# TOWN OF DUXBURY STANDARD OPERATING PROCEDURES IN SUPPORT OF THE RADIOLOGICAL EMERGENCY RESPONSE PLAN FOR PILGRIM NUCLEAR POWER STATION

| Reviewed by: |                                   |      |
|--------------|-----------------------------------|------|
| ·            | Emergency Management Director     | Date |
| D : 11       |                                   |      |
| Reviewed by: | MEMA/NPD - Region II Lead Planner | Date |
|              | WEIW THE Program Load Flaming     | Dato |
| Approved by: |                                   |      |
| , ,          | MEMA/Nuclear Preparedness Manager | Date |

## TOWN OF DUXBURY

## RADIOLOGICAL EMERGENCY RESPONSE STANDARD OPERATING PROCEDURES

## LIST OF EFFECTIVE PAGES

| Procedure        | Page         | Rev.      | Date  |
|------------------|--------------|-----------|-------|
| Cover through iv |              | <u>20</u> | 07/10 |
| DUX-01           | 1 through 11 | 9         | 07/10 |
| DUX-02           | 1 through 24 | 14        | 07/10 |
| DUX-03           | 1 through 49 | 16        | 07/10 |
| DUX-04           | 1 through 27 | 14        | 07/10 |
| DUX-05           | 1 through 19 | 11        | 07/10 |
| DUX-06           | 1 through 33 | 14        | 07/10 |
| DUX-07           | 1 through 20 | 13        | 07/10 |
| DUX-08           | 1 through 12 | 11        | 07/10 |
| DUX-09           | 1 through 14 | 13        | 07/10 |
| DUX-10           | 1 through 7  | 9         | 07/10 |
| DUX-11           | 1 through 20 | 15        | 07/10 |
| DUX-12           | 1 through 15 | 11        | 12/08 |
| DUX-13           | 1 through 12 | 12        | 12/08 |
| DUX-14           | 1 through 5  | 7         | 07/10 |
| DUX-15           | 1 through 10 | 10        | 12/08 |
| DUX-16           | 1 through 5  | 8         | 12/08 |
| DUX-17           | 1 through 9  | 11        | 07/10 |
| DUX-21           | 1 through 12 | 9         | 12/08 |
| DUX-24           | 1 through 10 | 6         | 07/10 |
| DUX-25           | 1 through 9  | 14        | 07/10 |
| DUX-30           | 1 through 12 | 13        | 07/10 |
| DUX-30A          | 1 through 12 | 13        | 07/10 |
| DUX-30B          | 1 through 12 | 13        | 07/10 |
| DUX-30C          | 1 through 12 | 13        | 07/10 |
| DUX-30D          | 1 through 12 | 13        | 07/10 |
| DUX-30F          | 1 through 12 | 13        | 07/10 |
| DUX-30G          | 1 through 12 | 13        | 07/10 |
| DUX-30H          | 1 through 12 | 13        | 07/10 |
| DUX-30I          | 1 through 12 | 9         | 07/10 |
| DUX-30K          | 1 through 12 | 2         | 07/10 |
| DUX-30L          | 1 through 12 | 1         | 07/10 |
| DUX-40           | 1 through 30 | 12        | 07/10 |
| DUX-43           | 1 through 11 | 12        | 07/10 |
| DUX-44           | 1 through 11 | 0         | 07/10 |
| DUX-30J          | 1 through 12 | RETIRE    | 1     |

## STANDARD OPERATING PROCEDURE

## SIGNATURE REVIEW LIST

The following Town of Duxbury Standard Operating Procedures have been reviewed by the responsible Agency/Department/Organization. All necessary changes have been incorporated. The effective date will be upon issuance by the MEMA Document Control Center-Framingham.

| SOP-No. | Title                                     | Signature | Date |
|---------|---|-----------|------|
|         |   |           |      |
| DUX-01  | Board of Selectmen                        |           |      |
| DUX-02  | Emergency Management Agency               |           |      |
| DUX-03  | Police Department                         |           |      |
| DUX-04  | Fire Department                           |           |      |
| DUX-05  | Department of Public Works                |           |      |
| DUX-06  | School Department                         |           |      |
| DUX-07  | Special Facilities Coordinator            |           |      |
| DUX-08  | Radiological Officer                      |           |      |
| DUX-09  | Transportation                            |           |      |
| DUX-10  | Shelter Officer                           |           |      |
| DUX-11  | Harbormaster                              |           |      |
| DUX-12  | Special Needs Staff                       |           |      |
| DUX-13  | Communications Officer/RACES Communicator |           |      |
| DUX-14  | PNPS Community Liaison                    |           |      |
| DUX-15  | Shelter Team                              |           |      |
| DUX-16  | Tow Truck Provider                        |           |      |
| DUX-17  | Camps                                     |           |      |
| DUX-21  | Public Information                        |           |      |
| DUX-24  | Documentation Unit                        |           |      |
| DUX-25  | Siren Activation                          |           |      |
| DUX-30  | Berrybrook Preschool                      |           |      |

# Signature Review List (continued)

| SOP-No. Title                     | Signature       | Date |
|-----------------------------------|-----------------|------|
| DUX-30 Berrybrook Preschool       |                 |      |
| DUX-30A Discovery Corner Day Ca   |                 |      |
| DUX-30B Good Shepherd Christian   | Academy         |      |
| DUX-30C Learn In Play Preschool I | Nursery         |      |
| DUX-30D Pied Piper Preschool      |                 |      |
| DUX-30F Bay Farm Montessori Aca   | ademy           |      |
| DUX-30G Magic Dragon Children's   | Center          |      |
| DUX-30H Duxbury Bay Maritime So   | chool           |      |
| DUX-30I Pilgrim Day Care          |                 |      |
| DUX-30K Blue River Montessori So  | rhool           |      |
| DUX-30L Elements Montessori Sch   | nool            |      |
| DUX-40 Bay Path Nursing Home      | & Duxbury House |      |
| DUX-43 Group Facility at North H  | <u></u>         |      |
| DUX-44 Group Facility at Cordwo   | od Path         |      |

# TOWN OF DUXBURY BOARD OF SELECTMEN STANDARD OPERATING PROCEDURE DUX-01

## **Table of Contents**

| Title Pag | ge                    | 1 |
|-----------|-----------------------|---|
| Table of  | Contents              | 2 |
| Part 1:   | Concepts              |   |
|           | Purpose               |   |
|           | Concept of Operations |   |
| Part 2:   | Response Actions      |   |
|           | Board of Selectmen    |   |
|           | Forms                 |   |

Local Declaration of Emergency Statement Worksheet for Determining Local Conditions

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Town of Duxbury Board of Selectmen in accomplishing their responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The Board of Selectmen's responsibilities are direction and control of the emergency response, declaration of Local Declaration of Emergency and to ensure that the local Prompt Alert Notification System (PANS) is activated at the direction of MEMA upon the governor's order, approval of news statements and implementation of protective actions.

#### CONCEPT OF OPERATIONS

#### Agency Responsibilities

- 1. Board of Selectmen
  - Provide overall direction and control of the emergency response.
  - Ensure coordination of the siren activation with Emergency Alert System (EAS).
  - Declare "Local Declaration of Emergency".
  - Develop news statements along with Public Information Officer.
  - Approve all news statements.
  - Ensure Town input to State on local conditions.
  - Ensure implementation of protective actions.
  - Direct Town Relocation/Reentry/Return activities.

## Related Agency Responsibilities

- 1. **Emergency Management Agency** 
  - Manage EOC staff operations.
  - Coordinate emergency response.
  - Brief Selectmen and Massachusetts Emergency Management Agency (MEMA) on response activities and local conditions.
  - Coordinate resources.

### Part 1: Concepts (continued)

#### 2. Town Response Agencies

- Support implementation of protective actions and response activities.
- Provide information and input on response activities.
- Coordinate agencies response activities with other agencies.

#### 3. Governor

- Declare State of Emergency.
- Authorize Protective Action Directives (PADs).
- 4. Massachusetts Department of Public Health (MDPH)
  - Perform accident assessment.
  - Recommend protective actions to the Governor in conjunction with Massachusetts Emergency Management Agency (MEMA).
  - Establish protective actions for Emergency Planning Zone (EPZ).
  - Recommend return to evacuated areas.
- 5. Massachusetts Emergency Management Agency (MEMA)
  - Ensure activation of sirens.
  - Coordinate prompt notification system.
  - Recommend protective actions to the Governor in conjunction with MDPH.
  - Provide supplemental resources of equipment and personnel as needed.
  - Coordinate transportation of general public, schools and special needs population to reception centers.
  - Assure all evacuation and reception requirements are met.

## Part 2: Response Actions

## **Board of Selectmen**

| <u>UNUSUAI</u> | <u>LEVENT</u>   |  |  |
|----------------|---|--|--|
| 1.             | Receive notification from the Public Safety Dispatcher via the Emergency Response Organization Paging System (EROPS) or by phone. |  |  |
| 2.             | Establish a   | and maintain contact with the Emergency Management Director.   |  |
| 3.             | Review res  | sponse actions for ALERT, SITE AREA EMERGENCY and GENERAL NCY.   |  |
| 4.             | Stand by fo   | or further information.  |  |
| <u>ALERT</u>   |   |  |  |
| 1.             | Organizati  | otification from Public Safety Dispatcher through the Emergency Response on Paging System (EROPS). Respond by telephoning the number on the giving your estimated time of arrival (ETA).   |  |
| 2.             | Report to t   | he EOC.  |  |
|                | a.  | Sign in on Roster Board.   |  |
|                | b.  | Inform Emergency Management Director of your presence.   |  |
|                | C.  | Receive a briefing from Emergency Management Director on status of emergency.  |  |
|                | d.  | Report to Radiological Officer for Dosimetry Packet.   |  |
|                | e.  | Review and act on any important messages received.   |  |
|                | f.  | Send messages and keep a log of your activities.   |  |
| 3.             | Declare a   | "Local Declaration of Emergency".  |  |
|                | a.  | Review status of emergency operation with EM Director to confirm that "Local Declaration of Emergency" criteria are met.   |  |
|                | NOTE:   | THE ESSENTIAL ELEMENT FOR A "LOCAL DECLARATION OF EMERGENCY" IS THAT THE COMMUNITY HAS, OR CAN BE EXPECTED TO, EXHAUST AVAILABLE LOCAL RESOURCES/MUTUAL AID ASSISTANCE AND CANNOT HANDLE THE EMERGENCY WITHOUT STATE ASSISTANCE. |  |

|    | b.          | Complete "Local Declaration of Emergency" statement (see forms).  |
|----|-------------|---|
|    | C.          | Telephone and telephax Massachusetts Emergency Management Agency (MEMA Region II Local Liaison) advising of Local Declaration of Emergency reading the text of the declaration.                       |
|    |             | (1) Telefax a copy of declaration to MEMA Region II.  |
|    | d.          | Ensure EOC Staff and PIO are notified of declarations via Emergency Management Director.  |
|    | e.          | Request from MEMA specific state equipment and resources needed via<br>Emergency Management Director.   |
| 4. | Draft and d | lisseminate news statements prior to Joint Information Center activation.   |
| 5. | Review and  | d approve news statements from PIO.   |
|    | a.          | Receive draft news statements from Public Information Officer (PIO).  |
|    | b.          | Review for correctness.   |
|    | C.          | Submit any corrections to PIO.  |
|    | d.          | Approve final draft news statements for dissemination by PIO.   |
| 6. |             | review local conditions in coordination with Emergency Management lizing Worksheet for Determining Local Conditions (see forms).  |
|    | a.          | Obtain completed copy of Worksheet from Emergency Management Director.  |
|    | b.          | Discuss, among Selectmen and Emergency Management Director, local conditions documented on Worksheet.   |
|    | C.          | Ensure Emergency Management Director promptly notifies MEMA Region II of prohibiting local conditions that could interfere with Town response and implementation of any potential protective actions. |
| 7. | Request a   | briefing from the EM Director on key Town response actions:   |
|    | a.          | Notification of schools, day care centers, camps, health care facilities, recreational areas, and major employers.  |

|          | b.   | Transportation status for schools, day care centers, and children's camps.  |  |
|----------|--|---|--|
|          | C.   | Contact of the mobility impaired population.  |  |
|          | d.   | Dosimetry distribution to emergency workers.  |  |
|          | e.   | Precautionary closing of Duxbury Beach (Subarea 4).   |  |
|          | f.   | Stage personnel.  |  |
| 8.       | Provide over   | erall command and control of emergency response organization.   |  |
|          | a.   | Receive recommendations and directives on response issues from the Emergency Management Director.   |  |
|          | b.   | Re-direct agency response, as necessary, through the Emergency Management Director.   |  |
| <u> </u> |  | odates from Public Information Officer on Public Information activities in the nation Center and EOC.   |  |
| 10.      | Ensure 24-hour staffing of emergency organization, if long-term operations are required. |   |  |
| SITE ARE | A EMERGE   | NCY NCY   |  |
| 1.       |  | otification from Public Safety Dispatcher or Emergency Management EOC is activated). If this is the initial page, respond per instructions in er ALERT. |  |
| 2.       | Complete a   | actions under ALERT.  |  |
| 3.       | Monitor act  | ivation of the siren system and MNS.  |  |
|          | a.   | Town receives Protective Action Directives (PADs) for siren activation from MEMA via BECONS.  |  |
|          | b.   | Public Safety Dispatcher activates sirens at MEMA prescribed time as backup to SEOC.  |  |

| 4.             | Monitor En                                      | nergency Alert System (EAS) messages as they are broadcast.  |  |
|----------------|---|--|--|
|                | a.  | Verify accuracy and timing of message.   |  |
|                | b.  | If incorrect information is Alert, notify MEMA Region II via Emergency Management Director.  |  |
| 5.             | Request a response a                            | briefing from the Emergency Management Director on the following Town ctions:  |  |
|                | a.  | Activation of the siren system and MNS.  |  |
|                | b.  | Implementation of route alerting, if siren failure.  |  |
|                | c.  | Transfer of school population, day care centers and children's camps to host facilities.   |  |
|                | d.  | Availability of transportation at the Transportation Staging Area.   |  |
| <u>GENERAL</u> | <u>EMERGEN</u>                                  | NCY  |  |
| 1.             |   | tification from Public Safety Dispatcher or Emergency Management EOC is activated). If this is the initial page, respond per instructions in er ALERT. |  |
| 2.             | Complete actions under SITE AREA EMERGENCY.     |  |  |
| 3.             | Monitor activation of the siren system and MNS. |  |  |
|                | a.  | Town receives Protective Action Directives (PADs) for siren activation from MEMA via BECONS.   |  |
|                | b.  | Public Safety Dispatcher activates sirens at MEMA Region II prescribed time as backup to SEOC.   |  |
| 4.             | Monitor Em                                      | nergency Alert System (EAS) messages as they are broadcast.  |  |
|                | a.  | Verify accuracy and timing of message.   |  |
|                | b.  | If incorrect information is broadcast, notify MEMA via Emergency Management Director.  |  |
|                |   | (1) Inform PIO of error.   |  |
| 5.             | Request br                                      | iefing from EM Director on the following key Town response actions:  |  |

|    | a.         | Activation of the siren system and MNS.   |
|----|------------|---|
|    | b.         | Implementation of route alerting for siren failure.   |
|    | c.         | Emergency worker exposures.   |
|    | d.         | Dosimetry and KI status.  |
| 6. |            | g of Duxbury (Subareas 9 and/or 4) is directed, request status report from Management Director on:  |
|    | a.         | Notification of the public and emergency response agencies.   |
|    | b.         | Activation of access control.   |
|    | c.         | Opening of public shelters.   |
|    | d.         | EOC sheltering actions (i.e., closing windows/doors).   |
| 7. |            | on of Duxbury (Subareas 9 and/or 4) is directed, request status report from or on the following key actions:  |
|    | a.         | Activation of traffic/access control.   |
|    | b.         | Status of evacuation bus routes.  |
|    | c.         | Evacuation of nursing homes, group homes, and schools.  |
|    | d.         | Security operations.  |
|    | e.         | Monitoring and decontamination activities at the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at the Erwin K. Washburn Primary School.   |
|    | f.         | Any special response problems.  |
|    | g.         | Coordinate with MEMA Region II the dispatching of key staff to the alternate EOC at MEMA Region II EOC in Bridgewater to establish alternate base of operation (this action to be taken if necessary). Proceed to the REWMDS prior to going to the Alternate EOC. |
| 8. | At the end | of the emergency, proceed to the REWMDS to:   |
|    | a.         | Drop off dosimetry.   |
|    | b.         | Receive monitoring.   |
| 9. | Review ste | eps under RELOCATION/REENTRY/RETURN in preparation for entering   |

## RELOCATION/REENTRY/RETURN

| 1. | Receive br  | riefings from the EM Director on the following conditions:   |
|----|---|--|
|    | a.  | State verification that releases of radioactive materials to the environment are under control or have ceased.   |
|    | b.  | State verification that the plant is in a stable condition with no potential for further uncontrolled releases of radioactive materials.                                       |
|    | C.  | State identification of access control points for contaminated areas in Duxbury.   |
|    | d.  | State recommendations to relax protective actions outside any restricted areas.  |
|    | e.  | State recommendation to enter Relocation/Reentry/Return phase.   |
| 2. |   | 1 Director establishes a Town Relocation/Reentry/Return Team comprised C staff, to include:  |
|    | a.  | Board of Selectmen.  |
|    | b.  | Emergency Management Director.   |
|    | c.  | Town Manager.*   |
|    | d.  | Police Operations Officer.   |
|    | e.  | Fire EOC Representative.   |
|    | f.  | Department of Public Works Director.   |
|    | g.  | Radiological Officer.  |
|    | h.  | Transportation Officer.  |
|    | i.  | Public Information Officer.  |
|    | j.  | Special Facilities Coordinator.  |
|    | *NOTE:  | Although this position (Town Manager) is not part of EOC staff during the emergency, the role of the Town Manager may be activated during the Relocation/Reentry/Return phase. |
| 3. |   | atus update from EM Director on available manpower, resources, and any its to RELOCATION/REENTRY/RETURN.   |
| 4. | Assist the EM Director and Town RELOCATION/REENTRY/RETURN Team in developing a plan of action for Town RELOCATION/REENTRY/RETURN. |  |

|    | a.                      | Receive status of contaminated areas and decontamination activities in Duxbury from MEMA via Emergency Management Director.     |
|----|-------------------------|---|
|    | b.                      | Discuss and determine necessary actions and responsible agencies. Actions may include:  |
|    |                         | (1) Assistance with access control to contaminated areas.   |
|    |                         | (2) Assistance with security for contaminated areas.  |
|    |                         | (3) Restoration of Town-provided services.  |
|    |                         | (4) Continuation of Public Information.   |
|    |                         | (5) Transportation assistance to returning evacuees.  |
| 5. | Receive st<br>Director: | atus on the following State activities affecting Duxbury, from the EM   |
|    | a.                      | Radiological assessment of food and water.  |
|    | b.                      | Decontamination activities.   |
|    | C.                      | Disposal of radioactive waste.  |
|    | d.                      | Establishment of a long-term radiological monitoring program.   |
| 6. |                         | ication of MDPH-authorized Return authorize Team Representatives to Town plan of action.  |
| 7. |                         | ation with PIO and Emergency Management Director, ensure media and informed of RELOCATION/REENTRY/RETURN activities, including: |
|    | a.                      | Any health advisories.  |
|    | b.                      | Compensatory matters.   |
|    | C.                      | Safety precautions.   |
| 8. |                         | formation from the Emergency Management Director on State, Federal and urces and financial assistance available.                |
| 9. |                         | logs, forms and other paperwork used in the emergency to Emergency ent Director.  |

