Salem & Hope Creek Nuclear Generating Stations
Lower Alloways Creek Township, NJ
Wilmington Hospital
After Action Report/Improvement Plan

Exercise Date – October 12, 2022

Radiological Emergency Preparedness (REP) Program

Published November 8, 2022

FEMA

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Salem & Hope Creek Nuclear Generating Stations
Medical Services Drill
After Action Report/Improvement Plan

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EXECUTIVE SUMMARY

On October 12, 2022, a Medical Services Drill was conducted for the 10-mile Plume Exposure Pathway, Emergency Planning Zone (EPZ) around the Salem & Hope Creek Nuclear Generating Stations (SHCNGS) by the Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA) Region 3. The most recent prior Medical Services Drill for this site was conducted on April 26, 2019.

The purpose of the SHCNGS Medical Services Drill was to assess the State and local offsite response organizations' preparedness in responding to a radiological medical emergency. The Drill was held in accordance with FEMA's policies and guidance concerning the evaluation of State and local Radiological Emergency Response Plans (RERP) and procedures.

FEMA wishes to acknowledge the efforts of the many individuals in the Delaware Emergency Management Agency (DEMA), New Castle County Office of Emergency Management, New Castle County Emergency Medical Services (EMS), New Castle County 911 Center, Odessa Fire Company, Station 24, and Wilmington Hospital who were evaluated during 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. Still, others have willingly sought this responsibility as volunteers providing vital emergency services twenty-four (24) hours a day to the communities in which they live. Cooperation and teamwork of all the participants was observed during this Drill.

This report contains the final evaluation of the Medical Services Drill. Delaware Emergency Management Agency, Wilmington Hospital and Odessa Fire Company, Station 24 demonstrated knowledge of their emergency response plans and procedures and adequately implemented them. There were no Level 1 or Level 2 Findings or Plan Issues as a result of this Drill. Partial exercise credit was granted for real world response activities conducted by Wilmington Hospital staff under Capability Target 5.3, "Transportation and Treatment of Contaminated, Injured Individuals."

Section 1 of this report, entitled Overview, presents the Exercise Planning Team and the Participating Organizations.

Section 2 of this report, entitled Design Summary, and includes the Purpose and Design, Objectives, Capabilities, and Activities, and the Scenario Summary.

Section 3 of this report, entitled Analysis of Capabilities contains detailed Exercise Evaluation and Results; a Summary Results of Evaluation; and Capability Target Demonstration and Evaluation Guidance Summary. Information on the demonstration for each jurisdiction or functional entity evaluated is presented in a jurisdiction-based, issue-only format.

Section 4 of this report, entitled Conclusion, is a description of FEMA's overall assessment of the capabilities of the participating organizations.

SECTION 1: EXERCISE OVERVIEW

1.1. Drill Details

Drill Name
Wilmington Hospital Medical Services Drill

Type of Drill
Medical Services

Drill Date
October 12, 2022

Program
Department of Homeland Security/FEMA Radiological Emergency Preparedness Program

Scenario Type
Radioactive Contaminated/Injured Person

1.2. Planning Team Leadership

Zachary Corle
Emergency Management Specialist
DHS/FEMA Region 3
One Independence Mall, 6th Floor
615 Chestnut Street
Philadelphia, PA, 19106-4404
202-322-1982
zachary.corle@fema.dhs.gov

Wilbert Hayes
Technological Hazards Planning Supervisor
Delaware Emergency Management Agency
165 Brick Store Landing Road
Smyrna, DE 19977
302-659-2350
wilbert.hayes@state.de.us

1.3. Participating Organizations

Agencies and organizations of the following jurisdictions participated in the SHCNGS 2022 Medical Services Drill:

State Jurisdiction
State of Delaware

- Delaware Emergency Management Agency

County Jurisdiction

- New Castle County Office of Emergency Management
- New Castle County 911 Center
- New Castle County Emergency Medical Services

Private Organizations

- Wilmington Hospital
- Odessa Fire Company, Station 24

SECTION 2: DESIGN SUMMARY

2.1. Purpose and Design

On December 7, 1979, the President directed the Federal Emergency Management Agency (FEMA) to assume the lead responsibility for all off-site radiological planning and response. FEMA's activities were 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 accident in March 1979.

