviews setup and operation of monitoring and decontamination areas to ensure appropriate radiological practices are followed, and makes corrections where needed.
5. Ensures proper use of protective clothing and dosimetry checks.
6. Ensures that all staff check dosimeters at intervals no greater than 30 minutes, or assigns another staff member to oversee dosimetry checks.
7. Provide information to staff regarding radiological issues.
8. Encourage staff to ask questions when uncertain about any of their tasks during response activities.
9. Responds to abnormal radiological situations (e.g. personnel leaving controlled area without being monitored).
10. Provides reception center status reports to State Radiological Coordinator (SRC) and informs (SRC) of abnormal or unexpected radiological situations.
11. Works with ambulance crew to control contamination during medical response.
12. Works through Reception Center Manager as necessary for coordination of needed corrective actions.

b. RECEPTION CENTER SHUTDOWN

All evacuees are expected to be processed within 12 hours. However, the center still must be maintained to support the activities of emergency workers. As the number of people being processed decreases, the Reception Center Manager and Health Team Leader can jointly consult with the State Radiological Coordinator about reducing staff and consolidating operations into a smaller area.

The State Radiological Coordinator has responsibility for deciding when the reception center should be shut down. The final survey of the center will be done under the direction of the Health Team Leader or other Radiation Protection Section representative.

- C. **Facility Administrator** – Representative or organization providing reception center facilities.

The Facility Administrator is responsible for oversight of the facility where the reception center is located.

TASKS:

1. Resolves questions and requests regarding use of building and facilities for center operations.

Station 1 – Traffic Control

Purpose: To direct arriving evacuees at the Reception Center and control flow of traffic.

TASKS:

1. Respond to Reception Center and report to Station 9 for direction and supplies.
2. Set up Station
3. Wear clothing compatible with the weather, plus orange vest, outer shoe covers, and white cotton gloves.
4. Fill out part of vehicle survey and decon (VS&D) form and then direct evacuees to Station 2. Send VS&D form with evacuee.
5. Notify Health Team Leader of injured or special need evacuees.
6. Brief replacement personnel and report to Station 5 to be monitored.

Stations 2 – Vehicle Monitoring

1. Purpose

The purpose of this is to perform a quick screening of evacuee vehicles for contamination.

TASKS:

1. Respond to Reception Center and report to Station 9 for direction and supplies.
2. Set up your station.
3. Wear protective clothing of plastic boots and gloves. Driver should also wear white coveralls.

Recorder Duties:

1. Fill out the Personal Effects Form and give appropriate copy to driver of vehicle.
2. Attach identification tag to keys and record Personal Effects Form number on tag with marker or pen.
 - Staple appropriate copy of Personal Effects Receipt Form to Vehicle Survey and Decon Form (VS&D). (See instructions on manila envelope labeled “Identification Tags”).
3. Direct evacuees to Stations 4.
4. Fill out the VS&D Form, Part 2.

Drivers Duties:

1. Drive vehicle to appropriate station after survey (vehicle decon at Station 3, or clean parking).
2. Driver should get surveyed after driving each contaminated car by Station 3 or 2.
3. Deliver clean car keys to Station 8.

Monitors Duties and Procedures:

- a. The monitor’s duty is to screen (monitor) vehicles to determine if they are radiologically contaminated. If contamination is found, immediately send vehicle to Station 3.
- b. Prior to monitoring any vehicle or personal effect, check the survey instrument to ensure that:
 1. The batteries are still “OK”.

Station 2 (continued)

2. The pancake probe is properly covered with a plastic bag.
- c. Review the process for determining the “true” contamination reading”?
 1. “True reading” = dial reading x scale.
e.g. $400 \text{ cpm} = 4,000 \text{ cpm} \times 0.1$.
 2. Remember the scale on the meter reads from 0 to 5k.
Recall that $k=1,000$ so:
 $2k = 2,000$ $4k = 4,000$ $6k = 6,000$
- d. Periodically (i.e., at least every 30 minutes) measure background levels.

NOTE: If background increases by more than a factor of two, contact the Radiological Office at Station 10 to confirm and help identify the cause.

NOTE: When monitoring, always start at lowest (0.1) scale. If the needle pegs out high, move away and push the instrument’s “reset” button, then go to next higher scale.
- e. If the bag on the probe touches a contaminated area, replace the bag with a new one before proceeding with additional monitoring.

NOTE: To monitor, instrument probe should be held approximately $\frac{1}{2}$ inch from surface and moved at approximately 1 inch/second.