TOWN OF DUXBURY

EMERGENCY MANAGEMENT AGENCY

STANDARD OPERATING PROCEDURE

DUX-02

## **Table of Contents**

| Title Page | <del>9</del>                  | 1 |
|------------|-------------------------------|---|
| _          | Contents                      |   |
| Part 1:    | Concepts                      | 3 |
|            | Purpose                       | 3 |
|            | Concept of Operations         | 3 |
| Part 2:    | Response Actions              | 5 |
|            | Emergency Management Director | 5 |
|            |                               |   |

## Forms

Briefing Form
Follow-up Information Form
Initial Notification Form
Local Declaration of Emergency Statement
Worksheet for Determining Local Conditions
KI Guidance Form

#### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Town of Duxbury Emergency Management Agency in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The Emergency Management Agency's major responsibilities are activating and managing the Town of Duxbury EOC, coordinating and maintaining emergency response operations, resources and equipment, and obtaining additional resources as needed.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibilities

- 1. **Emergency Management Director** 
  - Receive emergency notifications from Public Safety Dispatcher or Communications Officer via dedicated telephone ringdown system.
  - Ensure notification of key Town officials by Public Safety Dispatcher.
  - Ensure notification of EOC staff by Public Safety Dispatcher via pagers/Mass Notification System.
  - Ensure twenty-four hour staffing of the EOC.
  - Activate and manage the EOC.
  - Ensure EOC staff receive dosimetry.
  - Coordinate and maintain emergency response operations.
  - Assist EOC staff in resolving operational problems if necessary.
  - Conduct periodic EOC briefings on the status of the emergency.
  - Obtain additional resources needed for response.
  - Provide information to the State on local conditions.
  - Recommend actions to the Board of Selectmen.
  - Coordinate implementation of protective actions.
  - Coordinate Relocation/Reentry/Return operations.

#### Related Agency Responsibilities

- 1. Massachusetts Emergency Management Agency (MEMA)
  - Provide additional manpower and resources to support emergency response via MEMA Region II.

## Part 1: Concepts (continued)

- Consider Town-reported local conditions when recommending protective actions to the Governor in conjunction with MDPH.
- Notify the Town of protective actions to be implemented.

#### 2. Town Response Departments

- Implement protective actions and response activities.
- Provide information and input on response activities.
- Coordinate department response activities with other departments.

#### 3. Board of Selectmen

- Provide overall supervision of emergency response.
- Ensure coordination of the siren activation with EAS.
- Declare "Local Declaration of Emergency".
- Develop news statement's along with PIO.
- Approve all news statements.
- Ensure town input to state on local conditions.
- Ensure implementation of protective actions.
- Supervise town Relocation/Reentry/Return activities.

#### 4. Public Safety Dispatcher

- Receive initial notification via Dedicated Notification Network (DNN) system.
- Notify town officials.
- Activate sirens as backup to SEOC if directed by MEMA.

## Part 2: Response Actions

## **Emergency Management Director**

| <u>UNUSUA</u> | L EVENT   |   |  |
|---------------|---|---|--|
| 1.            | Receive notification from the Public Safety Dispatcher via telephone or pager.    |   |  |
| 2.            | Ensure Public Safety Dispatcher has completed notification of key Town officials. |   |  |
| 3.            | Contact Board of Selectmen Chairman and discuss the status of the following:      |   |  |
|               | a.  | Local conditions.   |  |
|               | b.  | Notification of key staff via pagers/MNS or alternate means.  |  |
|               | c.  | Any additional actions necessary.   |  |
| 4.            | Review re<br>EMERGE   | sponse actions for ALERT, SITE AREA EMERGENCY and GENERAL NCY.  |  |
| 5.            | Stand by f  | or further information.   |  |
| <u>ALERT</u>  |   |   |  |
| 1.            |   | otification from Public Safety Dispatcher. Respond by telephoning the name the pager and giving your Estimated Time of Arrival (ETA). |  |
| 2.            | Report to   | the EOC.  |  |
|               | a.  | Open the facility.  |  |
|               | b.  | Sign in on Staffing Board.  |  |
|               | c.  | Contact dispatcher and act on any messages received.  |  |
|               | d.  | Review Initial and any follow-up Notification Forms received on the EOC DNN Fax Machine.  |  |
|               | e   | Send messages and maintain a log of your activities   |  |

| 3. | Ensure not | ification and activation of key Town officials is completed.  |   |
|----|------------|---|---|
|    | a.         | Review messages on the pager answering machines, determine which Town officials and EOC staff who could not be contacted. |   |
|    | b.         |   | lic Safety Dispatcher attempt to contact Town officials and EOC et confirmed as notified using Public Safety Dispatcher n List. |
|    | C.         |   | tion with the Selectmen, fill vacancies if they exist using y Management Assistants (EMAs).                                     |
|    | d.         |   | report to the EOC, assign first and second shift and dismiss assigned to second shift.  |
| 4. | Ensure "Er | mergency C  | lassification Level" board reflects current emergency level.  |
| 5. | Determine  | if EOC supp   | olies and equipment are in place and functional.  |
|    | a.         | Ensure adequate supplies:   |   |
|    |            | (1)   | EOC Telephone Directories   |
|    |            | (2)   | EOC Staff Procedures  |
|    |            | (3)   | EOC Log Forms   |
|    |            | (4)   | Name Plates   |
|    |            | (5)   | Message Forms   |
|    | b.         | b. Ensure the operability of:   |   |
|    |            | (1)   | Photocopier   |
|    |            | (2)   | Telefax   |
|    |            | (3)   | Television  |
|    |            | (4)   | Computer  |
|    |            | (5)   | Clocks  |
|    | c.         | Obtain add  | ditional supplies as needed.  |
|    |            | Make arra   | ngements to renair equipment that becomes inonerable  |

## \_\_\_6. Brief staff and Selectmen on emergency status, including: a. Emergency classification b. Plant status Notifications completed. \_\_\_\_ C. 7. Remind EOC staff to: Sign in on Staffing Board. \_\_\_\_ a. \_\_\_\_ b. Go to Security for badging, if not already badged. C. Receive dosimetry from Radiological Officer. d. Notify their alternate if not already notified by pagers. \_\_\_\_ e. Ensure information is posted on status boards and maps in a timely fashion. Contact Emergency Management Director for additional \_\_\_\_ f. supplies/resources or operational problems. Pick up my confidential list (i.e. Special Needs List, Emergency \_\_\_\_ g. Notification List etc.) from Emergency Management Director. \_\_\_\_ h. Be prepared to summarize their department activities for the periodic EOC staff briefings. Ensure EOC security is established. 8. Review and update EOC Authorization List in EOC Security Officer \_\_\_\_ a. packet. 9. Determine if all EOC positions are represented. Check Staffing Board. a. \_\_ b. Attempt to fill vacancies if they exist. When EOC is activated (i.e., all key officials are present), assume responsibility of the 10. DNN system. Contact Communications Officer for readiness status of Fire/EMS Radio \_\_\_ a. Operator and equipment to assume responsibility of DNN and BECONS. Inform the Public Safety Dispatcher that the EOC is prepared to assume \_\_\_\_ b. responsibility for the DNN and request switch of system control to EOC.

| 11. | Fill out Briefing Form (see forms) at each classification level. |  |  |
|-----|--|--|--|
|     | a.   | Request information from EOC staff.  |  |
|     | b.   | Review form with Selectmen, providing emergency status report.   |  |
|     | C.   | Provide copy of briefing form to the Selectmen.  |  |
| 12. | Hold EOC   | briefing every two hours or as needed.   |  |
|     | a.   | Announce upcoming briefing time and instruct EOC staff to prepare to give a brief summary of their emergency activities. |  |
|     | b.   | Request summary of activities from key EOC staff.  |  |
|     | c.   | Discuss and attempt to resolve problem areas.  |  |
| 13. | Ensure all   | departments develop a 24-hour schedule.  |  |
|     | a.   | Ensure EOC staff notify alternate to arrange for shift change.   |  |
|     | b.   | Provide for shift change approximately every 12 hours.   |  |
|     | C.   | Ensure EOC staff instruct their department to provide a shift turnover briefing.   |  |
|     | d.   | Update Selectmen on 24-hour scheduling.  |  |
| 14. | Provide re   | ecommendations on response issues to Selectmen.  |  |
|     | a.   | Conduct briefing for EOC staff.  |  |
|     | b.   | Discuss corrective actions with the Selectmen.   |  |
|     | C.   | Ensure implementation of corrective actions by Town departments, as directed by Selectmen.                               |  |
|     | d.   | Recommend that the Selectmen declare a "Local Declaration of Emergency" (see forms).                                     |  |
| 15. | Receive re   | esource problems from Staff Officers.  |  |
|     | a.   | Determine resolution and discuss with Selectmen, if necessary.   |  |
|     | b.   | Request resource assistance from MEMA Region II Manager, if needed   |  |

| 16. | Periodically | ly document local conditions.                                |  |  |
|-----|--------------|--|--|--|
|     | a.           |  | ch could impact Town response on cal Conditions (see forms), considering:                                    |  |
|     |              | (1) Weather condition  | ns.  |  |
|     |              | (2) Road impediment  | S.   |  |
|     |              | (3) Special events.  |  |  |
|     |              | (4) Other emergencies  | 98.  |  |
|     | b.           | Provide completed Worksheet                                  | to Selectmen for review and discussion.  |  |
|     | C.           | Promptly notify MEMA Region impact Town response.            | II Manager of conditions which could   |  |
| 17. | Assist Sele  | ctmen in authorizing mobilization                            | on of emergency resources.   |  |
|     | a.           | Notify MEMA Region II Manag<br>"Local Declaration of Emerger | ger and or Local Liaison upon declaration of ncy" by Selectmen.  |  |
|     | b.           | Relay Selectmen's declaration MEMA Region II Manager via     | of "Local Declaration of Emergency" to telecopier (see forms).   |  |
|     | C.           | Notify EOC staff of emergency                                | declarations.  |  |
|     | d.           | Ensure PIO is promptly notifie                               | d.   |  |
| 18. | Monitor and  | d direct the following Town resp                             | onse actions:  |  |
|     | Responsibl   | e Agency   | Actions  |  |
|     | Emergency    | Management Director  | <ul> <li>Give directive to school<br/>representatives to allow distribution of<br/>KI to students</li> </ul> |  |
|     |              |  | <ul> <li>Using MNS, alert residents of closing<br/>of the beach in public areas.</li> </ul>                  |  |
|     | Selectmen    |  | - Approve all news statements.   |  |
|     |              |  | <ul> <li>Declare "Local Declaration of<br/>Emergency" for Duxbury.</li> </ul>                                |  |

| Responsible Agency               | Actions   |
|----------------------------------|---|
| Radiological Officer(RO)         | -Distribute dosimetry to all EOC staff.   |
|                                  | <ul> <li>Ensure exposure record forms are filled out for all EOC staff.</li> </ul>  |
|                                  | <ul> <li>Confirm activation of the Regional<br/>EWMDS via Region II Radiological<br/>Officer.</li> </ul>                          |
|                                  | <ul> <li>Ensure Dosimetry Coordinators<br/>distribute dosimetry to emergency<br/>workers in the field.</li> </ul>                 |
| Public Information Officer (PIO) | <ul> <li>Develop news statements with Town<br/>and State Public Information Officers.</li> </ul>                                  |
|                                  | - Obtain Selectmen approval of news statements.   |
|                                  | <ul> <li>Provide information to the media at<br/>Joint Information Center.</li> </ul>   |
| Police Department                | - Establish EOC Security.   |
|                                  | <ul> <li>Provide traffic control at recreational areas.</li> </ul>  |
|                                  | <ul> <li>Assemble if necessary and if needed<br/>Route Alert Teams for siren failure as<br/>backup to Fire Department.</li> </ul> |
|                                  | <ul> <li>Review traffic and access control points.</li> </ul>   |
|                                  | - Dispatch Police EOC Radio Operator.   |
|                                  | <ul> <li>Precautionary closing at Duxbury<br/>Beach in coordination with the<br/>Harbormaster.</li> </ul>                         |
|                                  | - Stage equipment and resources.  |

| Responsible Agency               | Actions  |
|----------------------------------|--|
| Fire Department                  | <ul> <li>Deploy Duxbury electronic message boards.</li> </ul>  |
|                                  | <ul> <li>Assemble if necessary Route Alert<br/>Teams for siren failure, as primary<br/>team</li> </ul> |
|                                  | - Coordinate ambulance resources.  |
| Shelter Officer                  | - Mobilize shelter staff.  |
|                                  | - Prepare shelters for activation.   |
| Department of Public Works (DPW) | <ul> <li>Close and control access to recreation sites.</li> </ul>                                      |
|                                  | <ul> <li>Provide equipment support for<br/>emergency workers.</li> </ul>                               |
|                                  | <ul> <li>Provide equipment for traffic and access control.</li> </ul>                                  |
|                                  | <ul> <li>Review traffic and access control point equipment needs.</li> </ul>                           |
|                                  | <ul> <li>Maintain evacuation routes in passable condition.</li> </ul>                                  |
|                                  | - Dispatch DPW EOC Radio Operator.   |
|                                  | <ul> <li>Remove road impediment, as needed.</li> </ul>   |
|                                  | <ul> <li>Maintain schools and parking lots in passable condition.</li> </ul>                           |

| Responsible Agency             | Actions   |
|--------------------------------|---|
| Harbormaster                   | <ul> <li>Provide emergency notification to<br/>boaters and persons upon tidal<br/>areas.</li> </ul>   |
|                                | <ul> <li>Close and control access to marine<br/>areas in coordination with other<br/>Harbormasters.</li> </ul>  |
|                                | <ul> <li>Position resources for closing of beaches.</li> </ul>  |
|                                | <ul> <li>In coordination with the Plymouth<br/>Harbormaster, notify residents on<br/>Clarks Island.</li> </ul>  |
|                                | <ul> <li>Close and control Access to Duxbury<br/>Beach.</li> </ul>  |
| School Department              | <ul> <li>Notify schools to determine additional transportation requirements.</li> </ul>   |
|                                | - Distribute KI to homerooms.   |
|                                | <ul> <li>Comply with PRECAUTIONARY<br/>relocation of students to Host Facility<br/>Location (Braintree High School)<br/>when directed by MEMA.</li> </ul>   |
| Special Facilities Coordinator | <ul> <li>Notify health care facilities, day care<br/>centers, camps, and industries<br/>population to determine<br/>transportation requirements.</li> </ul> |
| Special Needs Staff            | <ul> <li>Contact special needs<br/>population to determine<br/>transportation requirements.</li> </ul>  |
| Transportation Officer         | <ul> <li>Position transportation vehicles at schools and children's camps.</li> </ul>   |
|                                | <ul> <li>Determine additional transportation<br/>requirements for special facilities and<br/>the general public.</li> </ul>                                 |
|                                | <ul> <li>Notify MEMA Region II for additional transportation resources.</li> </ul>  |

| Responsible Agency     | Actions  |
|------------------------|--|
| Communications Officer | <ul> <li>Ensure EOC communications<br/>equipment is operational.</li> </ul>          |
|                        | <ul> <li>Ensure communications staff is present.</li> </ul>                          |
|                        | <ul> <li>Monitor Dedicated Notification<br/>Network (DNN) and BECONS.</li> </ul>     |
|                        | <ul> <li>Establish communications with<br/>MEMA REGION II and other EOCs.</li> </ul> |

| 19.      | For anticipated long-term operations, make arrangements for EOC meals and lodging. |   |  |
|----------|--|---|--|
| 20.      | 20. Maintain an appropriate working environment by controlling:                    |   |  |
|          | a.   | Noise level   |  |
|          | b.   | EOC traffic patterns  |  |
|          | c.   | Temperature   |  |
| 21.      | Receive from   | m Police Operations Officer:  |  |
|          | a.   | Notification of any major impediments.  |  |
|          | b.   | Any decisions to reroute traffic.   |  |
|          | C.   | When impediments have been removed.   |  |
| 22.      | When leavir responsibilit  | ng the EOC for short period, designate an alternate to assume ies.  |  |
| 23.      | Stand by for   | further information.  |  |
|          | TA FIMEDOEN  | lov.  |  |
| SIIE ARE | <u>EA EMERGEN</u>  |   |  |
| 1.       |  | ification of SITE AREA EMERGENCY via the DNN if EOC is activated; y method under ALERT, Step 1.   |  |
|          | a.   | Receive Initial Notification Form (see forms).  |  |
|          | b.   | Immediately notify Selectmen of classification change.  |  |
|          | C.   | Immediately notify Fire EOC Representative to place Public Safety Dispatcher on standby in preparation for siren activation as backup to SEOC if directed by MEMA.                  |  |
|          | d.   | Brief EOC staff on classification change using the Initial Notification Form, and instruct them to update department personnel.   |  |
|          | e.   | Ensure Documentation Unit distributes a copy of the Initial Notification Form to all EOC staff.   |  |
| 2.       | Complete a   | ny actions under ALERT not yet completed.   |  |
| 3.       | Ensure Fire Representative is notified of activation of MNS.                       |   |  |
| 4.       | containing n   | inpleted Emergency Action Directive Form, and KI Guidance Form sotification of siren activation time from MEMA via the BECONS, from the tions Officer. Receive notification of MNS. |  |