44 CFR 350 establishes the policies and procedures for FEMA's initial and continued approval of 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:

A. Taking the lead in offsite emergency planning and in the review and evaluation of radiological emergency response plans and procedures developed by State and local governments,
B. 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,
C. Responding to requests by the U.S. Nuclear Regulatory Commission (NRC) pursuant to the Memorandum of Understanding between the NRC and FEMA dated December 7, 2015 (Federal Register, Vol. 81, No. 57, March 24, 2016) and,
D. Coordinating the activities of the following 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
   - U.S. Food and Drug Administration

Representatives of these agencies serve on the Region 3 Regional Assistance Committee (RAC), which is chaired by FEMA. A Radiological Emergency Preparedness Medical Services Drill was conducted on October 12, 2022, to assess the capabilities of State and local emergency preparedness organizations in implementing their Radiological Emergency Response Plans (RERP) and procedures to protect the public health and safety during a radiological emergency involving the SHCNGS.

The purpose of this exercise report is to present the drill results and findings on the performance of the off-site response organizations (OROs) during a simulated radiological emergency involving a contaminated injured individual.

The drill was designed to demonstrate and evaluate the responder's knowledge of patient and responder personal protective measures, equipment preparation and employment, and decontamination procedures. All activities were demonstrated in accordance with the participants' plans and procedures as they would be performed in an actual emergency, except as agreed to in the Exercise Plan and Extent-of-Play (EOP) Agreement.

The findings presented in this report are based on the evaluations of the Federal evaluator team, with final determinations made by the FEMA Region 3 Regional Assistance Committee (RAC) Chairperson and approved by FEMA Headquarters. These reports are provided to the Nuclear Regulatory Commission (NRC) and participating States. State and local governments utilize the findings contained in these reports for the purposes of planning, training, and improving emergency response capabilities.

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

- NUREG-0654/FEMA-REP-1, Rev. 2, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," December 2019; and
- Radiological Emergency Preparedness Program Manual, December 2019.

2.2. Objectives, Capabilities and Activities

The SHCNGS Medical Services Drill evaluated by FEMA was designed to demonstrate that the ORO can transport, transfer, monitor, decontaminate and treat a contaminated/injured person while minimizing any cross contamination during a radiological emergency. The demonstration included the ability to:

A. Respond to a radiation medical emergency following New Castle County Office of Emergency Management, New Castle County EMS, New Castle County 911 Center, and Odessa Fire Company, Station 24 procedures.
B. Monitor for radiation contamination and uptake, and to validate persons providing these services are adequately prepared to handle contaminated individuals.
C. Conduct timely and accurate communications between the hospital and offsite response agencies.
D. Exhibit correct priorities and appropriate techniques in Emergency Medical Services (EMS); transportation of patients; and pre-hospital and hospital emergency care of patients contaminated with radiation.
E. Demonstrate inter-agency cooperation between the New Castle County Office of Emergency Management, New Castle County EMS, New Castle County 911 Center, Odessa Fire Company, Station 24, and Wilmington Hospital.

2.3. Scenario Summary

The Drill scenario was built to reflect partial credit for real world response that was granted to the State of Delaware and Wilmington Hospital for Capability Target 5.3. Hospital staff were granted real world incident credit and were not required to participate in the Drill, but hospital facilities (including the radiation emergency area), equipment and supplies, and transportation were demonstrated. As such, the patient was transported to the Odessa Fire Company, which was the location used to simulate the Wilmington Hospital radiation emergency area.

The scenario began at 1009 when Odessa Fire Company, Station 24 and New Castle County EMS were

dispatched to the New Castle County Water Farm to pick up an injured and potentially contaminated patient.

Upon arriving at the accident scene, the EMS and Odessa Fire Company ambulance crew provided treatment of the patient's injuries as a priority over contamination concerns in addition to initial and ongoing (simulated) communications with the hospital concerning the patient's condition.

At 1046 the ambulance crew departed for the Wilmington Hospital (simulated) and notified the hospital they were bringing in an injured, potentially contaminated individual for treatment. The patient suffered an open wound to their right leg/shin and possible radiation contamination.