Monitor vehicle, surveying the following areas:

1. Vehicle interior
 - steering wheel
 - floor and seats where occupants were present.
2. Front bumper and grill work.
3. Door handles.
4. Several spot-checks each on hood, roof and trunk
5. Indicate with wax or similar marking material whether contamination is internal or external.
6. As soon as contamination is found (i.e., greater than 100 cpm above background), record location on the VS&D Form and send vehicle to Station 3. Station 3 does the whole vehicle survey. Station 2 stops monitoring as soon as contamination is found.
7. Circle the appropriate results and referrals on Part 1, 2 and 3 (i.e., middle portion of the VS&D Form.

Station 2 (continued)

8. Record the name of the monitor(s) and sign your name in the appropriate spaces at the bottom of Part 1 on the form.
9. If the vehicle is not contaminated, give the VS&D Form to Station 2 driver, and direct them to park vehicle in the clean parking lot.
10. If the vehicle is contaminated, place the VS&D Form on the dashboard of the vehicle and direct the driver to Station 3.

Station 3 – Vehicle Decontamination

SETUP AND PREPARATION PROCEDURES

1. Obtain station equipment from storage location.
 2. Inventory equipment. If additional equipment or supplies are needed, then contact the Reception Center Manager.
 3. Set up station.
 - a. Prior to monitoring any vehicle or personal effect, check the survey instrument to ensure that:
 1. The batteries are still “OK”.
 2. The pancake probe is properly covered with a plastic bag.
 - b. Review the process for determining the “true” contamination reading”?
 1. “True reading” = dial reading x scale.
e.g. 400 cpm=4,000 cpm x 0.1.
 2. Remember the scale on the meter reads from 0 to 5k.
Recall that k=1,000 so:
2k = 2,000 4k = 4,000 6k = 6,000
 - c. Periodically (i.e., at least every 30 minutes) measure background levels.

NOTE: If background increases by more than a factor of two, contact the Radiological Office at Station 10 to confirm and help identify the cause.
NOTE: When monitoring, always start at lowest (0.1) scale. If the needle pegs out high, move away and push the instrument’s “reset” button, then go to next higher scale.
 - d. If the bag on the probe touches a contaminated area, replace the bag with a new one before proceeding with additional monitoring.

NOTE: To monitor, instrument probe should be held approximately ½ inch from surface and moved at approximately 1 inch/second.
- NOTE:** Probe covering should be tight so it will not hang down and touch the surface being surveyed.
4. Read background radiation level and record on poster.
 5. When notified, obtain Direct Reading Dosimetry and complete required paperwork.

Station 3 (continued)

NOTE: Acceptable protective clothing for this station consists of either normal turnout gear with gloves or Tyvek coveralls, gloves and plastic shoe covers.

6. Don protective clothing.

Monitor/Deconner Duties:

NOTE: Questions regarding the radiological aspects of the following procedures should be directed to the Health Team Leader.

NOTE: Background radiation reading should be taken approximately every half-hour.

REMINDER: The monitoring at Station 2 stopped when contamination was found.
The vehicle will need a complete survey at Station 3.

NOTE: To monitor, instrument probe should be held approximately ½ inch from surface and moved at approximately 1 inch/second.

1. Monitor vehicle driver so (s)he may return to Station 2.
2. VS&D Form
 - Remove the Vehicle Survey and Decontamination-VS&D Form from the vehicle.
 - Monitor it for contamination.
 - If contaminated:
 - Place inside a plastic bag or have the recorder recopy the information
Onto a clean VS&D Form.
 - Review the form for the location of the contamination found on the vehicle.
 - Give the recorder the locations and instruments readings of the contamination on or in the vehicle and articles in the vehicle.
3. Monitor vehicle, surveying the following areas:
 - a. Front bumper and grill work.
 - b. Door handles.
 - c. Several spot checks each on hood, roof and trunk.
 - d. Vehicle interior
 - Steering wheel
 - Floor and seats where occupants were present

Vehicle Exterior Contamination:

1. If exterior is contaminated, decontaminate by hosing down with water.
2. Re-monitor

Station 3 (continued)

3. If exterior of vehicle is still contaminated, decontaminate using scrub brush and soapy water, followed by hosing down with clean water.
4. Re-monitor.
5. If exterior is still contaminated, park vehicle in contaminated lot.
6. If no contamination is detected, exterior or interior, transfer vehicle to clean parking area.

Vehicle Interior Contamination:

1. If Contaminated:
 - Use HEPA Filter Vacuum on floor and seats.
 - All other areas wipe down with masslin cloths or damp paper towel.
2. Re-monitor
3. If still contaminated, park vehicle in contaminated parking lot.
4. When no contamination is found in interior or exterior, park in clean parking lot.