## Document siren activation time and MNS. \_\_\_\_ a. b. Immediately notify Selectmen of siren activation time and MNS. Ensure Fire EOC Representative notifies Public Safety Dispatcher to \_\_\_ C. activate the sirens at the appropriate time as backup to SEOC if directed by MEMA. FORWARD ANY QUESTIONS REGARDING PROTECTIVE ACTIONS NOTE: OR SIREN ACTIVATION TO THE TECHNICAL HAZARD LIAISON AT REGION II FOLLOWING SIREN ACTIVATION. Brief EOC staff and instruct them to update department personnel. d. 5. Ensure all departments develop a 24-hour staffing schedule. NOTE The attempt should be made to stagger rotation of key positions over a period of time, rather than performing a wholesale turnover of staff. In addition, consider the emergency conditions prevalent at the time and try to ensure the most qualified staff are available for critical actions. Receive EAS messages and review with the Selectmen and PIO. Report any 6. inaccuracies in EAS messages to MEMA Region II. 7. Ensure the following additional key response actions are completed: Responsible Agency Actions Declare a local declaration of Selectmen emergency. Activate Siren System as backup to SEOC if directed to do so by MEMA. Activate MNS. Police Department Mobilize for and stand at traffic and access control points. Conduct route alerting, in the event of

**Emergency Management Director (continued)** 

siren failure, if needed as backup to

Fire Department.

| Responsible Agency               | Actions   |
|----------------------------------|---|
| Public Safety Dispatcher Center  | <ul> <li>Receive siren activation time via<br/>BECONS.</li> </ul>   |
|                                  | <ul> <li>Activate the siren system as backup<br/>to SEOC if directed by MEMA.</li> <li>Activate MNS at the approved<br/>designated time.</li> </ul> |
| Fire Department                  | <ul> <li>Conduct route alerting in the event of<br/>siren failure.</li> </ul>   |
|                                  | <ul> <li>Provide Emergency Management<br/>Director copy of Siren Report Form.</li> </ul>  |
| Department of Public Works       | <ul> <li>Deliver traffic and access control equipment.</li> </ul>   |
|                                  | <ul> <li>Ensure school access roads and<br/>Town operation sites are clear of<br/>snow and debris.</li> </ul>                                       |
|                                  | <ul> <li>Remove road impediments, as needed.</li> </ul>   |
|                                  | <ul> <li>Maintain schools and parking lots in passable condition.</li> </ul>  |
|                                  | <ul> <li>Maintain evacuation routes in<br/>passable condition.</li> </ul>   |
| Harbormaster                     | <ul> <li>In coordination with the Plymouth<br/>Harbormaster, complete notification<br/>residents on Clarks Island.</li> </ul>                       |
| School Department                | <ul> <li>Relocate school population to host<br/>facilities if precautionary transfer is<br/>directed</li> </ul>                                     |
| Public Information Officer (PIO) | - Provide status update as required.  |

|     | Responsible Agency  | Actions   |  |
|-----|---|---|--|
|     | Special Facilities Coordinator  | <ul> <li>Coordinates transportation and<br/>resource needs for nursing homes<br/>and group homes. Relocate children's<br/>camps and day care centers to host<br/>facility (Braintree High School).</li> </ul> |  |
|     | Special Needs Staff   | <ul> <li>Assist in providing transportation to<br/>the special needs population.</li> </ul>   |  |
|     | Shelter Officer   | <ul> <li>Notify public shelter managers to<br/>prepare buildings for use.</li> </ul>  |  |
|     | Transportation Officer  | <ul> <li>Stage vehicles at the<br/>transportation staging area for<br/>general public. (Coordinate effort<br/>through Transportation Liaison).</li> </ul>   |  |
|     |   | <ul> <li>Ensure additional school<br/>transportation resources are met by<br/>MEMA Region II.</li> </ul>  |  |
|     | Radiological Officer  | <ul> <li>Ensure Dosimetry Coordinators have<br/>distributed dosimetry to emergency<br/>workers in the field.</li> </ul>   |  |
|     |   | <ul> <li>Receive confirmation from Region II         Radiological Officer that the Regional EWMDS set-up is complete.     </li> </ul>   |  |
|     |   |   |  |
| 8.  | Ensure status boards, maps, and other displays are frequently updated with current information.   |   |  |
| 9.  | Receive from Police Operations Officer, any major potential congestion areas.   |   |  |
| 10. | Fill out Briefing Form (see forms).   |   |  |
|     | a. Request information from EOC staff.  |   |  |
|     | b. Review form with Selectmen providing briefing on emergency status.   |   |  |
| 11. | Stand by for further information. Information from the plant will come on an hourly basis by use of the Follow-up Information Form (see forms). |   |  |

## **GENERAL EMERGENCY**

| 1. | Receive notification of General Emergency via the Dedicated Notification  |   |  |  |  |
|----|---|---|--|--|--|
|    | Network (DNN) system if EOC is activated; otherwise by method under ALERT, Step 1.  |   |  |  |  |
|    | a.  | Receive Initial Notification Form (see forms).              |  |  |  |
|    |   | NOTE:   | Follow-up information will be made on an hourly basis (see forms).   |  |  |
|    | b.  | Immediatel  | y notify Selectmen of classification change.   |  |  |
|    |   | Dispatcher  | y notify Fire EOC Representative to place Public Safety on standby in preparation for siren activation as backup to rected by MEMA and MNS activation. |  |  |
|    | d.  |   | staff on classification change using the Initial Notification instruct them to update department personnel.  |  |  |
|    | e.  | Ensure Doo<br>Form to all                                   | cumentation Unit distributes a copy of the Initial Notification EOC staff.   |  |  |
| 2. | Complete a  | te any actions under SITE AREA EMERGENCY not yet completed. |  |  |  |
| 3. | Receive completed Emergency Action Directive Form and KI Guidance Form, containing protective action directive and siren activation time from MEMA via the BECONS, from Communications Officer. |   |  |  |  |
|    | a.  | Document  | protective action and siren activation time.   |  |  |
|    | b.  | Immediatel time.  | y notify Selectmen of protective action and siren activation   |  |  |
|    | c.  |   | e EOC Representative notifies the Public Safety Dispatcher to e sirens as backup to SEOC if directed by MEMA at the e time.                            |  |  |
|    | NOTE:   | OR SIREN  | ANY QUESTIONS REGARDING PROTECTIVE ACTIONS ACTIVATION TO THE TECHNICAL HAZARD LIAISON AT GION II FOLLOWING SIREN ACTIVATION.                           |  |  |
|    | d.  |   | staff on protective action and siren and MNS activation time them to update department personnel.  |  |  |
| 4. | Ensure the  | following ad  | ditional Town response actions are completed:  |  |  |

| Responsible Agency              | Actions  |
|---------------------------------|--|
| Selectmen                       | <ul> <li>Ensure implementation of<br/>protective action<br/>directive.</li> </ul>  |
|                                 | - Activate Siren System as backup to SEOC when directed to do so by MEMA.  |
|                                 | - Activate MNS.  |
| Public Safety Dispatcher Center | - Activate the siren system as backup to SEOC and MNS at the designated time.  |
| Fire Department                 | - Conduct route alerting, in the event of siren failure.   |
| Police Department               | <ul> <li>Conduct route alerting in event of<br/>siren failure, if needed as backup to<br/>Fire Department.</li> </ul>  |
|                                 | <ul> <li>Set up and activate all traffic control points.</li> </ul>  |
| Department of Public Works      | <ul> <li>Remove road impediments, as needed.</li> </ul>  |
|                                 | <ul> <li>Set up and activate all traffic control points.</li> </ul>  |
| Radiological Officer            | <ul> <li>Receive updates on Regional<br/>Emergency Worker Monitoring and<br/>Decontamination Station (REWMDS)<br/>activities from Region II Radiological<br/>Officer.</li> </ul> |
|                                 | <ul> <li>Ensure Dosimetry Coordinators call<br/>in department personnel exposures.</li> </ul>  |
|                                 | <ul> <li>Monitor emergency worker<br/>exposures.</li> </ul>  |

|    | Responsil   | ole Agency   | Actions  |  |  |  |  |
|----|---|--|--|--|--|--|--|
|    | Transport   | ation Officer  | - Identified transportation resources necessary to evacuate the town.                                    |  |  |  |  |
| 4. | Receive protective action directive and siren activation and MNS time from Communications Officer.  |  |  |  |  |  |  |
| 5. | If instructions are received from MEMA via BECONS to redirect to the Reception Center any school, day care and/or camp buses which have not yet arrived at their Host Facility:   |  |  |  |  |  |  |
|    | a. Notify the School EOC Representative and Special Facilities Coordinator (SFC) (as applicable) to confirm with the Braintree EOC Education Representative that arriving buses will be/have been redirected from Hos Facility to the Reception Center. |  |  |  |  |  |  |
| 6. | IF SHELTERING OF DUXBURY (SUBAREA 9 and/or 4) is directed:  |  |  |  |  |  |  |
|    | a.  | Direct Radiological Officer (RO) to close windows and doors, and shut down heating and ventilation systems drawing air from the outside. |  |  |  |  |  |
|    | b.  | b. Ensure the following additional Town response actions are complete  |  |  |  |  |  |
|    |   | Responsible Agency   | Actions  |  |  |  |  |
|    |   | Police Department  | <ul> <li>Set up and activate access control points.</li> </ul>   |  |  |  |  |
|    |   | Fire Department  | <ul> <li>Implement contamination control<br/>procedures for contaminated injured<br/>persons.</li> </ul> |  |  |  |  |
|    |   | Department of Public<br>Works  | <ul> <li>Set up access control equipment<br/>at unmanned points.</li> </ul>                              |  |  |  |  |
|    |   | Shelter Officer  | - Direct Shelter Managers to open Shelters for public use.   |  |  |  |  |
|    |   | School Department  | - Shelter student in place.  |  |  |  |  |
|    |   |  | - Ensure school lock down.   |  |  |  |  |
| 7. | IF EVACU  | JATION OF DUXBURY (SUB   | AREA 4 and/or 9) is directed:  |  |  |  |  |
|    | a. Contact EOC staff to redirect schools, day cares and/or camps from he facility to reception center for radiological monitoring.  |  |  |  |  |  |  |
|    |   |  | o be taken if an evacuation directive is issued  |  |  |  |  |

for <u>any</u> subarea while schools, day cares or camps are in session.

|    | Emergency Management Director (continued)                            |  |  |  |  |  |
|----|--|--|--|--|--|--|
|    | (1) School Superinter  | dent (schools).  |  |  |  |  |
|    | (2) Special Facilities (   | Coordinator (day cares, camps).  |  |  |  |  |
| b. | Ensure the following additional Town response actions are completed: |  |  |  |  |  |
| _  | Responsible Agency   | Actions  |  |  |  |  |
|    | Police Department  | - Set up and activate traffic and access control points.   |  |  |  |  |
| _  |  | <ul> <li>Conduct route alerting, in<br/>event of siren failure, if needed as<br/>backup to Fire Department.</li> </ul> |  |  |  |  |
|    | Fire Department  | <ul> <li>Conduct route alerting in the event of siren failure.</li> </ul>  |  |  |  |  |
|    |  | - Relocate Duxbury message boards.   |  |  |  |  |
|    |  | <ul> <li>Provide ambulance<br/>transportation.</li> </ul>  |  |  |  |  |
| _  |  | <ul> <li>Implement contamination control<br/>procedures for contaminated injured<br/>persons.</li> </ul>               |  |  |  |  |
|    | Department of Public<br>Works  | <ul> <li>Set up traffic and access<br/>control equipment at unmanned<br/>points.</li> </ul>                            |  |  |  |  |
| _  | Special Facilities Coordinator                                       | <ul> <li>Direct affected health care facilities to<br/>transport individuals to host facilities.</li> </ul>            |  |  |  |  |
| _  |  | <ul> <li>Arrange for pick-up of special needs population.</li> </ul>   |  |  |  |  |
|    | Transportation Officer   | <ul> <li>Ensure requests for additional transportation are addressed.</li> </ul>                                       |  |  |  |  |
| -  |  | <ul> <li>Activate bus routes and pick up points for the public.</li> </ul>   |  |  |  |  |
|    |  |  |  |  |  |  |

c. Coordinate with MEMA Region II the dispatching of key staff to the alternate EOC at MEMA Region II EOC in Bridgewater to establish alternate base of operation (this action only to be taken if necessary). Proceed to the REWMDS prior to going to the alternate EOC.

# **Emergency Management Director** (continued)

| 8.     | Request pe<br>(RO).  | eriodic updates on emergency worker exposure from Radiological Office  |   |  |
|--------|--|--|---|--|
|        | a.   | Emergency  | OC staff to direct emergency personnel to the Regional Worker Monitoring and Decontamination Station (REWMDS) the Erwin K. Washburn Primary School, Carver, MA, upon of duties. |  |
| 9.     | Review ste this phase.   | eps under RELOCATION/REENTRY/RETURN in preparation for entering  |   |  |
| RELOCA | TION/REEN  | ΓRY/RETUR  | <u>:N</u>   |  |
| 1.     | Receive no   | tification of  | the following conditions from MEMA via BECONS:  |  |
|        | a.   |  | cation that releases of radioactive materials to the environment control or have ceased.  |  |
|        | b.   |  | cation that the plant is in a stable condition with no potential for ontrolled releases of radioactive materials.   |  |
|        | C.   | State ident Duxbury.   | ification of access control points for contaminated areas in  |  |
|        | d.   | State recor  | mmendations to relax protective actions outside any restricted  |  |
|        | e.   | Brief Selec  | tmen on notification from MEMA.   |  |
| 2.     |  | IDPH's recommendation to enter Relocation/Reentry/Return phase from BECONS, once necessary criteria are met. |   |  |
| 3.     | Inform EOC   | EOC staff that emergency has been terminated.  |   |  |
| 4.     | <ul> <li>Assist Selectmen in establishing Town Relocation/Reentry/Return Staff comprises key EOC staff.</li> </ul> |  | tablishing Town Relocation/Reentry/Return Staff comprised of  |  |
|        | a.   | Call togeth  | er members to include:  |  |
|        |  | (1)  | Selectmen.  |  |
|        |  | (2)  | Emergency Management Director.  |  |
|        |  | (3)  | Town Manager*   |  |
|        |  | (4)  | Police Operations Officer.  |  |
|        |  | (5)  | Fire EOC Representative.  |  |

# Emergency Management Director (continued)

|    |    | (6)                      | DPW Director.  |
|----|----|--------------------------|--|
|    |    | (7)                      | Radiological Officer.  |
|    |    | (8)                      | Transportation Officer.  |
|    |    | (9)                      | Special Facilities Coordinator.  |
|    |    | (10)                     | Public Information Officer.  |
|    |    | *NOTE:                   | Although this position (Town Manager) is not part of EOC Staff during the emergency, the role of the Town Manager may be activated during the Relocation/Reentry/Return phase. |
|    | b. | Call in addi             | itional members as necessary.  |
|    | C. |                          | atus update from each on available manpower, resources, and ments to Relocation/Reentry/Return.  |
|    | d. | Provide loc              | cal conditions concerning Relocation/Reentry/Return to MEMA.   |
| 5. |    |                          | n for Town Relocation/Reentry/Return in coordination with RY/RETURN staff.   |
|    | a. | Receive sta              | atus of contaminated areas and decontamination activities in om MEMA.  |
|    | b. | Inform Sele activities.  | ectmen on status of contaminated areas and decontamination   |
|    | C. | Discuss an<br>Actions ma | d determine necessary actions and responsible departments. by include:   |
|    |    | (1)                      | Assistance with access control to contaminated areas.  |
|    |    | (2)                      | Assistance with security within contaminated areas.  |
|    |    | (3)                      | Restoration of Town-provided services.   |
|    |    | (4)                      | Continuation of Public Information.  |
|    |    | (5)                      | Transportation assistance to evacuees.   |
|    | d. | Review pla               | n of action with MEMA and make adjustments as necessary.   |
|    | e. | Relieve EC               | OC staff not needed for Relocation/Reentry/Return activities.  |

# Emergency Management Director (continued)

| 6.       | Receive s   | tatus on the following State activities affecting Duxbury, including:                                       |
|----------|-------------|---|
|          | a.          | Radiological assessment of food and water.  |
|          | b.          | Decontamination activities.   |
|          | C.          | Disposal of radioactive waste.  |
|          | d.          | Establishment of a long-term radiological monitoring program.   |
|          | e.          | Inform Selectmen.   |
| 7.       | Upon noti   | fication of MDPH-authorized Return:   |
|          | a.          | Direct staff Members to implement agency Recovery and Return procedures.                                    |
|          | b.          | Ensure all preparations are made for population return to evacuated areas.                                  |
|          | C.          | Discuss preparations for population return with Selectmen.  |
|          | d.          | Provide MEMA with status of Relocation/Reentry/Return activities.   |
| 8.       |             | edia and public are informed by PIO via Joint Information Center of n/Reentry/Return activities, including: |
|          | a.          | Any health advisories.  |
|          | b.          | Compensatory matters.   |
|          | c.          | Safety precautions .  |
| <u> </u> |             | nformation from MEMA on State, Federal and utility resources and financial available.                       |
|          | a.          | Discuss resources and financial assistance with Selectmen.  |
| 10.      |             | apletion of all Relocation/Reentry/Return activities, return to normal s and deactivate the EOC.            |
| 11.      | Collect rel | ated emergency documentation:   |
|          | a.          | Emergency Logs.   |
|          | b.          | Emergency supply deficiency report form.  |
|          | C.          | Checklists.   |
|          | d.          | Forms.  |

# TOWN OF DUXBURY POLICE DEPARTMENT STANDARD OPERATING PROCEDURE DUX-03

### Table of Contents

| Title Pag | le  | 1  |  |  |
|-----------|---|----|--|--|
| Table of  | Contents  | 2  |  |  |
| Part 1:   | Concepts  | 3  |  |  |
|           | Purpose   | 3  |  |  |
|           | Concept of Operations   | 3  |  |  |
| Part 2:   | Response Actions  |    |  |  |
|           | Police Chief  | 7  |  |  |
|           | Police Operations Officer                                       | 12 |  |  |
|           | Shift Commander   | 22 |  |  |
|           | Dosimetry Coordinator   | 29 |  |  |
|           | Public Safety Dispatcher  | 35 |  |  |
|           | EOC Security Officer  | 45 |  |  |
|           | Route Alert Driver - Recreational Areas and Siren Failure Areas | 47 |  |  |
|           | Forms   |    |  |  |

Dosimetry Instruction Briefing Card Dosimetry Log **Emergency Personnel Assignment List** Emergency Worker Exposure (EWE) Form **EOC** Authorization Sheet **EOC Security Log** Followup Information Form Evacuation Flver **Initial Notification Form** List of Recreational Areas - Team 1 and 2 Radiological Condition Messages for Police Recreation Area Route Alert Tracking Form Recreational Route Alert Messages Regulatory Guide 8.13 Acknowledgment Form Shelter Flyer (Duxbury) Shift Commander's Briefing Form **Emergency Action Directive Form** Siren Report Form

Dosimetry Coordinator Kit Inventory Sheet

## Supporting Documents

Siren Failure Area Route Maps Traffic and Access Control Plan for Duxbury

### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Duxbury Police Department in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The Police Department's major responsibilities are town department notifications, siren activation communications as backup to SEOC if directed by MEMA and MNS, EOC security, support to PNPS, coordination of Harbormaster activities within the EOC, traffic and access control, security patrols, and provides route alerting for recreational areas.