At 1056 the ambulance arrived at the hospital (simulated) and the ambulance crew and EMS discussed the process to conduct a clean transfer of the patient to the hospital medical staff. The Drill was terminated at 1118.

SECTION 3: ANALYSIS OF CAPABILITIES

3.1. Evaluation and Results

Contained in this section are the results and findings of the evaluations of all jurisdictions and locations that participated in the October 12, 2022, SHCNGS Medical Services Drill. The Drill was conducted to demonstrate the ability of the OROs to respond to a potentially contaminated injured person.

Each jurisdiction and functional entity were evaluated on the basis of their demonstration of the appropriate Demonstration and Evaluation Guidance contained in the REP Program Manual. Detailed information on the Demonstration and Evaluation Guidance, and the Extent-of-Play Agreement is found in Appendix C.

The Drill was conducted and evaluated in accordance with the Radiological Emergency Preparedness Program Manual (December 2019) and NUREG-0654/FEMA-REP-1, Rev. 2. These Capability Targets included:

1.2 - Direction and Control, equipment, maps, displays, monitoring instruments, dosimetry, Potassium Iodide (KI) and other supplies are sufficient to support emergency operations.

2.2 - Emergency Worker Exposure Control Management

5.3 - Transportation and Treatment of Contaminated, Injured Individuals

3.2. Summary Results of Evaluation

The matrix presented in Table 3.1, on the following page presents the status of the Capability Targets from the REP Program Manual that were scheduled for demonstration during this Drill by all participating jurisdictions and functional entities. Drill Demonstration and Evaluation Guidance are listed by number and the demonstration status of the criteria is indicated by the use of the following letters:

- (L1) Level 1 Finding: An observed or identified inadequacy of organizational performance in an exercise that could cause a determination that offsite emergency preparedness is not adequate to provide reasonable assurance that appropriate protective measures can be taken in event of a radiological emergency to protect the health and safety of the public living in the vicinity of a Nuclear Power Plant.
- (L2) Level 2 Finding: An observed or identified inadequacy of organizational performance in an exercise that is not considered, by itself, to adversely impact public health and safety.
- (P) Plan Issue: An observed or identified inadequacy in the off-site response organizations' emergency plan/implementing procedures, rather than that of the ORO's performance.
- (N) Not Demonstrated: The term applied to the status of a REP Evaluation Area Criterion indicating that the ORO, for a justifiable reason, did not demonstrate the Evaluation Area Criterion, as required in the Extent-of-Play Agreement or at the two-year or eight-year interval required in the FEMA REP Program Manual.

- (M) Met: The status of a REP Evaluation Area Criterion indicating that the participating ORO demonstrated all demonstration criteria for the Evaluation Area Criterion to the level required in the Extent-of-Play Agreement with no findings assessed in the current exercise and no unresolved prior findings.

Table 3.1 – Summary of Drill Evaluation

Date: 2022 October 12 Site: Salem & Hope Creek Nuclear Generating Stations (M) Met, (1) Level 1 Finding, (2) Level 2 Finding, (P) Planning Issue	Capability Target	Wilmington Hospital	Odessa Fire Company, Station 24 & New Castle County EMS
Objective 1: Emergency Operations Management			
Direction and Control, Facilities, Equipment, Supplies to Support Operations	1.2	M	M
Objective 2: Exposure Control			
Emergency Worker Exposure Control Management	2.2	N	M
Objective 5: Operate			
Transportation/Treatment of Contaminated, Injured Individuals	5.3	N	M

3.3. Criteria Evaluation Summaries

3.3.1 County Jurisdictions

In summary, the status of DHS/FEMA criteria for the County Jurisdictions are as follows:

3.3.1.1 Odessa Fire Company, Station 24 & New Castle County EMS

a. Met: 1.2, 2.2, 5.3
b. Level 1 Findings: NONE
c. Level 2 Findings: NONE
d. Plan Issues: NONE
e. Prior Issues – Resolved: NONE
f. Prior Issues – Unresolved: NONE

3.3.2 Private Organizations

In summary, the status of DHS/FEMA criteria for the Private Sector Organizations are as follows:

3.3.2.1 Wilmington Hospital

a. Met: 1.2
b. Level 1 Findings: NONE
c. Level 2 Findings: NONE
d. Plan Issues: NONE
e. Prior Issues – Resolved: NONE
f. Prior Issues – Unresolved: NONE

SECTION 4: CONCLUSION

The county jurisdiction and private sector organization demonstrated knowledge of their radiological emergency response plans and procedures and they were successfully implemented during the SHCNGS Medical Services Drill evaluated on October 12, 2022.