Article Decontamination:

1. If contamination exists on articles in the vehicle, use the following decontamination methods if appropriate:
 - Wipe with masslin cloth or damp paper towel.
 - Vacuum with wet/dry vacuum.
 - Wipe with radiowash towelette and rinse with water.
 - Unable to decontaminate, cover with plastic bag and notify the Health Team Leader.

Recorder's Duties:

1. Check in at Station 9. Receive station procedures, protective clothing and your Direct Reading Dosimetry.
2. Read your Direct Reading Dosimetry every half-hour.
3. Obtain Vehicle VS&D Form: Verify vehicle information.
4. Record locations and levels of vehicle contamination in columns #1 & #2.
5. Record the decontamination methods and your initials in columns #3 & #4.
6. Circle the disposition of the vehicle on line 1 at the form bottom:
If released, return forms to Station # 2.
7. Write in the monitor's name and sign your name at the bottom.
8. For Contaminated articles, use a Personal Effects Survey & Decon Form.
9. Fill out top of form:
Sketch Article:
Record contamination locations and levels.

Station 3 (continued)

10. Fill out article receipt tags as necessary:
Articles held for decontamination:
Attach receipt to keys and VS&D Form:
Article unable to decontaminate (bagged and tagged)
Place receipt in bag with article.
11. Record the monitor's name and sign your name at the form bottom.

DRIVER'S DUTIES:

1. Position yourself at Station #3 to drive vehicles either to clean parking lot or to the contaminated vehicle/overflow parking lot.
2. Deliver clean car keys to Station #8.
3. Get a quick frisk from monitor at Station #3 after moving each contaminated vehicle.

Station 4: Reception/Medical Screening

1. Purpose:

The purpose of this station is to orient evacuees to the Reception Center's operation and to screen evacuees for condition, which may require the services of Station 7 (Emergency Medical Treatment) personnel.

2. Staffing:

The duties of this station are performed by one receptionist, and one manager.

3. Start-up Procedures:

- a. Upon notification, respond to the Reception Center and check in with the Human Services Staff at Station 9. Get briefed, pick up station procedures, required protective clothing and station supply kit and report to your assigned station.
- b. If your station is not set up or supplies have not been obtained and inventoried, do so upon arrival.
- c. Review the station procedures.
- d. Ensure you obtain one pocket Direct Reading Dosimetry low range 0-200 mR and a Permanent Record Dosimetry from Station 10.

Note: Read the low range (0-200 mR) Direct Reading Dosimetry at least every 30 minutes. If it goes off scale or is greater than 150 mR, contact Radiological Officer at (Station 10) by radio.

- e. Ensure that the following protective clothing is being worn:
 - a) Gloves (white cotton)

Operating Procedures:

1) Red Cross Duties:

Question evacuees as to:

- a) Cuts
- b) Bruises
- c) Illnesses
- d) Special medications (do they have with them)
- e) Special needs (i.e., mobility impaired, dietary, etc.)
- f) Emotional conditions

Station 4 (continued)

Based on information provided by evacuee in conjunction with Station 7 (Medical Treatment personnel) whether evacuee should proceed immediately to Station 7 for further assessment.

Arrange for evacuee escort to Station 7 as warranted.

2) Receptionist/Messenger Duties:

- a) Distribute information sheets if required.
- b) Start to fill out Evacuee Decontamination Form with name and address of evacuee. Messenger will take forms to Station 5 and put on bottom of their pile.
- c) Answer any questions related to the facilities operation.
- d) Direct evacuees and emergency workers to appropriate screening points at Station 5.
- e) If an evacuee and/or emergency worker back up develops, direct them to overflow seating area, and manage flow through Station 5 from this area based on sequence of arrival.

Situations requiring special assistance such as breaches in security or compromises of contaminating controlled areas should be brought to the immediate attention of Station 10 or Health Team Leader for resolution.

- f) Take evacuee Decontamination Form that has evacuee's name and address on it and walk it to Station 5 and put it on the bottom of their overflow pile

Station 5: (Initial Evacuee Screening)

PERSONNEL MONITORING

SETUP AND PREPARATION PROCUDURES

1. Obtain station equipment from Station 9.
2. Inventory equipment. If additional equipment or supplies are needed, then contact Station 9.
3. Set up Station in accordance with floor plan. Monitors and everything are on the attack line (volleyball court) to allow for more space between Station 4 & 5. Orange cones and chains for directing traffic flow through gym. Hang caution flags on chains.
4. A Station 5 sign should be taped to the front of the table. Also, tape a garbage bag to the table for “contaminated” garbage.
5. Place Caution Tape between monitors so people don’t cross through.
6. Obtain Direct Reading Dosimetry from station 10 when notified to do so and complete required paperwork
7. Do battery check: needle should move to “batt ok” area scale with switch in BATTERY CHECK position.