### **CONCEPT OF OPERATIONS**

### Agency Responsibilities

- 1. Police Chief
  - Direct and monitor completion of response action of Duxbury Police Department.
  - Ensures Police emergency positions are staffed.
  - Ensures Police personnel exposures are properly monitored and controlled by Radiological Officer (RO) and Dosimetry Coordinator.
  - Ensures Police personnel are notified of emergency classification and protective action(s).
  - Provides Route Alerting for recreational areas including assisting with Gurnet/Saguish Beach if necessary and if possible.
  - Provides traffic control at traffic and access control points assigned to the Police Department, and to the schools if requested by School Superintendent.
  - Provides security at EOC
  - If requested provides route alerting assistance for siren failure areas of the town.

#### 2. Police Operations Officer

- EOC Representative provides siren activation time to Public Safety Dispatchers.
- Ensure radio operator is assigned to EOC.
- Ensure security officers are assigned to EOC.
- Provide communications interface between Harbormaster and EOC.
- Coordinate with other town agencies in closing recreational areas.
- Coordinate Harbormaster activities with the U.S. Coast Guard.

### Part 1: Concepts (continued)

- Coordinate traffic control.
- Provide access control.
- Recommend alternate evacuation routes.
- Coordinate security patrols.

### 3. Shift Commander

- Ensure radio communications in EOC.
- Assign security officers to EOC.
- Implement actions for Town Jail.
- Provides Route Alerting for recreational areas.
- Activate traffic control points.
- Activate access control points.
- Provide traffic control at schools and at selected recreational areas (if requested).
- Provide security patrols.
- Serve as Dosimetry Coordinator.
- Issue dosimetry to personnel.
- Monitor and log exposure of personnel.
- Ensure manning and monitoring of traffic and access control points.
- Identify road impediments.
- Provides route alerting for siren failure areas only if needed and the manpower is available.

## 4. Public Safety Dispatcher

- Receives and records initial notification via DNN Pilgrim Nuclear Power Station (PNPS), or over BECONS as the backup.
- Notifies and mobilizes Duxbury Police.
- Notifies appropriate emergency workers at each emergency classification.
- Provides communication between Police Station/EOC/field.
- Activates sirens when directed by the Fire EOC Representative as backup to SEOC if requested by MEMA. Activate MNS.

### Part 1: Concepts (continued)

#### 5. EOC Security Officer

- Establish security station at EOC.
- Admit authorized personnel to EOC.
- Distribute and collect EOC badges.

#### 6. Route Alert Driver - Recreational Areas and Siren Failure Areas

- Notify assigned recreational areas.
- If possible, assist with notifying siren failure areas and/or Gurnet/Saquish Beach area.

## Related Agency Responsibilities

#### 1. Department of Public Works

- Provide access control equipment.
- Provide traffic control equipment.
- Remove road impediments.
- Maintain evacuation routes.

#### 2. Plymouth County Sheriff's Office

- Provide personnel and equipment for traffic and access control.
- Provide relief personnel for traffic control.
- Assist in providing security patrols for evacuated area.

#### 3. Massachusetts State Police

- Coordinate activation of town access control points.
- Provide personnel and equipment for traffic and access control.
- Provide relief personnel for traffic control.

#### 4. Harbormaster

- Coordinate on alerting and controlling access to beaches and marine areas.
- Provide security for evacuated area.
- Assist in notifying Clark's Island.

## Part 1: Concepts (continued)

- 5. U.S. Coast Guard
  - Provide access control.
  - Provide security for evacuated area.
- 6. Massachusetts National Guard
  - Provide relief personnel for access control.
  - Provide security patrols for evacuated area.

## Part 2: Response Actions

## Police Chief

| UNUSUA       | <u>L EVENT</u>   |   |  |  |  |  |  |
|--------------|--|---|--|--|--|--|--|
| 1.           | Receive notification from Public Safety Dispatcher.                        |   |  |  |  |  |  |
| 2.           | Ensure Public Safety Dispatcher Im   | plements notification of Police personnel.  |  |  |  |  |  |
| 3.           | Monitor police radio until emergency is escalated or closed out.           |   |  |  |  |  |  |
| <u>ALERT</u> |  |   |  |  |  |  |  |
| 1.           | Receive notification from Public Saf                                       | ety Dispatcher.   |  |  |  |  |  |
| 2.           | Report to Duxbury Police Station.  |   |  |  |  |  |  |
| 3.           | _ 3. Receive briefing of emergency activities from Shift Commander.        |   |  |  |  |  |  |
|              | a. Receive the following from Shift Commander:                             |   |  |  |  |  |  |
|              | (1) Shift Command  | ler's Briefing Form (see forms).  |  |  |  |  |  |
|              | (2) Dosimetry Pack   | ket.  |  |  |  |  |  |
| 4.           | Notify Police Operations Officer in the using Shift Commander's Briefing F | ne EOC and provide status of Police activities orm (see forms).   |  |  |  |  |  |
| 5.           | _ 5. Ensure the following personnel completes their respective tasks:      |   |  |  |  |  |  |
|              | Public Safety Dispatcher   | Notifies the following:   |  |  |  |  |  |
|              |  | <ul><li>Off-Duty Personnel</li><li>On-Duty Officers</li><li>Blakemans (Seasonal)</li><li>Towing Service</li></ul>   |  |  |  |  |  |
|              | Shift Commander  | <ul> <li>Initiates closing of Blakeman's</li> <li>Stages personnel</li> <li>Dispatches EOC Personnel</li> <li>Dispatches Traffic Control Personnel</li> <li>Dispatches Route Alert Teams</li> <li>Issues dosimetry to all Department<br/>Personnel</li> </ul> |  |  |  |  |  |

Dispatches access control personnel

# Police Chief (continued)

| 6.       | Ensure telephone and radio contact has been established with Troop D EOC Representative at MEMA Region II.         |  |  |
|----------|--|--|--|
| 7.       | Request impediment removal assistance as necessary.  |  |  |
|          | a. Receive identification of impediments from Shift Commander.   |  |  |
|          | b. Relay extent of impediments to Police Operations Officer.   |  |  |
|          | c. Request DPW to remove impediment through Police Operations Officer.   |  |  |
|          | d. Receive any rerouting from Police Operations Officer.   |  |  |
|          | e. Relay rerouting instructions to Shift Commander.  |  |  |
| 8.       | Monitor emergency activities conducted by department personnel.  |  |  |
|          | a. Receive periodic reports from Shift Commander on:   |  |  |
|          | (1) Traffic and access control activities.   |  |  |
|          | b. Relay status of activities to Police Operations Officer.  |  |  |
| 9.       | Receive update from Police Operations Officer at EOC.  |  |  |
| 10.      | Assess number of Town jail inmates and forward to Police Operations Officer.                                       |  |  |
| 11.      | Reassign personnel to other duties when recreational areas are cleared.  |  |  |
| SITE ARE | EA EMERGENCY   |  |  |
| 1.       | Complete actions under ALERT.  |  |  |
| 2.       | Receive notification from Police Operations Officer.   |  |  |
|          | a. Instruct Shift Commander to notify personnel.   |  |  |
| 3.       | Direct Shift Commander to Implement Dosimetry Coordinator checklist response actions under SITE AREA EMERGENCY.    |  |  |
| 4.       | Ensure all recreational areas listed in Recreation Area Route Alerting Tracking Form (see forms) have been closed. |  |  |

# Police Chief (continued)

| 5. | Direct Shift Commander to begin processing of Town jail inmates for transfer to a host facility.   |   |  |
|----|--|---|--|
| 6. | When requested, by Police Operations Officer, provide route alerting assistance for siren failure: |   |  |
|    | a.   | Receive route maps from Police Operations Officer.  |  |
|    | b.   | Direct Shift Commander to assign personnel to conduct route alerting.                                 |  |
|    |  | (1) Provide Shift Commander siren route numbers and route maps.                                       |  |
|    | C.   | Notify Police Operations Officer when route alerting for siren failure is completed.                  |  |
| 7. | Receive  | from Police Operations Officer confirmation of Traffic Control Points staffing.                       |  |
|    | a.   | Verify staffing of Traffic Control Points (Refer to the Traffic and Access Control Plan for Duxbury). |  |
|    | b.   | Relay confirmation to Shift Commander.  |  |

# Police Chief (continued)

| <u>GENERAL</u> | EMERGEN  | <u>ICY</u>                               |         |  |
|----------------|--|--|---------|--|
| 1.             | Complete actions under SITE AREA EMERGENCY.          |  |         |  |
| 2.             | Receive notification from Police Operations Officer. |  |         |  |
|                | a.   | Instruct Shift Command                   | der to  | notify personnel.  |
| 3.             |  | Commander to implem<br>der GENERAL EMERG |         | Oosimetry Coordinator checklist response /.  |
| 4.             | Receive pro  | otective action directive                | for D   | Ouxbury:   |
|                | a.   | Take the following action                | ons:    |  |
|                |  | If protective action is:                 | The     | n:   |
|                |  | Sheltering                               | -       | Ensure all personnel are notified of Protective Action(s).                             |
|                |  |  | -       | Ensure all non-essential personnel are sheltered.                                      |
|                |  | Evacuation                               | -       | Ensure all Traffic Control Points assigned to Duxbury Police Department are activated. |
|                |  |  | -       | Ensure all Access Control Points assigned to Duxbury Police are activated.             |
|                |  |  |         | Ensure Town jail inmates are transferred.  |
| _              |  |  | م اممان | annum companie in directed by Chift Common day   |
| 5.             | Ensure disp  | patcher makes radiolog                   | icai a  | nnouncements indicated by Shift Commander.   |
| 6.             | Ensure Sec   | curity Patrols are being                 | cond    | ucted:   |
|                | a.   | Receive security patro                   | ol task | s from Police Operations Officer.  |
|                |  | (1) Areas to l                           | be pa   | trolled  |
|                |  | (2) Radiation                            | /conta  | amination areas to be avoided  |
|                | b.   | Forward security patro                   | ol tasł | ks to Shift Commander.   |

|         |   |               | Police Chief (continued)   |
|---------|---|---------------|--|
| 7.      | Decontami   | nation Statio | nnel report to Regional Emergency Worker Monitoring and n (REWMDS) located at the Erwin K. Washburn Primary lowing completion of emergency activities. |
| RELOCAT | ΓΙΟΝ/REEN   | TRY/RETUR     | <u>N</u>   |
| 1.      | Cease emergency operations and initiate RELOCATION/REENTRY/RETURN activities when notified by Police Operations Officer that the emergency is terminated. |               |  |
| 2.      | Provide RELOCATION/REENTRY/RETURN support as requested by Police Operations Officer:  |               |  |
|         | a.  | Direct Publ   | ic Safety Dispatcher to recall personnel to support activities.  |
|         | b.  | Assign pers   | sonnel to support RELOCATION/REENTRY/RETURN tasks.   |
| 3.      | Brief Police  | e Operations  | Officer on department activities.  |
| 4.      | Submit copies of all records to Police Operations Officer:  |               |  |
|         | a.  | Public Safe   | ety Dispatcher Log.  |
|         | b.  | All Procedu   | ıre Checklists.  |
|         |   | (1)           | Shift Commander  |
|         |   | (2)           | Dosimetry Coordinator  |
|         |   | (3)           | Public Safety Dispatcher   |
| 5.      | Ensure em   | ergency sup   | plies are replenished:   |
|         | a.  |               | Commander to inventory and provide equipment supply or their task.   |

## Part 2: Response Actions

## Police Operations Officer

| <u>UNUSUA</u> | <u>L EVENT</u>     |  |
|---------------|--------------------|--|
| 1.            | Notified a         | t UNUSUAL EVENT. No action required.   |
|               | a.                 | Stand by for emergency escalation.   |
| <u>ALERT</u>  |                    |  |
| 1.            | Receive r          | notification from Public Safety Dispatcher.  |
| 2.            | Report to          | EOC:   |
|               | a.                 | Sign in on Staffing Board.   |
|               | b.                 | Inform Emergency Management Director of your presence.   |
|               | C.                 | Receive a briefing from the Emergency Management Director on the status of the emergency.  |
|               | d.                 | Report to Radiological Officer to receive dosimetry packet.  |
|               | e.                 | Set up supplies.   |
|               | f.                 | Notify your alternate and place on standby.  |
|               | g.                 | Review and act on any important messages received.   |
| 3.            | Mobilize [         | Duxbury Emergency Personnel.   |
|               | a.                 | Verify Public Safety Dispatcher has notified each Town Response Agency.  |
|               | b.                 | Assign a Police Dispatcher to the EOC Communications room.   |
| 4.            | Communi control of | licated Notification Network (DNN) System is to be operated out of the EOC cations Room, notify the Public Safety Dispatcher to turn <u>DOWN</u> the volume the DNN phone from the 24 hour dispatch center to the EOC and verify by talking with dispatcher. |
|               |                    | Radio Operator is assigned to assist the Public Safety Dispatcher, have dhere to the applicable Public Safety Dispatcher Response Actions.   |
| 5.            |                    | Shift Commander to dispatch the following personnel to the Emergency as Center (EOC) located at the Central Fire Station:  |
|               | a.                 | EOC Radio Operator.  |
|               | b.                 | EOC Security Officer.  |

# Police Operations Officer (continued)

|     | c. Police Officer - to pick up Harbormaster's Kit and To                                       | the Police Department's Dosimetry Kit,<br>ow Truck Provider's Kit.        |  |
|-----|--|---|--|
| 6.  | Receive call from Harbormaster of arr emergency preparedness status.                           | ival at assigned locations and briefing on their                          |  |
| 7.  | Brief arriving department personnel on emergency status and ensure checklists are implemented. |   |  |
|     | As personnel arrive at EOC:  | Take the following actions:   |  |
|     | Radio Operator -   | Ensure sign-in on Staffing Board.   |  |
|     | -  | Direct to Radiological Officer for dosimetry packet.                      |  |
|     |  | Direct to Communications Officer.   |  |
|     | EOC Security Officer -   | Ensure sign-in on Staffing Board.   |  |
|     | -  | Direct to Radiological Officer for dosimetry packet.                      |  |
|     | <u>-</u>   | Direct to EOC for Security Kit and assist in setting up security station. |  |
| 8.  | Establish telephone and radio contact Region II.   | with Troop D EOC Representative at MEMA                                   |  |
| 9.  | Obtain status of Police Department ac  | ctivities from Police Chief.  |  |
|     | a. Complete the following fo   | rms with information provided by Police Chief:                            |  |
|     | (1) Shift Comma  | nder's Briefing Form (see forms).   |  |
|     | (2) Recreation A   | rea Route Alert Tracking Form (see forms).                                |  |
|     | b. Note Police Department a  | activities on EOC Operations Map.   |  |
| 10. | Request DPW Director to provide barr<br>Recreation Area Route Alerting Track                   | ricades for recreational areas (listed in ing Forms).                     |  |

# Police Operations Officer (continued)

| 11. |                         | Coordinate traffic control points for closing of recreational areas and major recreational events closing, if needed. |  |  |
|-----|-------------------------|---|--|--|
|     | a.                      | Activate appropriate points for recreational areas, if necessary.   |  |  |
|     | b.                      | Instruct Shift Commander to assign and dispatch police personnel to appropriate activated points.                     |  |  |
|     | c.                      | Note activated points.  |  |  |
| 12. | Provide po<br>Superinte | ersonnel for traffic control at schools, if requested by School ndent.  |  |  |
| 13. | Participate             | e in EOC briefing and update Public Information Officer on:   |  |  |
|     | a.                      | Traffic Control at recreational areas and schools.  |  |  |
|     | b.                      | Route Alert activities, as backup.  |  |  |
|     | C.                      | Road impediments.   |  |  |
|     | d.                      | Alternate routes.   |  |  |
|     | e.                      | Harbormaster activities.  |  |  |
| 14. | Receive a               | ssessment of number of Town jail inmates from Police Chief.   |  |  |
| 15. | Receive fi              | om Harbormaster update on Subarea 12 closing.   |  |  |
|     | a.                      | Boater Notification.  |  |  |
|     | b.                      | Boaters leaving the area.   |  |  |
|     | C.                      | Boaters returning to launch site.   |  |  |
| 16. | Arrange fo              | or impediment removal.  |  |  |
|     | a.                      | Receive impediment location from Police Chief.  |  |  |
|     | b.                      | Provide DPW Director location of impediments identified by Police Department.   |  |  |
|     |                         | (1) Inform Emergency Management Director of major impediments.  |  |  |
|     | C.                      | Determine rerouting of traffic in coordination with the DPW Director.   |  |  |

## Police Operations Officer (continued) d. Advise the following of decisions to reroute: (1) Police Chief \_\_\_(2) **Emergency Management Director** \_\_\_(3) Public Information Officer (PIO) Advise the following when informed by the DPW Director that the e. impediment has been removed: \_\_\_\_(1) Police Chief (2) **Emergency Management Director** \_\_\_(3) Public Information Officer (PIO) 17. Provide Plymouth Emergency Management updates on notification of Clark's Island and Gurnet/Saquish Beach population (if assistance was provided). Request from Police Chief periodic status report on emergency activities \_\_\_\_ a. at Gurnet/Saguish Beach. \_\_ b. Obtain from Harbormaster, status on Clark's Island notification. Contact Plymouth Police Service Officer and provide status of notification \_\_\_\_ C. and closing for \_\_\_\_(1) Gurnet/Saquish Beach (2) Clark's Island SITE AREA EMERGENCY 1. Complete actions under ALERT. 2. Receive notification through EOC announcement. \_\_\_ a. Notify the following of the emergency classification: Police Chief \_\_\_\_(1) \_\_\_(2) Harbormaster \_\_\_ (3) Receive siren activation time from the Emergency Management Director.

DUX-03 15 of 49 Rev. 16 07/10

Contact DPW Director to verify barricades for recreational areas are in place.