Two FEMA evaluators provided analyses of three Capability Targets. These analyses resulted in a determination of no Findings, no new Plan issues, and no unresolved Plan Issues.

The Odessa Fire Company, Station 24 and New Castle County EMS successfully demonstrated that necessary equipment and supplies were available to support the treatment of an injured/contaminated patient, and prioritized life-saving medical practices over contamination concerns, implemented protective measures through the use of Personal Protective Equipment, regular glove changes, and control of cross contamination. Appropriate patient assessments were demonstrated as well as regular and ongoing communications with Wilmington Hospital (simulated).

The Wilmington Hospital successfully demonstrated equipment & supplies and facilities (including the radiation emergency area) during this exercise. Wilmington Hospital staff were granted real world credit and were not required to participate in this evaluation.

Based on the results of the Drill and a review of the offsite radiological emergency response plans and procedures submitted, FEMA Region 3 has determined they are adequate (meeting the planning and preparedness standards of NUREG-0654/FEMA-REP-1, Revision 2, December 2019, as referenced in 44 CFR 350.5) and there is reasonable assurance they can be implemented, as demonstrated during this Drill.

An Improvement Plan (IP) will not be developed as part of this report.

APPENDIX A: EVALUATORS AND TEAM LEADERS

The following is the list of Evaluators and Team Leaders for the SHCNGS 2022 Medical Services Drill evaluated on October 12, 2022. The following constitutes the managing staff for the evaluation:

- Rahuel Preciado, DHS/FEMA, Emergency Management Specialist
- Daniel Rose, DHS/FEMA, Senior Emergency Management Specialist, Team South Lead

DATE: October 12th, 2022
SITE: Salem & Hope Creek Nuclear Generating Stations

LOCATION	EVALUATORS	AGENCY
Odessa Fire Company, Station 24	Daniel Rose	FEMA R3
Wilmington Hospital	Rahuel Preciado	FEMA R3

APPENDIX B: ACRONYMS AND ABBREVIATIONS

Acronym	Meaning
AAR	After Action Report
ALARA	As Low As Reasonably Achievable
ALC	Annual Letter of Certification
ANS	Alert and Notification System
DEMA	Delaware Emergency Management Agency
DHS	Department of Homeland Security
DRD	Direct Reading Dosimeter
EMS	Emergency Medical Services
EOP	Extent of Play
EPZ	Emergency Planning Zone
FEMA	Federal Emergency Management Agency
FMT	Field Monitoring Team
GE	General Emergency
IP	Improvement Plan
KI	Potassium Iodide
MS	Medical Services
NRC	Nuclear Regulatory Commission
ORO	Offsite Response Organization
PPE	Personal Protective Equipment
PRD	Permanent Record Dosimeter
RAC	Regional Assistance Committee
REA	Radiation Emergency Area
REP	Radiological Emergency Preparedness
RERP	Radiological Emergency Response Plan
SHCNGS	Salem & Hope Creek Nuclear Generating Stations
SAE	Site Area Emergency
SAV	Staff Assistance Visit
SOP	Standard Operating Procedure

APPENDIX C: EXTENT-OF-PLAY AGREEMENT

The Extent-of-Play Agreement was extracted from the Exercise Plan, which was drafted by the Delaware Emergency Management Agency. The Extent-of-Play was negotiated with and agreed upon by FEMA Region 3.

The Exercise Plan was created as an overall tool for facilitation and implementation of the SHCNGS Medical Services Drill and to integrate the concepts and policies of the Homeland Security Exercise Evaluation Program with the Radiological Emergency Preparedness Program Exercise Methodology.