If any questions, contact Health Team Leader.

8. **Cover** survey meter probe with plastic covering. A latex glove or a thin plastic “baggie” is acceptable.

NOTE: Probe covering should be tight so it will not hang down and touch the surface being surveyed.

9. Set up and perform operation check on portal monitors in accordance with the following procedures.
10. Don protective clothing.

Wear long pants, closed toe shoes, ID badge, tyvek coat and gloves. Minimum acceptable protective clothing for manual survey stations consist of gloves and lab coats.

Station 5: (continued)

OPERATING PROCEDUES

NOTE: Questions regarding the radiological aspects of the following procedure should be directed to the Health Team Leader.

1. Monitor evacuee with portal monitor in accordance with Portal Monitor Operation procedure. If contamination is detected, then direct evacuee to step backward out of monitor and proceed to decon/resurvey area.

NOTE: Evacuees that are contaminated will be directed to the decon area for a complete whole body monitoring. If a backup occurs at the decon area, whole body monitoring can be undertaken at Station 5 resurvey area to relieve this congestion.

- When contamination is detected, continuation of monitoring individuals is unnecessary, since Decon personnel will perform whole-body monitor prior to decontamination.
 - Instrument probe should be held approximately ½ inch from surface and moved at approximately 1 inch/second.
 - Full-body survey should take approximately 3 minutes.
 - Contamination limit is 100 cpm greater than background.
2. After monitoring evacuee, record results on Evacuee Whole body Survey and Decon Form.

If no contamination is detected, attach green “clean” bracelet to wrist and send evacuee to registration area (Station 8).

NOTE:

- Have escort take contaminated evacuee and Whole Body Survey & Decon Form to Station 6.

CAUTION: If an evacuee proceeds beyond the contamination control line prior to ensuring there is no contamination present on evacuee, then, the following three steps shall be performed.

1. **Direct** evacuee to step back into controlled area.
2. **Cordon** off area where evacuee has stepped.
3. **Contact** Health Team Leader for direction to reopen area.

Station 5 (continued)

PORTAL MONITOR

SETUP AND PREPARATION PROCEDURES

ASSEMBLY

1. **Position** base on floor with screens facing up.
2. With detector screens facing in, **insert** male end of section R1 into female side bracket marked RIGHT on base and **attach** latches.
3. With detector screens facing in, **insert** male end of section R2 into female end of Section R1 and **fasten** latches.
4. With detector screens facing in, **insert** male end of section R3 into female of Section R2 and **fasten** latches.
5. **Repeat** steps 2-4 using sections L1, L2 and L3.
6. **Insert** the male ends of top section into female ends of side section and **fasten** latches.
7. **If necessary, plug** electronics section, with LEDs facing up, into pin receptacle on outside of section R2 and **fasten** latches.
8. **Plug** power cord into connector marked INPUT on underside of electronics section.

If line power is not available, ensure six “D” cell batteries are installed in battery compartment.
9. **Turn on** power switch on underside of electronics section and **allow** monitor to update.

Station 5 (continued)

OPERATIONAL CHECK

Note: There are eight separate sections to be tested using the supplied CS137 check source; six side sections, top section, and bottom section.

1. On the top of electronics section, **ensure** green READY light is on.
2. For top and side sections, **position** source in center of frame with active side of source toward section to be tested.

For bottom section, **position** source in center of section approximately four inches above base plate.

3. **Activate** counter by pressing on base plate.

NOTE: If source is removed or base plate is released prior to completion of count, the yellow INCOMPLETE light on electronics section will come on. The monitor will reset itself, the INCOMPLETE light will go off. The green READY light must be on prior to recommencing testing.

4. Ensure the following occurs when base plate is pressed:
 - Audible beep indicating start of six-second count.
 - Green COUNTING light on electronics section comes on
 - Frame red alarm light on electronics section comes on
 - Audible beep indicating end of six-second count.
5. After check, remove source from frame and release base plate.
6. **Ensure** green READY light is on prior to testing next section
7. **Repeat** for remaining seven sections.
8. **If operational check is unsatisfactory, refer** to manual and **contact** Health Team Leader.