Provide update to DPW Director on whether police station is clear of snow or debris.

3.

4.

# Police Operations Officer (continued)

| 5. |    |  | chift Commander to dispatch officers to all traffic and access control points Duxbury Traffic and Access Control Plan Document) which are Duxbury's bility. |  |  |  |  |  |
|----|----|--|---|--|--|--|--|--|
|    |    | a.   |   | c and access control points are consistent with routing EOC Evacuation Route Map.  |  |  |  |  |
|    |    | b.   | Note staffing   | of points on EOC traffic and access control map.   |  |  |  |  |
| 6. | -  | Continue to<br>Director, if  |   | ss to recreational areas in coordination with the DPW  |  |  |  |  |
| 7. |    | staffing res   | ponsibility as إ  | C Representative in MEMA Region II on traffic control per Traffic Control Points (see supporting document) in AL EMERGENCY.  |  |  |  |  |
| 8. |    |  | olice Chief to partion is directe   | process Town jail inmates for transfer if emergency escalates d.   |  |  |  |  |
| 9. |    | If requested by Fire/EMS EOC Representative to provide backup route alerting assistance for siren failure: |   |  |  |  |  |  |
|    |    | a.   | Receive sire  | n numbers and route alert maps.  |  |  |  |  |
|    |    | b.   | Notify Police   | Chief of route alerting request  |  |  |  |  |
|    |    |  | (1)   | Provide Police Chief siren numbers and route alert maps.   |  |  |  |  |
|    |    |  |   | Request Police Chief to notify you following completion of route alerting.   |  |  |  |  |
|    |    | C.   | •   | MS EOC Representative when route alerting for affected een completed.  |  |  |  |  |
| 10 | 0. | control staf   | fing responsib  | C Representative in MEMA Region II on potential access ility as per access control points, (Refer to Duxbury Traffic Document) in preparation for a GENERAL EMERGENCY. |  |  |  |  |
|    |    | a.   | Confirm poin  | ts by point number.  |  |  |  |  |
|    |    | b.   | Make adjustr  | ments as needed.   |  |  |  |  |
|    |    | C.   | Relay change  | es to Shift Commander.   |  |  |  |  |

## Police Operations Officer (continued) 11. Confirm with DPW Director that delivery of equipment is underway (or complete) to all traffic and access control points which are Duxbury's responsibility. NOTE: Equipment should not be set up but placed to the side of the road. 12. Ensure Shift Commander calls in off-duty personnel who have not received a specific assignment, to the Police Station. 13. Request support as necessary to fulfill traffic and access control assignments in preparation for a GENERAL EMERGENCY. Receive additional personnel request from the Shift Commander. a. b. Obtain support from Troop D EOC Representative at MEMA Region II EOC. Monitor progress of notification of Clark's Island and Saguish/Gurnet Beach (if applicable via Harbormaster) and update Emergency Management Director and Plymouth Police Services Officer periodically. 15. Review with DPW Director status of traffic and access control points in Duxbury. GENERAL EMERGENCY 1. Complete actions under SITE AREA EMERGENCY. 2. Receive notification through EOC announcement. a. Notify the following of the emergency classification: Police Chief (1) \_\_\_\_(2) Harbormaster \_\_\_\_(3) Receive siren activation time from the Emergency ManagementDirector Receive protective actions for Duxbury: 3. If protective action is: Then: Sheltering - Activate Access Control Points. Coordinate with Troop D. - Ensure Shift Commander instructs officers at Access Control Points (ACPs) to set up equipment according to diagrams shown in their Traffic and Access Control Plans.

### Police Operations Officer (continued)

- Ensure Shift Commander instructs officers at non-activated ACPs to report to the Regional Emergency Worker Monitoring and Decontamination Station located at Erwin K. Washburn Primary School, Carver, MA.
- Inform DPW Director of activated ACPs by point number. Request equipment to be set up at unmanned activated ACPs.
- Notify MEMA Region II Troop D Representative when ACPs are fully activated.
- Ensure Shift Commander instructs route alerting personnel to broadcast sheltering message and distribute emergency shelter flyers to visitors (if necessary).

#### Evacuation

- Activate Traffic and Access Control Points (TCP). Coordinate with Troop D.
- Ensure Shift Commander instructs officers at Traffic and Access Control Points to set up equipment according to diagrams shown in their Traffic and Access Control Plans.
- Ensure Shift Commander instructs officers at non-activated ACPs to report to the Regional Emergency Worker Monitoring and Decontamination Station located at the Erwin K. Washburn Primary School, Carver, MA.
- Inform DPW Director of activated ACPs and TCPs by point number. Request equipment to be set up at unmanned activated ACPs and TCPs.
- Notify MEMA Region II Troop D Representative when TCPs/ACPs are fully activated.
- Ensure Shift Commander instructs route alerting personnel to broadcast evacuation message and distribute reception center flyers to visitors (if necessary).

|           |           | <ul> <li>If Alternate Evacuation Routes a<br/>necessary, coordinate with DPW<br/>Director.</li> </ul>   |        |  |  |  |  |  |
|-----------|-----------|---|--------|--|--|--|--|--|
|           |           | <ul> <li>If requested by EM Director, rep<br/>the Alternate Emergency Operat<br/>Center (AEOC) at MEMA Region<br/>Headquarters in Bridgewater.</li> </ul>   | tions  |  |  |  |  |  |
|           |           |   |        |  |  |  |  |  |
| <br>_ 4.  | Provide b | ckup siren notification when requested by the Fire Department.  |        |  |  |  |  |  |
|           | a.        | Direct Route Alert Team Leader (RATL) to stand by to receive Sire failure report form from the EOC (or Public Safety Dispatcher).                           | n      |  |  |  |  |  |
|           | b.        | Ensure RATL has dispatched Route Alert drivers to failed siren. (Ralert drivers will be made up of DPW personnel with fire and police as backup if needed.) |        |  |  |  |  |  |
|           | C.        | When notified by RATL that Route Alerting Area extends into Kings Marshfield, inform affected town's fire chief of route alerting activities                |        |  |  |  |  |  |
| <br>_ 5.  | Ensure ro | oute alerting assistance is provided by police when notified that a shortage of exists.   |        |  |  |  |  |  |
| _ 6.      | Provide o | by of Siren Report (see Forms) to Emergency Management Directo  | r.     |  |  |  |  |  |
| _ 7.      | Arrange 1 | or the repairing of failed siren:   |        |  |  |  |  |  |
|           | a.        | Contact PNPS at (508) 830-8228.   |        |  |  |  |  |  |
|           | b.        | Provide the following siren failure information:  |        |  |  |  |  |  |
|           |           | (1) Town.   |        |  |  |  |  |  |
|           |           | (2) Siren number.   |        |  |  |  |  |  |
|           |           | (3) Street  |        |  |  |  |  |  |
|           | C.        | Request the Police EOC Radio Operator to notify the PNPS Electro  | onics  |  |  |  |  |  |
| _ 8.      | Report a  | Police Department needs to the Emergency Management Director  |        |  |  |  |  |  |
| <br>_ 9.  | Monitor e | ergency worker exposure via reports from the Dosimetry Coordinat  | or.    |  |  |  |  |  |
| <br>_ 10. | Ensure D  | simetry Coordinator takes appropriate actions according to his/her  |        |  |  |  |  |  |
|           | a.        | Ensure exposure guidelines are being followed.  |        |  |  |  |  |  |
|           | b.        | Ensure Dosimetry Coordinator is controlling exposure of DPD pers  | onnel. |  |  |  |  |  |

- Direct release or transfer of Town jail inmates.

# Police Operations Officer (continued)

| 11 | Provide extent of access control to police personnel.  |   |  |  |  |  |  |  |
|----|--|---|--|--|--|--|--|--|
|    | a.   | Receive specific instructions from Troop D EOC Representative at MEM Region II. |  |  |  |  |  |  |
|    | b.   | Provide instructions to Shift 0   | Commander.   |  |  |  |  |  |
|    | C.   | c. Control access to affected areas as follows:                                 |  |  |  |  |  |  |
|    | If protective  | e action is:  | Then:  |  |  |  |  |  |
|    | Evacuation process   |   | <ul> <li>Permit entry of persons with<br/>evacuation related reason, e.g., picking<br/>up a family member.</li> </ul>                |  |  |  |  |  |
|    | Sheltering process -or-evacuation completed  |   | <ul> <li>Permit entry of persons<br/>performing essential services,<br/>e.g., firefighters or PNPS<br/>emergency workers.</li> </ul> |  |  |  |  |  |
| 12 |  |   | ntrol Map and activate access control points affic and Access Control Plan Document).  |  |  |  |  |  |
| 13 | Adjust staffing of ACP points as requested by Troop D EOC Representative at ME Region II as changes in protective action directive(s) occur. |   |  |  |  |  |  |  |
| 14 | Through Po   | olice Chief, ensure dispatcher  | makes radiological announcements.  |  |  |  |  |  |
| 15 | Coordinate   | Coordinate security patrols in evacuated areas.                                 |  |  |  |  |  |  |
|    | a.   | Identify where security patrol  | s are needed.  |  |  |  |  |  |
|    | b.   | Determine number of securit   | y patrol teams.  |  |  |  |  |  |
|    | C.   | Identify through Radiological areas and forward to Police                       | Officer any contaminated or high radiation Chief.  |  |  |  |  |  |
|    | d.   | If additional security patrols a EOC Representative at MEM                      | are needed, request assistance from Troop D<br>IA Region II.   |  |  |  |  |  |
|    | d.   | Receive periodic updates from   | Harbormaster on status of activities.  |  |  |  |  |  |
| 16 | Shift Comn   |   | FFECT SUBAREA 9 AND 4 (Duxbury) notify ctivate all Duxbury TCPs to support   |  |  |  |  |  |

# Police Operations Officer (continued)

| 17     | Direct FOO                  | Security Officer to end activities when emergency is terminated.  |  |  |  |  |  |  |  |
|--------|-----------------------------|---|--|--|--|--|--|--|--|
|        |                             | ·   |  |  |  |  |  |  |  |
| 18     | (REWMDS                     | Direct personnel to the Regional Worker Monitoring And Decontamination Station (REWMDS) located at the Erwin K. Washburn Primary School, Carver, MA, when emergency duties are completed. |  |  |  |  |  |  |  |
| 19     | . If requeste<br>Operations | d by Emergency Management Director, report to the Alternate Emergency Center (AEOC) at MEMA Region II Headquarters in Bridgewater.  |  |  |  |  |  |  |  |
| RELOCA | ATION/REEN                  | TRY/RETURN  |  |  |  |  |  |  |  |
|        |                             |   |  |  |  |  |  |  |  |
| 1.     |                             | ergency operations and initiate RELOCATION/REENTRY/RETURN when notified by Emergency Management Director that the emergency is  |  |  |  |  |  |  |  |
| 2.     |                             | ergency operations and initiate RELOCATION/REENTRY/RETURN when notified by Emergency Management Director that the emergency is  |  |  |  |  |  |  |  |
|        | a.                          | Instruct release of boats to owners after authorization from MEMA.  |  |  |  |  |  |  |  |
| 3.     |                             | in RELOCATION/REENTRY/RETURN discussion with ION/REENTRY/RETURN Group.  |  |  |  |  |  |  |  |
| 4.     | Provide RE<br>Manageme      | Provide RELOCATION/REENTRY/RETURN support as requested by Emergency Management Director.  |  |  |  |  |  |  |  |
|        | a.<br>b.                    | Direct Administrative Assistant to recall and assign personnel to support RELOCATION/REENTRY/RETURN tasks. Assist in providing access control around contaminated areas, if requested     |  |  |  |  |  |  |  |
| 5.     | Report on                   | department activities.  |  |  |  |  |  |  |  |
| 6.     | Submit cop<br>Director.     | pies of all records of emergency activities to the Emergency Management   |  |  |  |  |  |  |  |
|        | a.                          | Public Safety Dispatcher Log.   |  |  |  |  |  |  |  |
|        | b.                          | EOC Security Logs   |  |  |  |  |  |  |  |
|        | c.                          | All Procedure Checklists.   |  |  |  |  |  |  |  |
|        | d.                          | Your EOC Log.   |  |  |  |  |  |  |  |
|        | e.                          | Message Forms.  |  |  |  |  |  |  |  |
| 7.     | Ensure Ad                   | ministrative Assistant has supplies replenished.  |  |  |  |  |  |  |  |
|        | a.                          | Submit emergency supply deficiency report to Emergency Management Director.   |  |  |  |  |  |  |  |

## Part 2: Response Actions

## Shift Commander

| <u>UNUSUA</u> | <u>L EVENT</u> |                          |  |  |  |  |  |  |
|---------------|----------------|--------------------------|--|--|--|--|--|--|
| 1.            | Receive no     | otification fro          | otification from Public Safety Dispatcher.   |  |  |  |  |  |
|               | a.             |                          | blic Safety Dispatcher has notified key town officials in e with Public Safety Dispatchers Notification List.  |  |  |  |  |  |
|               | b.             | Stand by fo              | or emergency escalation.   |  |  |  |  |  |
| 2.            | Ensure Pu      | blic Safety D            | ispatcher Implements Public Safety Dispatcher Checklist.   |  |  |  |  |  |
| <u>ALERT</u>  |                |                          |  |  |  |  |  |  |
| 1.            | Receive no     | otification fro          | m Public Safety Dispatcher.  |  |  |  |  |  |
|               | a.             |                          | blic Safety Dispatcher has notified key town officials in e with Public Safety Dispatchers Notification List.  |  |  |  |  |  |
|               | b.             | Stand by fo              | or emergency escalation.   |  |  |  |  |  |
| 2.            | Direct Pub     | lic Safety Dis           | spatcher to:   |  |  |  |  |  |
|               | a.             | Instruct on              | e of the officers on patrol to:  |  |  |  |  |  |
|               |                | (1)                      | Proceed to the Duxbury EOC (Central Fire Station) to pick up Dosimetry kits for the Police Department, Harbormaster staff, and Tow Truck Provider.                                 |  |  |  |  |  |
|               |                | (2)                      | Drop off the Harbormaster's Dosimetry Kit at the Harbormaster's office and then return to station with Police Department Dosimetry Kit and the Tow Truck provider's dosimetry kit. |  |  |  |  |  |
|               | b.             | Direct all o up their do | fficers on patrol to report to the station for a briefing and to pick simetry.   |  |  |  |  |  |
|               | C.             | Brief the Proforms).     | olice Chief using the Shift Commander's Briefing Form (see   |  |  |  |  |  |
| 3.            | Brief and a    | ıssign on-dut            | ty personnel.  |  |  |  |  |  |
|               | a.             | Brief office             | rs of the emergency classification.  |  |  |  |  |  |
|               | b.             | Assign one               | e patrolman to provide transportation for Traffic Control officers.  |  |  |  |  |  |
|               | c.             | Direct rema              | aining personnel to assist Shift Commander to assemble equipment.  |  |  |  |  |  |

| <br>4. | Implement                  | Implement Dosimetry Coordinator's checklist for ALERT classification. |  |  |  |  |
|--------|----------------------------|---|--|--|--|--|
| <br>5. | Assign police<br>Personnel | ce officers to<br>Assignment I  | emergency<br>List (see forr  | response activities by completing the Emergency ns).   |  |  |
|        | a.                         |   | c Safety Dispatcher completed copy of the Emergency Assignment List.   |  |  |  |
| <br>6. | Dispatch po                | olice personr   | nel assigned   | to the EOC:  |  |  |
|        | a.                         | EOC Secur   | ity.   |  |  |  |
|        | b.                         | EOC Radio   | Operator.  |  |  |  |
| <br>7. | Brief Field I              | Personnel ar  | nd dispatch t  | o assigned locations:  |  |  |
|        | a.                         | Confirm tha   | nt all personr   | nel have received Dosimetry.   |  |  |
|        | b.                         | Provide em  | ergency stat   | tus to all officers.   |  |  |
|        | c.                         | Dispatch, R   | patch, Route Alert Teams (for recreational areas):                     |  |  |  |
|        |                            | (1)   | Distribute Recreational Area Route Alerting Tracking Form (see forms). |  |  |  |
|        |                            | (2)   | Briefly discuss the purpose of route alerting with personnel assigned. |  |  |  |
|        |                            | (3)   | Direct Rout  | re teams to:   |  |  |
|        |                            |   | (a)  | Pick up emergency equipment.   |  |  |
|        |                            |   | (b)  | Proceed to assigned locations.   |  |  |
|        | d.                         | Assign pers   | sonnel to TC   | Ps identified by Police Operations Officer.  |  |  |
|        |                            | (1)   | Distribute T<br>Documents  | raffic Control and Access Control Plan   |  |  |
|        |                            | (2)   | Briefly disc   | uss traffic control strategies.  |  |  |
|        |                            | (3)   | Direct Traff   | ic Control personnel to:   |  |  |
|        |                            |   | a.   | Pick up portable radio.  |  |  |
|        |                            |   | b.   | Pick up copy of Duxbury Traffic and Access<br>Control Plan Document applicable to your<br>assigned location. |  |  |
|        |                            |   | c.   | Report to designated on-duty patrolman for transportation to assigned location.                              |  |  |

|      |       | e.  | Provide personnel for traffic control at schools, if requested by Police Operations Officer.                            |  |  |  |  |  |
|------|-------|---|---|--|--|--|--|--|
|      | _ 8.  | Maintain communication with the Police Operations Officer at the EOC, until the Chief arrives at the station. |   |  |  |  |  |  |
|      | _ 9.  | Brief Police upon his ar  | Chief or his designee regarding status of emergency response activities rival.  |  |  |  |  |  |
|      |       | a.  | Complete Shift Commander's Briefing Form (see forms).   |  |  |  |  |  |
|      |       | b.  | Submit copy of the Briefing Form to Administrative Assistant.   |  |  |  |  |  |
|      | _10.  | Identify road   | d impediments:  |  |  |  |  |  |
|      |       | a.  | Receive report of road impediments from Public Safety Dispatcher.   |  |  |  |  |  |
|      |       | b.  | Direct Dispatcher to arrange for its removal through the Police Operations Officer.                                     |  |  |  |  |  |
|      |       | C.  | Report impediments to Police Chief.   |  |  |  |  |  |
|      |       | d.  | Implement any rerouting instructions received from the Chief.   |  |  |  |  |  |
|      | _11.  | Monitor pro   | gress of Route Alerting operations:   |  |  |  |  |  |
|      |       | a.  | Obtain copy of completed Recreational Area Route Alerting Tracking Form (see forms) from Public Safety Dispatcher.      |  |  |  |  |  |
|      |       | b.  | Report progress of activities to Police Chief.  |  |  |  |  |  |
|      | _ 12. |   | cess control assistance at recreational areas to Public Works personnel as Police Operations Officer.                   |  |  |  |  |  |
|      | 13.   | Reassign of   | fficers to other emergency activities when tasks are completed.   |  |  |  |  |  |
| SITE | ARE   | A EMERGEI   | NCY   |  |  |  |  |  |
|      | _ 1.  | Receive no  | tification from Public Safety Dispatcher.   |  |  |  |  |  |
|      |       | a.  | Provide emergency status to dispatcher and instruct to notify personnel.  |  |  |  |  |  |
|      | 2.    | Complete a  | ctions under ALERT.   |  |  |  |  |  |
|      | _ 3.  | Dispatch ar responsibili  | n officer to all Traffic and Access Control Points which are Duxbury's ty when instructed by Police Operations Officer. |  |  |  |  |  |
|      |       | a.  | Ensure copy of Traffic and Access Control Plan has been given to each officer assigned.                                 |  |  |  |  |  |