METHOD OF OPERATION AND EXTENT OF PLAY

Capability Target 1.2: Direction and Control
Core Capabilities: Operational Coordination; Environmental Response/Health and Safety; Public Information and Warning; Mass Care Services; Public Health, Healthcare, and Emergency Medical Services; Situational Assessment; Critical Transportation; Planning
Recommended Evaluation Frequencies: At every assessment activity
Recommended Assessment Activities: Exercise; Drill
Planning Reference: NUREG-0654/FEMA-REP-1, Rev. 2 (A.1, A.1.a, A.1.b, A.1.c, A.2, A.3, A.5, C.2, C.2.a, C.2.b, C.3, D.4, E.1, H.6, and O.1)
Intent: The capability to provide overall direction and control of response efforts, commensurate with the responsibilities of leadership, as detailed in plans/procedures.

Demonstration and Evaluation Guidance:

- Support protective action decision-making.
- Conduct briefings in a timely manner.
- Maintain situational awareness.
- Coordinate response activities with other organizations.
- Obtain resources to support emergency operations.
- Provide and maintain adequate facilities and equipment to support the emergency response.

All activities must be based on the ORO's plans/procedures and completed as they would be in an actual emergency, unless noted above or otherwise specified in the Extent-of-Play Agreement.

Negotiated Extent of Play:
Outstanding Issues:
None

Capability Target 2.2: Emergency Worker Exposure Control Management
Core Capabilities: Operational Coordination; Environmental Response/Health and Safety; Planning
Recommended Evaluation Frequencies: Biennially
Recommended Assessment Activities: Exercise; Drill
Planning Reference: NUREG-0654/FEMA-REP-1, Rev. 2 (C.2.c, H.11, H.11.b, K.2.b, K.3, K.3.a, M.1.b, and O.1)
Intent: The capability of emergency workers to manage dose and exposure, use equipment (e.g., dosimetry, radio protective drugs), and identify procedures to monitor their exposure and dose, including following procedures to obtain authorization to receive emergency exposures in excess of the PAGs.

Demonstration and Evaluation Guidance:

- Maintain an appropriate inventory of DRDs that are leak-tested or current in calibration.
- Maintain an appropriate inventory of PRDs.
- Retain an adequate supply of radioprotective drugs.
- Adequately distribute appropriate DRDs and PRDs.
- Adequately distribute radioprotective drugs to emergency workers.

- Record and report exposures in the field.
- Implement decisions to administer radioprotective drugs.
- Report to individual responsible for managing exposure and dose when limits are reached.
- Implement exposure control decisions to members of the public from radiological exposure and control dose for those who are authorized to temporarily reenter a restricted area.

All activities must be based on the ORO's plans/procedures and completed as they would be in an actual emergency, unless noted above or otherwise specified in the Extent-of-Play Agreement.

Negotiated Extent of Play:
• Demonstrate Emergency Workers Brief. • One ambulance crew member will demonstrate donning and doffing of PPE. • Demonstrate the ability to transport contaminated/injured individuals. • Demonstrate the ability to utilize dosimetry, equipment and procedures to manage radiological exposure to emergency workers.
Outstanding Issues:
None

Capability Target 5.3: Transportation and Treatment of Contaminated, Injured Individuals *(Vice Sub-Element: 6.d.1)*
Core Capabilities: Environmental Response/Health and Safety; Public Health, Healthcare, Emergency Medical Services; Planning
Recommended Evaluation Frequencies: Biennially
Recommended Assessment Activities: Medical Services Drill (N.4.b)
Planning Reference: NUREG-0654/FEMA-REP-1, Rev. 2 (C.2.d, F.2, H.11, H.12, J.2, K.3, K.4, L.1, L.3, L.4, and O.1)
Intent: The capability to provide medical transport and treatment services to contaminated, injured individuals.

Demonstration and Evaluation Guidance:

Transportation

1. Transport contaminated, injured individuals to medical facilities.
   - Who dispatched the medical transport provider and what information was provided?
   - Did the appropriate briefings occur? What was contained in the briefings?
   - Which agency or agencies demonstrated the transportation of contaminated, injured individuals to appropriate medical facilities?
   - What type of vehicle was used for the transportation of the contaminated, injured individuals?
   - Was the site of pick-up in a potentially contaminated area? If so, what precautions were taken?
   - How did the medical transport provider know to take radiological precautions with the contaminated, injured individual?
   - Was the contaminated, injured individual monitored for radiological contamination before arrival or during initial evaluation by the transport provider?
   - Who did the monitoring?
   - What survey instruments were used?
   - Were the instruments current in calibration?
   - Did medical care take priority over monitoring?