Station 5 (continued)

PORTAL MONITOR

OPERATION PROCEDURE

CAUTION: If evacuee steps forward out of monitor before count is complete, the area where the evacuee stepped becomes potentially contaminated and must be surveyed prior to resuming counting operations.

NOTE: If orange UPDATING light is on, counter cannot be used until update process is complete and green READY light comes on.

1. **When** green READY light is on, **direct** evacuee to step into monitor and stop until counting cycle is complete.
 - Green READY light will go off.
 - Green COUNTING light will come on for – 6 seconds.
2. **If** green CHECK OK light comes on at end of cycle indicating evacuee is not contaminated, **then direct** evacuee to step backward out of monitor and have person step back on base facing one of the sides.
3. **If** green CHECK OK light comes on at end of second cycle indicating evacuee is not contaminated, attach green “clean” bracelet and **then direct** evacuee to step forward out of monitor and proceed to Registration Area/Station 8.
4. **If** any red alarm lights come on, indicating evacuee is potentially contaminated, **then direct** evacuee to step backward out of monitor and proceed to decon/resurvey area.
5. **If** yellow INCOMPLETE light comes on indicating an incomplete count, **then** direct evacuee to step backward out of monitor.
6. **When** green READY light comes on, **repeat** steps 1-6 as required.

STATION 6: Evacuee Decontamination

PERSONAL DECONTAMINATION

SETUP AND PREPARATION PROCEDURES

1. **Obtain** station equipment from Station 9.
2. **Inventory** equipment. If additional equipment or supplies are needed, then contact Station 9.
3. **Set up** station according to floor plan.
4. **Do** battery check – needle should move to “batt ok” area of scale
5. **Don** protective clothing.
 - a) Decontamination Personnel should wear, at a minimum,
 - i) Coveralls
 - ii) Gloves
 - iii) Booties
6. When notified, pick up Direct Reading Dosimetry.
 - a) **Wear** Direct Reading Dosimetry between waist and neck and outside protective clothing.

STATION 6: (continued)

OPERATING PROCEDURES

Decontamination Personnel

1. **Obtain** Evacuee Whole Body Survey & Decon Form from Station 5.
2. **Monitor** evacuee in accordance with standard Frisking Procedures and record results on Evacuee Whole Body Survey & Decon Form.
3. **If** a reading greater than 100 counts per minute above background is found, **then mark** contaminated area on form and direct evacuee to washing area.
4. **Decontaminate** contaminated areas in accordance with Decontamination Guide.
5. **If** readings are less than 100 cpm above background, **then direct** evacuee to registration.
6. **If** contamination is found on or near evacuee's facial areas, **then notify** the Health Team Leader before proceeding with decontamination.
7. **Provide** coveralls for evacuees whose clothing has been removed.
8. One last whole-body frisk must be done after decontamination before evacuee is given green "clean" bracelet and sent to registration at Station 8.

STATION 7: Medical Treatment

AMBULANCE CREW

SETUP AND PREPARATION PROCEDURES

1. Set up Station.
2. Place sheets on ambulance stretcher for cocooning patient.
3. Don Protective clothing: at a minimum.
 - a) Gloves
 - b) Shoe covers
4. Obtain Direct Reading Dosimetry from Dosimetry Distribution Station if time permits.
 - a) Wear Direct Reading Dosimetry between waist and neck.

OPERATING PROCEDURES

Caution: Severe medical conditions must always be given precedence over radiological concerns.

1. If evacuee in controlled area needs medical assistance,
 - a) Enter controlled area.
 - b) Treat victim's medical condition according to standard procedures.
 - c) If dictated by victim's condition, then move ambulance into control area.
 - d) Transport patient to hospital
 - e) Notify hospital you are transporting a (potentially contaminated patient).

NOTE: The following steps are for contamination control purposes and should be taken only if patient's medical condition permits.

- Ambulance stretcher should be left outside controlled area.
- Minimum amount of equipment necessary should be taken into controlled area.
- Patient's outer clothing should be removed.
- Gloves should be changed frequently to avoid spreading contamination to patient.
- Patient should be clean team transferred across control line onto ambulance stretcher.
- Patient should be cocooned in sheets.
- Shoe covers and gloves should be removed and left in controlled area before exiting controlled area.

STATION 8: American Red Cross Registration/Feeding

*****Make sure evacuee has Green Clean Bracelet, if not, return to station 5 or 6.*****

1. **Purpose:**

To register all incoming evacuees; coordinate the need for Congregate Care; and to arrange for transportation to back-up Congregate Care Centers and non-emergency transportation to medical facilities.