|     | b.  | Instruct officers to review their assignment, using Traffic and Access Control Plan.      |
|-----|---|---|
| 4.  | Implement<br>EMERGEN                      | Dosimetry Coordinator checklist response actions under SITE AREA ICY.                     |
| 5.  | Continue to<br>Police Chie                | o patrol and conduct access to recreational areas as requested by the ef.                 |
| 6.  | Begin proc                                | essing Town jail inmates for transfer to host facility.                                   |
| 7.  | When direc                                | cted by Police Chief to conduct siren route alerting                                      |
|     | a.  | Obtain affected siren route numbers from Police Chief.                                    |
|     | b.  | Assign siren routes to Route Alert Drivers.   |
|     |   | (1) Give appropriate siren route maps to Route Alert Drivers.                             |
|     | C.  | Direct Public Safety Dispatcher to dispatch personnel to conduct siren route alerting.    |
| 8.  | When notif completed:                     | ied by Public Safety Dispatcher that siren route alerting has been                        |
|     | a.  | Notify Police chief.  |
|     |   | (1) Provide number of completed siren routes.   |
|     | b.  | Reassign personnel as necessary.  |
| 9.  | Receive ar<br>Operations                  | ny changes in traffic and access control staffing responsibility from Police Officer.     |
|     | a.  | Note traffic control changes.   |
|     | b.  | Note access control changes.  |
| 10. |   | equate personnel and vehicles for the following assignments in preparation RAL EMERGENCY. |
|     | Personnel                                 | No. of Personnel No. Vehicles   |
|     | Access Co                                 | ntrol   |
|     | Traffic Con                               | itrol   |
|     | Security Pa<br>(in addition<br>normal pat | to  |
|     | Note:                                     | Traffic control point D-AT-10 also serve as access control point.                         |

|                | a.  | Make preliminary assign                       | nme   | nts of department personnel.  |  |  |
|----------------|---|---|-------|---|--|--|
|                | b.  | Request additional pers                       | onn   | el, as required from Police Operations Officer.   |  |  |
|                | C.  | Call in off-duty personne the police station. | el w  | ho have not received a specific assignment, to  |  |  |
| <u>GENERAI</u> | L EMERGEN   | <u>ICY</u>                                    |       |   |  |  |
| 1.             | Receive no  | tification from the Public                    | Safe  | ety Dispatcher.   |  |  |
|                | a.  | Instruct dispatcher to no                     | otify | personnel.  |  |  |
| 2.             | Complete a  | actions under SITE AREA                       | EM    | MERGENCY.   |  |  |
| 3.             | Implement<br>EMERGEN                              |   | heck  | dist response actions under GENERAL   |  |  |
| 4.             | Receive protective actions and affected subareas: |   |       |   |  |  |
|                | a.  | Take the following action                     | ns:   |   |  |  |
|                | If protective                                     | e action is:                                  | Th    | en:   |  |  |
|                | Sheltering  |   | -     | Obtain activated ACPs by point number from Police Operations Officer and note on Access Control Points in Duxbury Traffic and Access Control Plan Document. |  |  |
|                |   |   | -     | Assign personnel to activated ACPs if requested by Police Operations Officer.   |  |  |
|                |   |   | -     | Instruct officers to set up ACPs as shown in diagrams in traffic and access control points.   |  |  |
|                |   |   | -     | Request additional personnel as necessary from Police Operations officer.   |  |  |
|                |   |   | -     | Inform dispatcher to dispatch personnel to activated ACPs for affected subareas by point number if necessary.   |  |  |
|                |   |   | -     | Inform Patrol Supervisors of activated points by point number.  |  |  |

| If protective ac               | ction is:   | Th          | en:  |  |  |
|--------------------------------|---|-------------|--|--|--|
| Sheltering (cor                | ntinued)  | -           | Instruct Route Alerting personnel to broadcast sheltering message and distribute emergency shelter flyers to visitors (if necessary).                                |  |  |
|                                |   | -           | Inform dispatcher of non-essential personnel and instruct them to shelter.   |  |  |
| Evacuation                     |   | -           | Obtain activated ACPs and TCPs by point number from Police Operations Officer and note on Access Control Points in Duxbury Traffic and Access Control Plan Document. |  |  |
|                                |   | -           | Assign personnel to activated ACPs if necessary.   |  |  |
|                                |   | -           | Request additional personnel as necessary from Police Operations Officer.  |  |  |
|                                |   | -           | Inform dispatcher to dispatch personnel to activated ACPs and TCPs for affected subareas by point numbers if necessary.  |  |  |
|                                |   | -           | Activate at a minimum priority 1 & 2 TCPs. Note on Traffic Control Points in Duxbury Traffic and Access Control Plan.  |  |  |
|                                |   | -           | Assign personnel to activated TCPs if not already activated.   |  |  |
|                                |   | -           | Transfer Town jail inmates to host facility.   |  |  |
|                                |   | -           | Instruct Route Alerting personnel to broadcast evacuation message.   |  |  |
|                                |   |             |  |  |  |
| If Protective Acall Duxbury TC | ction Directives <u><b>DO N</b></u><br>Ps to support evacua | OT<br>ation | AFFECT DUXBURY (Subarea 9 or 4) activate of other subareas.  |  |  |
| Provide extent                 | of access control to p                                      | oolio       | ce personnel.  |  |  |
| a. Re                          | eceive specific instruc                                     | tion        | s from Police Operations Officer.  |  |  |
| b Pr                           | Provide instructions to Public Safety Dispatcher            |             |  |  |  |

\_\_\_\_ 5.

\_\_\_\_ 6.

|  | C.  | d areas as follows:  |                   |   |  |  |  |  |
|--|---|--|-------------------|---|--|--|--|--|
|  | If:   |  |                   | Then control access as follows:   |  |  |  |  |
|  | Evacuation process  | is in  |                   | <ul> <li>Permit entry of persons with<br/>evacuation-related reason, e.g., picking up a<br/>family member.</li> </ul> |  |  |  |  |
|  | Sheltering process -or- evacuation completed  |  |                   | Permit entry of persons performing essential services, e.g., firefighters or PNPS emergency workers.                  |  |  |  |  |
| 7.   | Direct office   | Direct officers to conduct security patrols as instructed by the Police Chief. |                   |   |  |  |  |  |
|  | a.  | Receive se   | ecurity patrol ta | asks from the Police Chief, including:  |  |  |  |  |
|  |   | (1)  | Additional ar     | eas to be patrolled.  |  |  |  |  |
|  |   | (2)  | High contam       | ination or high radiation areas to be avoided.  |  |  |  |  |
| b. Reassign personnel to conduct security patrols as decrease. |   |  |                   | onduct security patrols as traffic control needs  |  |  |  |  |
|  |   | (1)  | Ensure office     | ers avoid contamination/radiation areas.  |  |  |  |  |
| 8.   | Adjust staff  | ing of ACPs  | s in accordance   | e with changes in protective action directives.   |  |  |  |  |
| 9.   | Direct personnel to Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at the Erwin K. Washburn Primary School, Carver, MA, when emergency duties are completed. |  |                   |   |  |  |  |  |

## Part 2: Response Action

# **Dosimetry Coordinator**

| UNUSUAL      | <u>EVENT</u>  |                |   |  |  |  |  |  |  |
|--------------|---|----------------|---|--|--|--|--|--|--|
| 1.           | Notified at an UNUSUAL EVENT. No actions required.  |                |   |  |  |  |  |  |  |
| <u>ALERT</u> |   |                |   |  |  |  |  |  |  |
| 1.           | Proceed to  | Duxbury Pol    | ice Station when notified by Public Safety Dispatcher.  |  |  |  |  |  |  |
| 2.           | Receive bri   | efing and ass  | signment from Police Operations Officer.  |  |  |  |  |  |  |
|              | a.  | Receive em     | ergency checklist.  |  |  |  |  |  |  |
|              | b.  | Maintain a l   | og of your activities.  |  |  |  |  |  |  |
| 3.           |   |                | etry Coordinator Kit stored in the EOC, Harbormaster's Kit and Tow Truck Providers Dosimetry Kit.                   |  |  |  |  |  |  |
| 4.           |   |                | Coordinator Kit, (inventory sheet located in kit (see forms) Officer (RO) of any missing items).                    |  |  |  |  |  |  |
| 5.           | Prepare and   | d submit Cor   | ntrol Dosimetry Life Record (DLRs) to town RO.  |  |  |  |  |  |  |
|              | a.  | Submit cont    | trol DLRs to Town RO.   |  |  |  |  |  |  |
|              | NOTE:   |                | Dosimetry Kit being stored centrally with other Dosimetry Kits the RO may have already collected your control DLRs. |  |  |  |  |  |  |
| 6.           | Determine i   | method of co   | mmunication with Duxbury RO while in the field.   |  |  |  |  |  |  |
| 7.           | Prepare do  | simeter char   | ger for use.  |  |  |  |  |  |  |
| 8.           | Zero the dir  | ect-reading of | dosimeters (DRD) using the dosimeter charger.   |  |  |  |  |  |  |
| 9.           | Prepare Dosimetry Packets for distribution to emergency workers. In preparing each dosimetry packet, do as follows: |                |   |  |  |  |  |  |  |
|              | a.  | Obtain the f   | ollowing items for each dosimetry packet:   |  |  |  |  |  |  |
|              |   | (1)            | Low-Range (0-200mR) Direct-Reading Dosimeter (DRD)  |  |  |  |  |  |  |
|              |   | (2)            | Mid-Range (0-20R) DRD   |  |  |  |  |  |  |
|              |   | (3)            | DLR   |  |  |  |  |  |  |
|              |   | (4)            | Emergency Worker Exposure (EWE) Form  |  |  |  |  |  |  |
|              |   | (5)            | Neck Chain  |  |  |  |  |  |  |
|              |   | (6)            | Plastic bag   |  |  |  |  |  |  |

|     |   | (7)  | One 130 mg Potassium Iodide (KI) tablet  |  |  |
|-----|---|--|--|--|--|
|     |   | (8)  | One KI Instruction Sheet   |  |  |
|     |   | (9)  | Dosimetry Instruction Briefing Card  |  |  |
|     |   | Note:  | A supply of High-Ranges (0-200R) DRDs are stored at the EOC and are available for individuals volunteering for lifesaving mission. |  |  |
|     | b.  | Record today's date and serial number of each of the dosimeters on the Emergency Worker Exposure Form (see forms).   |  |  |  |
|     |   | (1)  | Low-Range (0-200mR) DRD  |  |  |
|     |   | (2)  | Mid-Range (0-20R) DRD  |  |  |
|     |   | (3)  | DLR  |  |  |
|     | c.  | ems in the plastic bag.  |  |  |  |
| 10. | 10. Distribute Dosimetry Packets to Emergency workers and provide briefing.                       |  |  |  |  |
|     | a.  | Obtain Dosimetry Log (see forms) from Dosimetry Kit. Record the current date and name of your organization in the designated blocks. Give one dosimetry packet to each emergency worker including tow drivers. Copy emergency worker name from each Emergency Work Exposure (EWE) Form onto the Dosimetry Log. |  |  |  |
|     | b.  |  |  |  |  |
|     | c. Instruct all females to record and sign "Regulatory Guide 8. Acknowledgment Form" (see forms). |  |  |  |  |
|     | d.  |  | ividuals to inventory their dosimetry packets. Each packet tain each of the following (show them a sample).                        |  |  |
|     |   | (1)  | Low-Range (0-200mR) DRD  |  |  |
|     |   | (2)  | Mid-Range (0-20R) DRD  |  |  |
|     |   | (3)  | DLR  |  |  |
|     |   | (4)  | Emergency Worker Exposure (EWE) Form   |  |  |
|     |   | (5)  | Neck Chain   |  |  |
|     |   | (6)  | One KI Tablet  |  |  |

|          |   | (/) KI Instruction Sheet   |  |  |  |  |
|----------|---|--|--|--|--|--|
|          |   | (8) Dosimetry Instruction Briefing Card.   |  |  |  |  |
|          | e.  | Direct each individual to complete the personal information at the top of the EWE Form.  |  |  |  |  |
|          | f.  | Advise each individual to verify the dosimetry serial numbers recorded in the EWE Form.  |  |  |  |  |
|          | g.  | g. Direct individuals to record the current reading of each of the DRDs in th appropriate "Initial" block of the EWE Form.                               |  |  |  |  |
|          | h.  | h. Advise each individual to wear dosimetry on the upper torso and to keep remainder of packet with him at all times.                                    |  |  |  |  |
|          | i. Review the instructions and information on the Dosimetry Instruction Briefing Card with all individuals.   |  |  |  |  |  |
|          | j.  | Inform all workers of Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA. |  |  |  |  |
|          | k.  | Review the KI instruction sheet. Inform workers that KI will be taken only if the MDPH Commissioner through MEMA Region II RO recommends its use.        |  |  |  |  |
| 11.      | Instruct individuals to put the neck chain around their necks and attach the dosimetry (DRDs and DLRs) to the neck chain. Proper placement of the dosimetry is achieved by wearing the dosimetry on the frontal part of the body, between the neck and the waist. |  |  |  |  |  |
| 12.      | Distribute PPE as directed and supplied by Duxbury EMD.   |  |  |  |  |  |
| 13.      | Maintain a log of all your activities.  |  |  |  |  |  |
| 14.      | Stand by for further instructions.  |  |  |  |  |  |
| SITE ARE | EA EMERGE   | NCY/GENERAL EMERGENCY  |  |  |  |  |
| 1.       | Proceed to Duxbury Fire Station when notified by Public Safety Dispatcher.  |  |  |  |  |  |
| 2.       | Complete actions under ALERT.   |  |  |  |  |  |
| 3.       | Once workers are deployed, radio the following reminder to read all DRDs:   |  |  |  |  |  |
|          | a.  | Every 15 minutes (unless otherwise directed).  |  |  |  |  |
|          |   | Il police personnel. Read your dosimeters every () minutes. Report eadings of 100mR, 175mR or each 1 Rem increment".                                     |  |  |  |  |

| 4. | Record the time in the appropriate block of the Dosimetry Log as readings are reported to you. |           |  |  |  |  |  |  |
|----|--|-----------|--|--|--|--|--|--|
| 5. | If Town RO informs you   |           |  |  |  |  |  |  |
|    | that MEMA issues<br>Protection Action<br>Duxbury   | Then take | Fhen take these actions:   |  |  |  |  |  |
|    | For Sheltering   | a.        | Have the following message relayed to the emergency workers.   |  |  |  |  |  |
|    |  |           | "Attention Duxbury Police<br>personnel, there has been a<br>Sheltering Protective Action issued<br>for your area. Read your dosimeters<br>every 15 minutes. Immediately<br>notify your Dosimetry Coordinator of<br>readings of 100mR, 175mR or each<br>1 Rem increment."   |  |  |  |  |  |
|    |  | b.        | Provide Periodic Status Reports to the Town RO and your supervisor on a hourly basis.  |  |  |  |  |  |
|    | For Evacuation   | a.        | Have the following message relayed to the Emergency Workers:   |  |  |  |  |  |
|    |  |           | "Attention Duxbury Police personnel, there has been an Evacuation Protective Action Directive issued for your area. Upon completion of emergency duties, please report to the REWMDS at Erwin K. Washburn Primary School, Carver, MA, for monitoring and wait there for further instructions. Read your dosimeters every 15 minutes. Immediately notify your dosimetry coordinator when your direct-reading dosimeter indicates a reading of 100mR, 175mR or each 1 Rem increment. |  |  |  |  |  |
|    |  | b.        | Provide periodic status reports to the Town RO and your supervisor on an hourly basis.   |  |  |  |  |  |

| 6.  | Take the ap                                    | opropriate action for the fo   | ollov  | ving doses:   |  |  |  |
|---|--|--------------------------------|--|---|--|--|--|
| If the work   | ker is approa<br>Reading:                      | ching                          | Then inform the RO and Dept. Supervisor that worker must be:   |   |  |  |  |
| 175mR without notice of MDPH revised DRD Limit          |  |                                |  | Relieved of duty and directed to the REWMDS -OR-                              |  |  |  |
| DRD Thresholds established by MDPH at time of emergency |  |                                |  | Authorized by MDPH (through MEMA Region II RO) to exceed the respective limit |  |  |  |
|   | saving limit e<br>emergency                    | stablished by MDPH             | -  | Relieved of duty and directed to the REWMDS                                   |  |  |  |
|   |  |                                |  | -OR-  |  |  |  |
|   |  |                                | -  | Authorized by MDPH (through MEMA Region II RO) for a life saving dose.        |  |  |  |
|   |  |                                | -  | Issued a High-Range (0-200R) DRD (Obtain from RO).                            |  |  |  |
| DRD readings exceeding MDPH life saving                 |  |                                | -  | Permitted only on a voluntary basis to persons fully aware to risks involved. |  |  |  |
| 7.  | Direct the v                                   | vorker to an assigned RE       | WM   | DS when any of the following occurs:  |  |  |  |
|   | a.   | Mission is completed.          |  |   |  |  |  |
|   | b.   | Dosimetry is lost or damaged.  |  |   |  |  |  |
|   | C.   | Maximum permissible de         | ose  | is reached.   |  |  |  |
|   | d.   | Radio communications are lost. |  |   |  |  |  |
| 8.  | Take the following actions if MDPH (taking KI: |                                |  | ough MEMA Region II RO) recommends  |  |  |  |
|   | a.   | Record the time and the        | e specific directive.  |   |  |  |  |
|   | b.   | Radio the following instr      | following instruction:   |   |  |  |  |
|   |  |                                | Police personnel. Take one tablet of potassium late and time on the Emergency Worker Exposure ny adverse effects." |   |  |  |  |