- Were instruments and equipment operationally checked using an appropriate check source against a known range of reading to verify proper operation?
- What contamination control measures were taken by the medical transport crew?
- How was the patient transferred from the medical transport vehicle to the medical facility?
- Were accident scene survey records transferred to the medical facility staff? Was the transfer made taking care not to spread contamination?
- Was the medical transport crew knowledgeable about where the medical transport vehicle (or other transport vehicle) and crew would be monitored and decontaminated?
- Where and by whom will the medical transport crew and medical transport vehicle (or other transport vehicle) be monitored and decontaminated, if required?

2. Maintain communications between the medical transportation provider and the receiving medical facility.
   - What communications occurred between the medical transport crew and the receiving hospital? How?

Medical Facility

1. Operationally check instruments and equipment.
   - How were background measurements obtained on a continuous basis?
   - What survey instruments were used?
   - Were the instruments current in calibration?
   - Were instruments and equipment operationally checked using an appropriate check source against a known range of reading to verify proper operation?
   - Was an appropriate radioactive check source used to verify proper operational response for each low-range radiation measurement instrument?
   - Did the receiving facility personnel don the appropriate PPE in accordance with procedures and in a manner to prevent the spread of contamination?
2. Set-up, activate, and operate an REA.
   - How was the hospital notified to establish a REA? With regard to the REA, what information was provided to the medical facility by the medical transport crew?
   - Were staff, equipment, and supplies readily available for monitoring and decontamination, and setting up the REA?
   - How was access into the REA controlled?
   - Did urgent medical care take precedence over monitoring, decontamination, and contamination control efforts by facility medical staff?
   - Who performed and/or supervised treatment of contaminated, injured individuals?
   - What equipment and supplies were available for treatment of contaminated, injured individuals?
   - How were items assured to be free of contamination before they were transferred out of the REA to the clean area?
   - After treatment and decontamination, how was the individual transferred out of the REA?
   - How did the staff exit the REA?
   - Was a doffing procedure correctly implemented?
   - Was the REA, and equipment within, monitored for contamination prior to returning it to normal operations?
3. Monitor and decontaminate the individual, equipment, and other items.
   - How were monitoring (i.e., survey measurements and samples) results documented and recorded?
   - Did the medical staff make decisions on the need for decontamination of the individual and follow appropriate decontamination procedures?
   - What contamination threshold triggers the need for decontamination of the individual?

- What methods were used to decontaminate the potentially contaminated individual (once that person is medically stabilized)? Were decontamination methods progressive (e.g., mild decontamination used prior to scrubbing)?
- What procedure was used if decontamination was not successful?
- Who did the monitoring? What equipment was used?
- What records were maintained with regard to survey and decontamination?
- What was the procedure for handling, decontaminating, and storage of contaminated items?
- What was the action level to determine if equipment was contaminated or not?
- Who decontaminated the equipment and other items?
- How was wastewater from decontamination operations handled?
- What contamination control measures were taken?

All activities must be based on the ORO's plans/procedures and completed as they would be in an actual emergency, unless noted above or otherwise specified in the Extent-of-Play Agreement.

Negotiated Extent of Play:
• Delaware was granted credit for real world response as it relates to the Medical Facility portions. Medical staff are not required to participate, but Emergency Managers or Radiation Officers will be available for the facilities and equipment review. • EMS teams will not drive to the hospital, but will demonstrate proper transportation and contamination control. • Patient transportation will be limited to the scenario and its' injects. There will be no actual communications with Hospitals, EOC's or other agencies outside of the scenario.
Outstanding Issues:
None

APPENDIX D: LETTER OF RESPONSE TO DEMA'S RELIEF REQUEST AND ATTACMNENTS

U.S. Department of Homeland Security
Federal Emergency Management Agency
Region 3
One Independence Mall
615 Chestnut Street, 6th floor
Philadelphia, PA 19106-4404

FEMA

May 11, 2022

A.J. Schall, Jr.
Director
Delaware Emergency Management Agency
165 Brick Store Landing Road
Smyrna, DE 19977

Dear Director Schall:

Pursuant to 44 Code of Federal Regulation (CFR) Part 350.9(c), "Exercises," FEMA Region 3 received a request from the Delaware Emergency Management Agency (DEMA) for relief from the frequency requirements to conduct the MS-1 drill at Wilmington Hospital location, originally scheduled to be held in March 2022. The relief is specifically being requested to address concerns of conducting a MS-1 Drill while health care staff are actively responding to the ongoing public health emergency.