2. **STAFFING – 2 OR MORE RED CROSS REPRESENTATIVES**

3. **Registration Desk Duties:**

- a. **Upon notification**, respond to the Reception Center and check in with Station 9, get briefed and pick up your station kit. Obtain Direct Reading Dosimetry from Station 10 and report to your assigned station.
- b. **If your** station is not set up or supplies have not been obtained and inventoried, do so upon arrival.
- c. **Review** your procedures.
- d. **Collect** all survey and decontamination records and turn over to the Radiological Officer at Station 10.
- e. **Complete** Prairie Island Nuclear Power Plant Evacuee Registration form.
- f. **Retain** copy and place in the folder.
- g. **Provide** copy of Information Sheet for Evacuees.
- h. **Give** directions to the shelter to those evacuees that will be staying there and to the parking lot for those wishing to leave.
- i. **Inform** the Red Cross Shelter Manager of the number of evacuees expecting to go to the shelter and of those that will need transportation. Coordinate transportation through Station 9.
- j. **At shift changes**, provide your replacement with a complete turnover of all logs and records (reviewing for completeness). **Report** to Station 5 to assure you are not contaminated, turn in Direct Reading Dosimetry to the Radiological Officer at Station 10 and check out with Station 9 and get rescheduled.

STATION 9: RECEPTION CENTER MANAGEMENT

1. Purpose:

To administer the overall operation of the Reception Center and keep the Director, Human Services or his designee at the Pierce County EOC informed of pertinent happenings and/or needs at the center.

2. TASKS:

- 1. Ensure** all station supplies have been delivered and assist with setting up all stations, if necessary. **If** equipment or vehicles need to be moved, contact school custodian. Advise facility workers to report to Station 5 for monitoring prior to leaving the Reception Center.
- 2. Ensure** initial staffing of all stations. Coordinate follow-up staffing for breaks and shift changes through the County EOC.
- 3. Issue** radios to each of the following stations: 1, 2, 3, 6, 10 and to the Team Leader. **Retain** one radio at station 9 and assign an individual to monitor radio communications between stations once evacuees/emergency workers begin arriving.
- 4. Contact** Sacred Heart Hospital: (715) 839-4222, Regions Hospital (651) 254-5000 and the Heritage of Elmwood Nursing Home (715) 639-2911 to put them on standby and **ensure** they are aware of the nuclear plant emergency and that the Pierce County Reception Center has been activated. **(NOTE):** Heritage of Elmwood Nursing Home has signed a letter of agreement to make their facility available to assist with decontaminating handicapped individuals). **Inform** the EMT's at Station 7 once this is complete.

NOTE: Phone jack to plug phone into is in the maintenance room at the northwest corner of the gym. Phone number is 715-639-2340

- 5. Help** coordinate transportation to additional Congregate Care Centers, if needed.
- 6. Coordinate** the handling of contaminated mobility impaired evacuees. Transportation should be provided to the Heritage of Elmwood Nursing Home by Reception Center EMT's and they should be accompanied by a radiologically trained Public Health Team Nurse and/or fireman.
- 7. Collect** decontaminated articles and return them to evacuees after matching up personal receipt tag numbers.
- 8. Notify** individual evacuees/emergency workers when contaminated vehicles have been decontaminated and to report to Station 8 to **obtain their keys.**
- 9. At shift changes** provide your replacement with a complete turnover of all logs and records (reviewing for completeness). **Notify** the DHS Director or his designee at the County EOC of the turnover. **Report** to Station 5 to

assure you are not contaminated. Turn in Direct Reading Dosimetry to the Radiological Officer at Station 10.

- 10. After** the emergency and all stations have been closed down, **consult** with the Health Team Leader to determine if the facility can be released for public use.

STATION 10: Radiological Support

1. PURPOSE:

To monitor and control facility worker's radiation exposure and to provide radiological support and assist to facility stations and personnel. These tasks are performed by the State/Radiological Officer at the Reception Center.

2. RADIOLOGICAL OFFICER DUTIES:

a. Role:

Overall responsibility for radiological management of the Reception Center before the Health Team Leader arrives.

b. Set-Up Procedures:

- 1) Upon notification, **obtain** survey equipment and Direct Reading Dosimetry, respond to the Reception Center and check in with Station 9. **Get** briefed, **obtain** your station supply kit and **report** to your assigned station (i.e., number 10).
- 2) **Assemble** survey instrumentation
 - a) **Connect** the probes and microphones to the survey meters for each station.
 - b) **Check** the last date of calibration on each meter; if the date is more than one year ago, use another meter.
 - c) **Check** the batteries in each instrument. **If** the batteries are low, either replace them or use a different meter.
 - d) **Hold** a check source up to the detector and compare the reading to that indicated on the source; **if** the two readings differ significantly, use a different meter and/or probe. **Check** sources are attached to some instruments.
 - e) **Insert** the pancake probes in a plastic protective covering.
 - f) **Determine** the "background" radiation level in the facility. Post and relay this information to all stations. Recheck every 30-60 minutes.