# **Dosimetry Coordinator** (continued)

|                     | c.           | If any work              | er reports adverse effects to KI perform the following:  |  |
|---------------------|--------------|--------------------------|--|--|
|                     |              | (1)                      | Advise the worker to discontinue taking KI and to report to a doctor as soon as practical.   |  |
|                     |              | (2)                      | Inform the MEMA Region II RO of all reported side effects.   |  |
| 9.                  | Provide exp  | posure inforn            | nation to the RO as requested.   |  |
| 10.                 | Discuss an   | y abnormal r             | eadings with the RO.   |  |
| RELOCA <sup>-</sup> | TION/REEN    | TRY/RETUR                | <u>N</u>   |  |
| 1.                  | After the er | nergency has terminated: |  |  |
|                     | a.           | and Decont<br>Primary Sc | rgency workers to the Regional Emergency Worker Monitoring<br>tamination Station (REWMDS) located at Erwin K. Washburn<br>hool, Carver, MA, for monitoring and to drop off their<br>and EWE Forms. |  |
|                     | b.           |                          | osimetry Log, paperwork and unused Dosimetry to the for monitoring.  |  |
|                     | C.           | Take invento EMD.        | tory of missing items in Dosimetry Kit, forward this information   |  |

### Public Safety Dispatcher

### **UNUSUAL EVENT**

| 1.   | 1. Receive notification of the emergency classification as follows:   |                   |   |  |
|--|---|-------------------|---|--|
| IF:  |   | THEN:             |   |  |
| Notification is received via a. Dedicated notification network (DNN) system. |   |                   | Pick up handset of the DNN phone when it rings then respond with "DUXBURY ON THE LINE".   |  |
|  |   | b.                | Remain on the line while DNN telefax finishes transmission. (NOTE: If form is missing or illegible, obtain a blank form and record information as it is read. |  |
| <u>(</u>   | <u>OR</u>   | C.                | Verify accuracy as the form is read.  |  |
| NOTE:  | If you need to repeat the   | ne voice notifica | ation of message, press "1".  |  |
|  | If you need another co  | py of the fax, p  | ress "3" and follow prompts.  |  |
|  | If you received the fax prompts.  | , but not the voi | ce message, dial 508-732-4107 and follow  |  |
|  |   | d.                | Press "2" on the DNN phone to acknowledge receipt of information.   |  |
|  |   | e.                | Receive confirmation that your response was logged.   |  |
| BECONS (Back-up)   |   | a.                | OBTAIN BLANK Initial Notification Form or Follow up Information Form (see forms).   |  |
|  |   | b.                | Complete Form as information is read over BECONS.   |  |
| NOTE:  | If BECONS is inoperable, contact will be made by State Police over commercial telephone, or a vehicle will be dispatched, if necessary. |                   |   |  |
| 2.   | Notify key town offici  | als of emergen    | cy classification in accordance with Public Safety SUAL EVENT only (see supporting document).   |  |

| 3.           | Notify shift commander  | of any chan    | ges in the emergency classification.  |  |
|--------------|---|----------------|---|--|
|              | a. If the UNUS  | JAL EVENT      | is terminated, notify shift commander.  |  |
|              | b. If the emergency classification level escalates, turn to the response<br>actions for ALERT, SITE AREA EMERGENCY or GENERAL<br>EMERGENCY. |                |   |  |
| 4.           | Maintain a log of messa   | iges.          |   |  |
| <u>ALERT</u> |   |                |   |  |
| 1.           | Receive notification of the   | he emergen     | cy classification as follows:   |  |
| IF:          |   | THEN:          |   |  |
|              | tion is received via<br>ed notification network (DN   | a.<br>N)       | Pick up handset of the DNN phone when it rings then respond with "DUXBURY ON THE LINE".   |  |
|              |   | b.             | Remain on the line while DNN telefax finishes transmission. (NOTE: If form is missing or illegible, obtain a blank form and record information as it is read. |  |
| <u>(</u>     | <u>OR</u>   | C.             | Verify accuracy as the form is read.  |  |
| NOTE:        | If you need to repeat the   | voice notifica | ation of message, press "1".  |  |
|              | If you need another copy  | of the fax, p  | ress "3" and follow prompts.  |  |
|              | If you received the fax, bu prompts.  | ıt not the voi | ce message, dial 508-732-4107 and follow  |  |
|              |   | d.             | Press "2" on the DNN phone to acknowledge receipt of information.   |  |
|              |   | e.             | Receive confirmation that your response was logged.   |  |
| BEC          | CONS (Back-up)  | a.             | OBTAIN BLANK Initial Notification Form or Follow Up Information Form (see forms).   |  |
|              |   | b.             | Complete Form as information is read over BECONS.   |  |
| NOTE:        |   |                | be made by State Police over commercial cle if necessary, as a back-up to BECONS.   |  |

| 2. | Notify Shift Commander.  |   |   |  |  |  |
|----|--|---|---|--|--|--|
| 3. | Notify Town Emergency Response Organization using the pager all-call and mobilize Police Department Personnel in accordance with Public Safety Dispatcher's Notification List - ALERT/SITE AREA EMERGENCY/GENERAL EMERGENCY (see supporting document). |   |   |  |  |  |
| 4. | Instruct Of  | ficers on Pat   | rol as follows:   |  |  |  |
|    | a.   | Eastern Se  | Eastern Sector Patrolman:   |  |  |  |
|    |  | (1)   | Proceed to Duxbury Central Fire Station and pick up Dosimetry kit for the Police Department, Harbormaster, and Tow Truck Provider.          |  |  |  |
|    |  | (2)   | Drop off Harbormaster Dosimetry Kit at the Harbormaster's office then return to station with Police and Tow Truck Provider's Dosimetry Kit. |  |  |  |
|    | b.   | Central and   | d Western sector patrolmen:   |  |  |  |
|    |  | (1)   | Report to station for a briefing.   |  |  |  |
| 5. | Maintain a   | log of incom  | ing and outgoing messages.  |  |  |  |
| 6. | Receive D  | Dosimetry from Dosimetry Coordinator.                                     |   |  |  |  |
| 7. | Direct arrivassignmen  | ving personnel to the Dosimetry Coordinator for dosimetry and job<br>nts. |   |  |  |  |
| 8. | Dispatch P   | ersonnel to assigned locations:   |   |  |  |  |
|    | a.   | Receive, fr   | om Shift Commander, copy of:  |  |  |  |
|    |  | (1)   | Emergency Personnel Assignment Sheet (see forms).(Note: Assignment of Traffic Control Points usually dispatched at Site Area)               |  |  |  |
|    |  | (2)   | Recreation Area Route Alerting Tracking Form (see forms).   |  |  |  |
|    | b.   | Dispatch p  | ersonnel to assigned location.  |  |  |  |
| 9. | Monitor pro  | ogress of Ro  | ute Alerting:   |  |  |  |
|    | a.   | Receive co  | empletion of Route Alerting activities from Field Teams.  |  |  |  |
|    | b.   |   | e each activity was completed on Recreation Area Route Alert orm (see forms).   |  |  |  |
|    | c.   | Report pro  | gress of activities to Shift Commander upon request.  |  |  |  |
|    |  |   |   |  |  |  |

| <br>_ 10. | When notified by field personnel of traffic impediments:  |   |  |
|-----------|---|---|--|
|           | a.  | Inform Shift Commander of impediment.   |  |
|           | b.  | Give Shift Commander exact location of impediment.  |  |
|           | c.  | Receive rerouting instructions from Shift Commander.  |  |
|           | d.  | Relay rerouting instruction to officer on patrol.   |  |
| _ 11.     | Refer all questions about the emergency:      If caller is a member of: Then tell them to call this number: |   |  |
|           |   |   |  |
|           | Media   | Refer media to go to the Media Center at the Entergy Industrial Park Training Center, 71 Armstrong Road, Plymouth, MA |  |
|           | Public  | Refer to Duxbury Rumor Control (see ETD).   |  |

# SITE AREA EMERGENCY

| 1.                                  | Receive notification of SITE AREA EMERGENCY.   |  |  |   |  |  |  |
|-------------------------------------|--|--|--|---|--|--|--|
|                                     | <u>IF:</u>   |  | THEN:  |   |  |  |  |
|                                     | EOC has been   | activated:   | Receive notification from Emergency Management Director or Communications Officer. |   |  |  |  |
|                                     | and notification   | been activated:<br>n is received<br>CONS (Back-up) | a.   | Pick up handset of the DNN phone when it rings then respond with "DUXBURY ON THE LINE".   |  |  |  |
|                                     |  |  | b.   | Remain on the line while DNN telefax finishes transmission. (NOTE: If form is missing or illegible, obtain a blank and record information as it is read.) |  |  |  |
|                                     |  |  | C.   | Verify accuracy as the form is read.  |  |  |  |
| NOTE:                               | If you need to re  | peat the voice not                                 | ification of r   | message, press "1".   |  |  |  |
|                                     | If you need another copy of the fax, press "3" and follow prompts.   |  |  |   |  |  |  |
|                                     | If you received the fax, but not the voice message, dial 508-732-4107 and follow prompts.  |  |  |   |  |  |  |
|                                     |  |  | d.   | Press "2" on the DNN phone to acknowledge receipt of information.   |  |  |  |
|                                     |  |  | e.   | Receive confirmation that your response was logged.   |  |  |  |
| NOT                                 |  |  |  | e made by State Police over commercial sary, as a back-up to BECONS.  |  |  |  |
| NOT                                 | hourly or m  | ore frequently as                                  | the situation  | eived over the DNN System at least n changes. When Follow Up Information d in Step #1 of this procedure.  |  |  |  |
| 2.                                  | Complete action  | ons under Alert (S                                 | teps 2 to 8).  |   |  |  |  |
| 3.                                  | 3. If Protective Actions are necessary, directives will be provided by the State over BECONS. (NOTE: the Initial Notification Form or Follow Up Information Form contain the Utility's recommendations to the State. DO NOT ACT UPON THE UTILITY'S DIRECTIVES. WAIT FOR THE STATE'S DIRECTIVES.) |  |  |   |  |  |  |
| IF:                                 |  | THEN   | :  |   |  |  |  |
| Protective<br>Directive<br>received |  | a.   |  | dge siren activation via when initiated.  |  |  |  |

### b. Complete Emergency Action Directive Form (see forms). Respond to roll call as appropriate. C. Complete Emergency Action Directive Form as d. transmitted. Check off appropriate items in No. 6, circle subareas to be evacuated or sheltered in Subarea 9 (Duxbury), if appropriate. Respond to roll call, as appropriate. e. Complete Emergency Action Directive Form. f. NOTE: IMMEDIATELY FORWARD THE COMPLETED EMERGENCY ACTION DIRECTIVE FORM TO THE EM DIRECTOR. 4. If EOC is not already activated, notify each town response agency of emergency classification in accordance with Public Safety Dispatcher's Notification List (see ETD). 5. Stand by to receive siren activation time from Fire EOC Representative (if EOC is activated) or directly from State Police Troop D. 6. Siren activation: Stand by to receive siren activation and MNS activation times from Fire a. EOC Representative. b. Activate Sirens in accordance with DUX-25, Siren Activation procedure as backup to SEOC if directed by MEMA. Notify RATL of Siren Activation. C. Relay Siren failure information to Route Alert Team Leader (RATL). 7. If Siren Panel reports a siren failure: Identify siren number from panel. \_\_\_\_(1) \_\_\_(2) Reactivate failed siren in accordance with siren activation procedure (DUX-25). (3) Report reactivation to RATL. \_\_\_ (4) Receive result of siren reactivation from siren panel. Document results on Siren Report Form. C. d. Relay each siren failure to RATL.

| 8.  | Coordinat  | Coordinate with Route Alert Team Leader (RATL) in dispatching Route Alert Drivers.                                    |  |  |  |
|-----|--|---|--|--|--|
|     | a.   | Obtain radio check from Route Alert Drivers on standby.   |  |  |  |
|     | b.   | Dispatch Route Alert Drivers.   |  |  |  |
|     |  | (1) Provide Siren Route Number to Driver.   |  |  |  |
|     | C.   | Record Route Alert Driver's name, and time dispatched in appropriate line of Siren Report Form.                       |  |  |  |
| 9.  | Notify RA  | TL of additional siren failures as reported by siren panel.   |  |  |  |
| 10. | Assist RA  | TL in directing each Route Alert Driver in the field:   |  |  |  |
|     | a.   | Indicate completion of Route Alerting on Siren Report Form.   |  |  |  |
|     | b.   | Relay RATLs instructions to the Route Alert Driver on standby.  |  |  |  |
| 11. | Submit copy of Siren Report Form to RATL when all Route Alerting has been completed.       |   |  |  |  |
| 12. | Repeat steps 5 through 12 for subsequent Siren Activations when requested by RATL.         |   |  |  |  |
| 13. | When directed by Shift Commander, dispatch personnel to assigned and reassigned locations. |   |  |  |  |
|     | a.   | Document changes in Emergency Personnel Assignment Sheet (see forms).   |  |  |  |
|     | b.   | Notify towing company to report to police for dosimetry, standard operating procedure package and station assignment. |  |  |  |
| 14. | Receive for  | rom Shift Commander, confirmation of Traffic and Access Control Point   |  |  |  |

# **GENERAL EMERGENCY**

| 1.   | Receive notification of GENERAL EMERGENCY.  |                             |   |
|------|---|-----------------------------|---|
|      | IF:   | THEN:                       |   |
|      | EOC has been activated:   | Receive n<br>Represen       | notification from Fire/EMS EOC tative.  |
|      | EOC has <u>NOT</u> been activated;  | a.                          | Pick up handset of the DNN phone when it rings then respond with "DUXBURY ON THE LINE".   |
|      | and notification is received via DNN system or BECONS                                     | b.                          | Remain on the line while DNN or<br>BECONS (Back-up) telefax finishes<br>transmission. (NOTE: If form is missing<br>or illegible, obtain a blank and record<br>information as it is read.) |
|      |   | C.                          | Verify accuracy as the form is read.  |
|      |   | d.                          | Press "2" on the DNN phone to acknowledge receipt of information.   |
|      |   | e.                          | Receive confirmation that your resonse was logged   |
| NOTE | hourly or more frequently as  | the situation               | ceived over the DNN system at least on changes. When Follow Up Information ed in Step #1 of this procedure.   |
| 2.   | Complete Actions under SITE A   | REA (Steps                  | s 5 to 14).   |
| 3.   | If EOC is not already activated, classification in accordance with AREA EMERGENCY/GENERAL | Public Dis                  | town response agency of emergency patcher's Notification List - ALERT/SITE NCY.   |
| 4.   | BECONS. (NOTE: the Initial No   | otification F<br>the State. | res will be provided by the State over form or Follow UP Information Form may DO NOT ACT UPON THE UTILITY'S DIRECTIVES).  |
| 5.   | If sheltering is directed:  |                             |   |
|      | a. Instruct all non esse  | ential perso                | nnel to seek shelter.   |
|      | b. Relay Shift Comma  | nder's assiç                | gnments as necessary.   |

| 6.  | If Evacuat   | tion is directed for Duxbury:  |   |   |  |  |
|---|--------------|--|---|---|--|--|
| a. Receive activated ACPs and number.   |              |  | ivated A  | CPs and TCPs from Shift Commander by point  |  |  |
| Control Plan Document as shown in their Traffic2. Note access control point Control Plan Document |              | Control  | Note traffic control points (TCPs) in Traffic and Access<br>Control Plan Document and instruct officers to set up TCPs<br>as shown in their Traffic and Access Control Plans. |   |  |  |
|   |              | cess control points (ACPs) in Traffic and Access Plan Document and instruct officers to set up ACPs in their Traffic and Access Control Plans. |   |   |  |  |
|   | b.           |  | the following information from the Shift Commander and rec Control Points in the Traffic and Access Control Planent.  |   |  |  |
| IF:   |              |  | THEN:   |   |  |  |
| Protective Action Directives are  |              | •  | Acknowledge siren activation via BECONS when initiated.   |   |  |  |
| received tr   | om MEMA      |  | •   | Complete Emergency Action Directive Form (see forms).   |  |  |
|   |              |  | •   | Respond to roll call as appropriate.  |  |  |
|   |              |  | •   | Complete Emergency Action Directive Form as transmitted. Check off appropriate items in No. 8, circle subareas to be evacuated or sheltered in No. 9 (Duxbury), if appropriate. |  |  |
|   |              |  | •   | Respond to roll call, as appropriate.   |  |  |
|   |              |  | •   | Complete Emergency Action Directive Form.   |  |  |
|   |              | NOTE:  |   | DIATELY FORWARD THE COMPLETED GENCY ACTION DIRECTIVE FORM TO THE EM CTOR.   |  |  |
| 7.  | Activate sir | ens:   |   |   |  |  |
|   |              | Stand by to re<br>EOC Represe  |   | iren activation and MNS adtivation times from Fire  |  |  |
|   |              |  |   | ordance with Siren Activation Standard Operating as backup to SEOC if directed by MEMA.   |  |  |
| 8.  | If requeste  | d by RATL, repeat Steps 5 through 14 under SITE AREA EMERGENCY.  |   |   |  |  |

| 9.      | When notified by Fire EOC Representative of Protective Action directive for any part of the EPZ, then:   |  |  |  |
|---------|--|--|--|--|
|         | a. Notify Duxbury Police Department emergency personnel of emergency change.   |  |  |  |
| 10.     | Read radiological messages to personnel as instructed by Dosimetry Coordinator. See forms for messages.  |  |  |  |
| 11.     | Read appropriate Radiological Message to personnel as instructed by Shift Commander (see forms).   |  |  |  |
| 12.     | Direct all personnel to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School Carver, MA, when emergency duties are completed. |  |  |  |
| RELOCAT | TION/REENTRY/RETURN  |  |  |  |
| 1.      | Recall personnel as requested by Police Operations Officer.  |  |  |  |
| 2.      | Dispatch personnel as needed.  |  |  |  |
| 3.      | Turn in logs and forms used in the emergency to Police Operations Officer.   |  |  |  |