This request and the supporting documentation were thoroughly reviewed by FEMA Region 3 against the 16 planning standards identified in 44 CFR 350.5(a). Attachment 1 provides supporting justification for the relief request. The request addresses the frequency requirements of 44 CFR 350.9(c) and adheres to guidance set forth in the "Framework for Processing Relief from the Frequency Requirements for Radiological Emergency Preparedness Program (REPP) Exercises", dated July 23, 2020.

Based on this comprehensive review, reasonable assurance that the public health and safety can adequately be protected in the event of an emergency at the Salem-Hope Creek Generating Stations will not be diminished by approval of this relief request. This relief request is approved, excluding the remaining items identified in Attachment 2 as requiring demonstration.

If you have any questions, please contact Thomas Scardino at (202) 374-2449.

Sincerely,

MARYANN E TIERNEY Digitally signed by MARYANN E TIERNEY Date: 2022.05.11 15:31:22 -04'00'

MaryAnn Tierney
Regional Administrator
FEMA Region 3

www.fema.gov

Attachment 1: Justification for Relief Request

- *List of documentation provided by requesting ORO.*
  - Letter from DEMA entitled "Radiological Emergency Preparedness (REP) Program Credit for Real World Response," February 1, 2022
  - Governor's Declaration of Public Health Emergency, March 1, 2022
  - ChristianaCare Wilmington Hospital credit request letter, March 4, 2022
  - ChristianaCare Christiana Hospital credit request letter, March 4, 2022
  - Governor's Extension of Public Health Emergency, March 30, 2022

- *Description of how the response to the ongoing COVID-19 pandemic precludes the state and OROs from conducting and participating in the required Medical Services Drill in calendar year 2022 (CY22).*
  - Due to hospital staffing shortages, safety considerations, and continued response to real-world incidents, DEMA and ChristianaCare (Wilmington and Christiana Hospitals) have advised FEMA Region 3 that it is not safe or feasible to conduct or participate in Medical Services activities (Capability Target 5.3) during CY22.

- *List of the affected site(s) and ORO(s).*
  - Delaware Emergency Management Agency
  - Christiana Care Health Services (Christiana Hospital)
  - Christiana Care Health Services (Wilmington Hospital)

- *Date of last evaluated Medical Services Drills.*
  - Wilmington Hospital on April 26th, 2019
  - Christiana Hospital on April 28th, 2021

- *A list of activities or assessments conducted since the previously evaluated Medical Services Drill (e.g., drills, training, dress rehearsals, staff assistance visits [SAVs]).*
  - Annual MS-1 training conducted on October 26th, 2021
  - Evaluated MS-1 drills conducted in 2019 & 2021

Attachment 2: Capability Target Assessed by Location

Location	Capability Target	Date Last Demonstrated	Resolution
MS-1: ChristianaCare Health Services (Christiana Hospital)	5.3	COVID-19; prior to that, demonstrated (virtually) during Christiana Hospital MS-1 drill on 4/28/2021.	PARTIAL CREDIT GRANTED for real world response. Hospital staff will not be required to participate in an evaluation during CY22. Facilities (including the radiation emergency area), equipment, and transportation must be demonstrated during CY22.
MS-1: ChristianaCare Health Services (Wilmington Hospital)	5.3	COVID-19; prior to that, demonstrated during Wilmington Hospital MS-1 drill on 4/26/2019.	PARTIAL CREDIT GRANTED for real world response. Hospital staff will not be required to participate in an evaluation during CY22. Facilities (including the radiation emergency area), equipment, and transportation must be demonstrated during CY22.

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