Station 10 (Continued)

3) Issue radiation dosimeter to facility workers:

- a) Reset Direct Reading Dosimeters to zero or to less than 25% of full scale
- b) Distribute one pocket Direct Reading Dosimeter (0-200mR) and one Permanent Record Dosimeter to each facility worker reporting to the Reception Center by calling station numbers.

Note: Mark three Permanent Record Dosimeters as “control” and do not issue to any workers. These will be used to subtract out background when the Permanent Reading Dosimeter’s are sent in for processing.

- c) Record issuance of all Direct Reading Dosimetry on the facility worker dosimetry log.
- d) Instruct workers to check Direct Reading Dosimetry every 30 minutes, unless dose rates warrant more frequent check or you direct them to do so.
- e) Monitor workers routinely to assure Direct Reading Dosimeter checks are being made. Coordinate with Station 9 to use public address system or other means to remind workers.

Note: State Radiological Officer should ensure an assessment is made on the source of the radiation when a worker receives a dose on the dosimeter.

4) Issue survey meters to the following stations as stated below:

- | | |
|-------------|--------------|
| Station 1-0 | Station 6-2 |
| Station 2-3 | Station 7-0 |
| Station 3-2 | Station 8-0 |
| Station 4-0 | Station 9-0 |
| Station 5-4 | Station 10-3 |
| | Station 11-0 |

5) Review Station procedures with station workers. Go over instrument checking procedures, proper meter reading methods, frisking techniques, and contamination limits. Note: The following contamination limits should be used.

Station 10 (continued)

<u>Evacuees</u>	<u>Vehicles</u>	<u>Belongings</u>
Loose 100 CPM + Bkgd	100 CPM + Bkgd	100 CPM + Bkgd
Fixed ---	100 CPM + Bkgd	100 CMP + Bkgd
Wipe Smears ---	100 CPM + Bkgd	100 CPM + Bkgd

- 6) **Observe** monitoring and decontamination activities conducted on evacuees, vehicles, and articles (personal belongings) to ensure that they are being done correctly.
- 7) **Observe** facility emergency workers to assure that they are wearing Direct Reading Dosimetry. Routinely conduct spot-checking of their readings.
- 8) **Check** all stations for bagged personal effects and put them in a secure storage area.
- 9) **Store** contaminated waste generated in the monitoring and decontamination process in a secured (locked) room and make arrangement for the transport or disposal of the wastes.
- 10) **Maintain** surveillance of background radiation and levels of contamination in and immediately outside the Reception Center Vehicle Decon Garage to ensure they do not interfere with normal operation (including the ability to measure contamination limits).

NOTE: On an hourly frequency monitor reception center floors for contamination by strapping muslin rags on feet, walking the areas and surveying with a meter. In areas found to be contaminated, evacuee should be halted and the contamination cleaned up.

- 11) Be available to offer radiation monitoring guidance as requested.
- 12) Rezero used self-reading dosimeters and return them to service as needed. Mark returned Permanent Record Dosimeters as “USED” and store with exposure control record until they are reissued to the same individual or after Reception Center closedown they are sent off for assessment. If shortages in Direct Reading Dosimeters or Permanent Record Dosimeters occur, notify the county R.O. located in the Pierce County EOC via Station 9 immediately.

Station 10 (continued)

- 13) **Ensure** workers leaving the Reception Center at the end of their shifts return their Direct Reading Dosimetry and make sure they have been monitored for contamination. Record Direct Reading Dosimetry readings.
- 14) **Maintain** copies of all Evacuee, Vehicle and Personal Effects Survey and Decontamination Forms. Upon facility closedown, these forms should be returned to the County R.O. and kept as permanent records (i.e., do not destroy).
- 15) Shortages of station supplies should be brought to the attention of Station 9.
- 16) At shift changes, provide your replacement with a complete turnover of all logs and records (reviewing for completeness). Report to monitoring Station 5 to assure you are not contaminated. Turn in Direct Reading Dosimetry and get rescheduled at Station 9.
- 17) When use of the Reception Center is terminated, collect all dosimetry logs and review for completeness, package up all “used” Permanent Record Dosimetries and the corresponding control badges and sent them in for processing via the State Health Team Leader.

After receiving the Permanent Record Dosimetry exposure report from the processor, notify each facility worker of the radiation dose he/she received.

Station 11: Household Pet Care

1. Purpose:

To provide temporary shelter, decontamination, transportation and/or guidance to evacuees on the care of household pets.

Vehicles arriving with pets and found to be free of contamination at Station 2 will be used as temporary shelter for that animal. Owners will be advised to keep windows partially open to ensure good ventilation. Vehicles found to be contaminated will automatically assume all persons and pets riding in the vehicle are contaminated. Equipment and personnel are available in the bus garage, adjacent to Station 3, for the monitoring and decontamination of pets. Animal Caretakers will coordinate activities at this station with radiological surveying assistance as needed from Station 3 monitoring personnel. Owners will be asked to stay with their pets until decontamination and return to their decontaminated vehicles or otherwise secured.

Once pets are decontaminated and placed in a clean vehicle, the owner will be directed to the Reception Center for monitoring and necessary decontamination. People requiring Congregate Care will have their pets transported to Elm Valley Veterinary Clinic in Elmwood where they will be housed and fed until they can be retrieved by the owner.

2. Staffing: 1 or preferable more Animal Caretakers

3. Animal Caretaker Duties and Procedures:

a. Role:

Overall responsibility for the health and welfare of household pets brought to the Reception Center.

b. Set-up Procedures:

- 1) Upon notification, respond to the Reception Center and check in at Station 9. Get briefed, pick-up station supply kit, station procedures and appropriate protective clothing and report to your assigned station.
- 2) If your station is not set-up or supplies have not been obtained and inventoried, do so upon arrival.
- 3) Review the station procedures.
- 4) Ensure you obtain one Direct Reading Dosimeter, one low range (0-200mR) and a Permanent Record Dosimetry from Station 10 when your station is called.

NOTE: Read the Direct Reading Dosimetry (0-200mR) at least every 30 minutes. If it goes off scale or is greater than 150 mR, go immediately to the R.O. (Station 10).

Station 11 (continued)

- 5) **Ensure** the following protective clothing is being worn: (procedures for putting on protective clothing are presented in Attachment 3).

- (1) Coveralls
- (2) Gloves – inner (white cotton)
- (3) Gloves – outer (rubber or surgeons)
- (4) Shoe covers – inner (yellow plastic or clear plastic bags)
- (5) Shoe covers – outer (yellow rubber totes)
- (6) Surgeons cap

NOTE: When decontaminating (i.e., washing) animals additional protective clothing such as waterproof suit, rubber gloves, and face shield should be worn.

D. Operating Procedures:

Note: Drivers of vehicles arriving at Station 3 with pets will be asked to take the animal to Station 11.

- 1) Ask for radiological monitoring assistance from personnel at Station 3.
- 2) Fill out a Personal Effects Survey and Decontamination (PES&D) Form.
- 3) If the animal is contaminated (i.e., 100 cpm above background), wash it with tepid water and shampoo as appropriate. Towel dry and have the animal resurveyed. Continue washing until free of contamination or no further reduction in level occurs.
- 4) If the animal is free of contamination, dry thoroughly and release to owner to be placed in his/her decontaminated vehicle. If their vehicle is not decontaminated, temporarily cage the animal, give the owner a Personal Effects Receipt Tag and distribute the copies as follows:

- 1st Copy – attach on cage
- 2nd Copy – attach to PES&D Form
- 3rd Copy – give to owner

Station 11 (continued)

Instruct the owner to go to the Reception Center (gymnasium entrance) and return to pick-up their animal once they and their vehicle is deemed “clean”.

- 5) If the animal cannot be washed clean, with the permission of the owner, remove contaminated hair with a scissors and clippers if feasible. If this and subsequence washing fails to remove the decontamination, cage and isolate the animal for transport to the Elm Valley Veterinary Clinic for disposition.
- 6) Provide transportation to and housing at the Elm Valley Veterinary Clinic for pets of those people taking advantage of the Congregate Care Center.
- 7) Shortages of station supplies should be brought to the attention of the Human Services Staff as soon as you become aware.
- 8) At shift changes, provide your replacement with a complete turnover of logs records (reviewing for completeness). Report to Station 5 to ensure you are not contaminated. Turn in Direct Reading Dosimetry at Station 10 and check out with the Human Services Staff at Station 9 and get rescheduled.