### **EOC Security Officer**

| <u>UNUSUAL</u> | <u>L EVENT</u> |  |   |
|----------------|----------------|--|---|
| 1.             | Notified.      | No response required.                        |   |
| ALERT, S       | ITE AREA       | A EMERGENCY, or GENE                         | ERAL EMERGENCY  |
| 1.             | When no        | otified by Shift Commande                    | er or Operations Officer report to the EOC.   |
|                | a.             | Sign-in on Staffing B                        | oard.   |
|                | b.             | Report to Police Ope                         | erations Officer.   |
|                | C.             | Receive briefing on e                        | emergency status.   |
| 2.             | With assi      | istance of Police Operation                  | ons Officer obtain EOC Security Kit from EOC.   |
|                | a.             | Inventory Kit content                        | s:  |
|                |                |  | adges<br>ation Sheet(s) (EOC staff)<br>ation Sheet(s) (Visitors)                                |
| 3.             | Establish      | n security checkpoint at th                  | e entrance to the EOC.  |
|                | a.             | Set up supplies.                             |   |
| 4.             | Control a      | access to the EOC:                           |   |
|                | a.             | Inquire if individual is EOC Authorization S | s EOC Officer or Visitor and refer to appropriate sheet (see forms).                            |
|                | b.             | Request EOC or Visi                          | itor position title.  |
|                | C.             | Check to see if indivi                       | dual's name is on the authorization sheet.  |
| If individua   | al's name:     |  | Then take this action:  |
| <u>ls</u> on   | the Autho      | orization Sheet                              | <ul> <li>Request individual's drivers license or other ID for verification.</li> </ul>          |
|                |                |  | <ul> <li>Have individual complete the EOC<br/>Security Log (see forms).</li> </ul>              |
|                |                |  | <ul> <li>Issue appropriate Badge and remind individual to sign in on staffing board.</li> </ul> |

# EOC Security Officer (continued)

|    | Is Not on the Authorization Sheet                                  | - Contact the Emergency Management Director.  |
|----|--|---|
|    |  | <ul> <li>Inquire whether to admit or refuse access.</li> </ul>                                      |
|    |  | <ul> <li>If Emergency Management Director approves request for admission:</li> </ul>                |
|    |  | <ul> <li>Request individual's drivers license or other ID for verification.</li> </ul>              |
|    |  | <ul> <li>Have individual complete EOC<br/>Security Log (see forms).</li> </ul>                      |
|    |  | <ul> <li>Issue appropriate Badge and remind<br/>individual to sign in on staffing board.</li> </ul> |
|    |  | <ul> <li>If Emergency Management Director denies request for admission:</li> </ul>                  |
|    |  | <ul> <li>Inform individual that access is not approved.</li> </ul>                                  |
| 5. | As individual leaves EOC:  |   |
|    | a. Obtain their Badge.   |   |
|    | b. Have them record their depa                                     | rture time in the Time Out column.  |
| 6. | Direct all media to Media Center (71 Arm<br>Center, Plymouth, MA.) | strong Road., Entergy Industrial Training   |
| 7. | Maintain security checkpoint until directe activities.             | d by Police Operations Officer to terminate   |
| 8. | When directed by Police Operations Office                          | cer return the following:   |
|    | a. Badges.   |   |
|    | b. Authorization Sheets.   |   |
|    | c. Completed EOC Security Lo                                       | g Forms.  |
|    | d. Procedure Checklist.  |   |

### Route Alert Driver - Recreational Areas and Siren Failure Areas

### ALERT/SITE AREA EMERGENCY/GENERAL EMERGENCY

| 1. | When not   | ified by Publ  | ic Safety Dispatcher, report to Police Station.  |
|----|------------|----------------|--|
| 2. | Upon arriv | val at the Sta | ition, report to Shift Commander.  |
|    | a.         | Receive D      | Posimetry equipment.   |
|    | b.         | Stand by       | to receive specific job assignment.  |
| 3. | Receive jo | ob assignme    | nt from Shift Commander.   |
|    | a.         | Receive c      | hecklist from Shift Commander.   |
|    | b.         | Receive b      | riefing on Route Alerting for Recreational areas:  |
|    |            | (1)            | How to clear recreational area.  |
|    |            | (2)            | Specific Recreational areas to cover (see form, "List & Locations of Recreational Areas - Team 1, Team 2). |
|    | C.         | Receive F      | Route Alert Driver Kit.  |
|    |            | (1)            | Pen  |
|    |            | (2)            | Clipboard  |
|    |            | (3)            | Highlighter  |
|    |            | (4)            | Emergency flyers   |
|    |            |                | (a) Shelter flyers (see forms)   |
|    |            |                | (b) Evacuation flyers (see forms)  |
| 4. | Prepare fo | or Dispatch    |  |
|    | a.         | Take equi      | pment to vehicle.  |
|    | b.         | Check rac      | dio communication with Public Safety Dispatcher.   |
|    | C.         | Refuel vel     | hicle.   |
|    | d.         | Proceed t      | o first recreational area listed on form.  |

# Route Alert Driver - Recreational Areas (continued)

| 5. | Follow Directions on your Dosimetry Instruction Briefing Card.  |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 6. | Conduct R   | Recreational Route Alerting as follows:  |  |  |  |  |
|    | a.  | Upon reacl<br>possible.  | Upon reaching recreational area position vehicle as close to visitors as possible. |  |  |  |
|    | b.  | Continuously broadcast the appropriate Recreational Route Alerting Message (see forms) as indicated below: |  |  |  |  |
|    | IF THEN BROADCAST   |  |  |  |  |  |
| •  | The Classification is "ALERT EMERGENCY"  The Classification is SITE AREA EMERGENCY"  The Classification if GENERAL EMERGENCY and: Sheltering is directed or |  |  | Alert Message                                    |  |  |
| ·  |   |  |  | SITE AREA Emergency<br>Message                   |  |  |
| •  |   |  |  | SHELTER Message                                  |  |  |
|    |   |  |  | EVACUATION Message                               |  |  |
|    | C.  | Notify Public Safety Dispatcher upon completion:   |  |  |  |  |
|    |   | (1)  | Give disp  | patcher name of recreational area.               |  |  |
|    |   | (2)  | Record t   | ime completed on List of Recreational Area Form. |  |  |
|    | d. Proceed to next recreational area.   |  |  | eational area.                                   |  |  |
| 7. |   | ssigned to conduct Route Alerting for Saquish refer to Route Alert Driver repeat ps 6A and 6B.             |  |  |  |  |
| 8. | Upon reacl  | lpon reaching last recreational area:  |  |  |  |  |
|    | a.  | Repeat steps 6a and 6b.  |  |  |  |  |
|    | b.  | Provide tra  | affic contro   | I until area is completely cleared.              |  |  |
|    | C.  | Notify Pub   | lic Safety [   | Dispatcher upon completion.                      |  |  |
|    | d.  | d. Stand by to receive reassignment instructions from Public Safety Dispatcher.                            |  |  |  |  |

# Route Alert Driver - Recreational Areas (continued)

| 9.  | If assigned to conduct route alerting for siren failure, do as follows: |  |   |  |  |  |
|-----|---|--|---|--|--|--|
|     | a.  | Report to the Route Alert Team Leader at the Central Fire Station to receive Siren Failure Route Alerting assignments. |   |  |  |  |
|     | b.  |  | responding specific Siren Failure Route Map for the Area from t Team Leader and the message that is to be broadcast over tem.       |  |  |  |
|     | C.  | Prepare for  | r siren failure route alerting.   |  |  |  |
|     |   | (1)  | Place siren route map on clipboard.   |  |  |  |
|     |   | (2)  | Obtain highlighter.   |  |  |  |
|     | d.  | Drive to sta   | arting point indicated on map.  |  |  |  |
|     | e.  | Upon reach   | ning the starting point of the route:   |  |  |  |
|     |   | (1)  | Broadcast the appropriate message.  |  |  |  |
|     |   | (2)  | Drive at approximately 5 to 10 MPH following indicated route  |  |  |  |
|     | f.  | Mark route   | map with highlighter to show street has been covered.   |  |  |  |
|     | g.  | When entir<br>map:   | e siren route has been completely covered and highlighted on  |  |  |  |
|     |   | (1)  | Notify Public Safety Dispatcher to relay information regarding Siren Route Alerting to the Route Alert Team Leader.                 |  |  |  |
|     | h.  |  | ased from Siren Route Alerting assignment, contact Public for reassignment.   |  |  |  |
| 10. | (RĖWMDS   | <ul><li>i) located at l</li></ul>  | Emergency Worker Monitoring and Decontamination Station Erwin K. Washburn Primary School, Carver, MA, following mergency activities |  |  |  |

# TOWN OF DUXBURY FIRE DEPARTMENT STANDARD OPERATING PROCEDURE DUX-04

### **Table of Contents**

| Title Page                           | 1  |
|--------------------------------------|----|
| Table of Contents                    | 2  |
| Part 1: Concepts                     | 3  |
| Purpose                              | 3  |
| Concept of Operations                | 3  |
| Part 2: Response Actions             | 5  |
| Fire EOC Representative              | 5  |
| Emergency Medical Technician (EMT)   | 11 |
| Siren Route Alert Team Leader (RATL) | 16 |
| Siren Route Alert Teams              | 19 |
| Dosimetry Coordinator                | 22 |
| Гожност                              |    |

#### Forms:

Contamination Control Kit Inventory Sheet
Dosimetry Coordinator Kit Inventory Sheet
Dosimetry Instruction Briefing Card
Dosimetry Log
Emergency Worker Exposure (EWE) Form
Radiological Condition Messages for Fire
Regulatory Guide 8.13 Acknowledgment Form
Emergency Action Directive Form

### Separate Supporting Documents:

Siren Failure Area Route Maps Public Safety Dispatcher Notification List

#### Part 1: Concepts

#### **PURPOSE**

This Standard OperatingProcedure (SOP) was prepared to assist the Duxbury Fire Department (DFD) in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station. Duxbury Fire Department's major responsibilities are activation, route alerting, rescue, ambulance services, and DFD personnel exposure control.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibilities:

- 1. Fire EOC Representative
  - Direct and monitor completion of response actions of Duxbury Fire Department Personnel.
  - Provides route alerting for failed sirens.
  - Provide ambulance transport of contaminated injured to hospital.
  - Update EOC staff on Fire Department and EMS activities.
  - Provides siren activation and MNS time to Public Safety Dispatcher.
  - Coordinate Mutual Aid as requested.

#### 2. Dosimetry Coordinator

- Issue dosimetry to DFD personnel.
- Monitor and log exposure of DFD personnel.

#### 3. Public Safety Dispatcher

- Receive and record initial notification via DNN Pilgrim Nuclear Power Station (PNPS), or over BECONS as the backup.
- Activate sirens when directed by the Fire EOC Representative as backup to SEOC if directed by MEMA. Activate MNS.
- Notify appropriate emergency workers at each emergency classification.

### Part 1: Concepts (continued)

- 4. Emergency Medical Technician (EMT)
  - Provides transportation of contaminated injured individuals to hospital.
- 5. Siren Route Alert Team Leader (RATL)
  - Direct the activities of the Route Alert Drivers for siren failure activation.
- 6. Siren Route Alert Team(s)
  - Conduct route alerting for failed sirens.

### Related Agencies

- 1. Public Safety Dispatcher
  - Siren activation information.
- 2. **Duxbury Police Department** 
  - Man and activate, if necessary, traffic/access control points.
  - Provide Route Alerting assistance for areas where sirens have failed as backup to Fire Department.
- 3. **Duxbury Radiological Officer** 
  - Provide information regarding radiological protection of emergency workers.
  - Provide guidance on radiation exposure control.
- 4. MEMA Region II
  - Provide Siren Activation time.
- PNPS Siren Technician 5.
  - Repair failed sirens as reported by Duxbury Public Safety Dispatcher.

### Fire EOC Representative

| <u>UNUSUAL</u> | EVENT   |   |  |  |
|----------------|---|---|--|--|
| 1.             | When notified of UNUSUAL EVENT by Public Safety Dispatcher: |   |  |  |
|                | a.  | Ensure Public Safety Dispatcher has notified key town officials in accordance with Public Safety Dispatchers Notification List. |  |  |
|                | b.  | Stand by for emergency escalation.  |  |  |
| <u>ALERT</u>   |   |   |  |  |
| 1.             | When notif  | fied by Public Safety Dispatcher, report to the EOC.  |  |  |
|                | a.  | Sign in on Roster Board   |  |  |
|                | b.  | Maintain log of all your activities.  |  |  |
|                | c.  | Inform Emergency Management director (EMD) of your presence.  |  |  |
|                | d.  | Receive a briefing from the EMD on the status of the emergency.   |  |  |
|                | e.  | Set up equipment and supplies.  |  |  |
|                | f.  | Notify your alternate and place on standby.   |  |  |
|                | g.  | Report to Radiological Officer for dosimetry packet issuance.   |  |  |
|                | h.  | Review and act on any important messages received.  |  |  |
| 2.             | Mobilize D  | uxbury Emergency Personnel:   |  |  |
|                | a.  | Verify Public Safety Dispatcher has notified each Town Response Agency.   |  |  |
|                | b.  | Verify Public Safety Dispatcher has notified/mobilized all Duxbury Fire Department (DFD) personnel.                             |  |  |

\_\_\_\_ C.

Assign a Fire Radio Operator to the Communications Room of the EOC.

| 3. | Initiate Do | simetry Dist      | ribution to all Department Personnel.  |
|----|-------------|-------------------|--|
|    | a.          | Assign pers       | son to be the Dosimetry Coordinator.   |
|    | b.          |                   | idual to distribute dosimetry to Duxbury Fire Department (DFD) using the Dosimetry Coordinator's procedure.                        |
|    | C.          |                   | e Dosimetry Coordinator to direct DFD Personnel who have osimetry to the apparatus room for briefing.                              |
| 4. | Brief Depa  | artment Pers      | onnel following Dosimetry distribution:  |
|    | a.          | Discuss the       | e emergency roles of the Duxbury Fire Department:  |
|    |             | (1)               | Route Alerting if sirens fail.   |
|    |             | (2)               | Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA. |
|    |             | (3)               | Transportation of contaminated injured to hospital   |
|    |             | (4)               | Normal fire/EMS function   |
|    | b.          | Assign Fire       | fighters to support emergency functions:   |
|    |             | (1)               | Reassign EMT to EMS group if Dosimetry Coordinator has reported.   |
|    |             | (2)               | Assign firefighters to support the Route Alert Team Leader.  |
|    |             | (3)               | Deploy Duxbury message boards at beach and schools.  |
|    | c.          | Give Route        | Alert Team Leader his/her checklist and instruct to:   |
|    |             | (1)               | Assign Route Alert Personnel (if needed).  |
|    |             | (2)               | Prepare Route Alert Drivers for dispatching.   |
|    |             | (3)               | Review his/her checklist in anticipation of emergency escalation.  |
|    | d.          | Give <u>EMT</u> h | nis/her check list and direct to:  |
|    |             | (1)               | Verify that all EMS personnel have received dosimetry.   |
|    |             | (2)               | Review with EMS personnel the handling of contaminated injured patients using the EMT's Checklist.                                 |

|      |     |  | (3)  | Complete Contamination Control Kit inventory and correct any deficiencies from station supplies.   |  |
|------|-----|--|--|--|--|
|      |     |  | (4)  | Advise EMS staff that their Regional Emergency Worker Monitoring and Decontamination Station is at the Erwin K. Washburn Primary School, Carver, MA. |  |
|      | _   | e.   | Schedule S                                   | hift change of DFD personnel.  |  |
|      |     |  | (1)  | Dismiss personnel as appropriate.  |  |
|      | 5.  | Report Fir   | e Departmen                                  | nt readiness status to Emergency Management Director   |  |
|      | 6.  |  |  | er SITE AREA EMERGENCY and GENERAL EMERGENCY gency escalation.   |  |
| SITE | ARE | A EMERGI   | <u>ENCY</u>                                  |  |  |
|      | 1.  | When notified by Public Safety Dispatcher or Emergency Management Director complete actions under ALERT. |  |  |  |
|      | 2.  | Notify Dux   | bury Fire Department of SITE AREA EMERGENCY: |  |  |
|      |     | a.   | Ensure Pub classificatio                     | lic Safety Dispatcher notifies all fire personnel of emergency n upgrade.  |  |
|      |     | b.   | Receive sire Director.                       | en activation and MNS time from the Emergency Management   |  |
|      |     | c.   |  | c Safety dispatcher to activate sirens (push button) as backup directed by MEMA and MNS.   |  |
|      | 3.  | Provide fo   | r siren notific                              | eation   |  |
|      |     | a.   |  | e Alert Team Leader (RATL) to stand by to receive Siren from the Fire EOC Radio Operator.  |  |
|      |     | b.   | Ensure RAT                                   | L has dispatched Route Alert drivers to failed siren.  |  |
|      |     | c.   |  | ed by RATL that Route Alerting Area extends into Kingston or inform affected town's fire chief of route alerting activities.                         |  |
|      | 4.  |  | ute alerting a<br>of personnel               | ssistance is provided by police personnel when notified that a exists.   |  |
|      | 5.  | Provide copy of Emergency Action Directive Form (see forms) to Emergency Management Director.            |  |  |  |

| 6.             | Arrange for the repairing of failed siren:  |  |  |  |
|----------------|---|--|--|--|
|                | a.  | Contact PNPS at (508) 830-8228.  |  |  |
|                | b.  | Provide the following siren failure information:   |  |  |
|                |   | (1) Town.  |  |  |
|                |   | (2) Siren number.  |  |  |
|                |   | (3) Street.  |  |  |
|                | C.  | Request the Public Safety Dispatcher to notify the Electronics Supervisor on call and provide the siren information (see ETD). |  |  |
| 7.             | Report an   | y Fire Department needs to the Emergency Management Director.  |  |  |
| 8.             | Verify list   | of hospitals for treatment of contaminated injured.  |  |  |
|                | a.  | Contact Town Radiological Officer.   |  |  |
|                | b.  | Report any changes to Emergency Medical Technician (EMT) via Public Safety Dispatcher.   |  |  |
| 9.             |   | eam Leaders to brief DFD personnel, regarding emergency activities, g shift change.  |  |  |
| 10.            | Review pr   | ocedure under GENERAL EMERGENCY.   |  |  |
| <u>GENERAL</u> | <u>EMERGE</u>   | NCY  |  |  |
| 1.             | When notified of the change in emergency classification complete all remaining actions under SITE AREA EMERGENCY. |  |  |  |
| 2.             | Ensure all  | DFD personnel are notified of GENERAL EMERGENCY.   |  |  |
| 3.             | Confirm list of hospitals designated to treat the contaminated injured with EMT.                                  |  |  |  |
| 4.             | Provide for Public Notification:  |  |  |  |
|                | a.  | Direct Route Alert Team Leader to:   |  |  |
|                |   | (1) Recall Route Alert personnel.  |  |  |
|                |   | (2) Reassemble teams.  |  |  |
|                | b.  | Repeat steps 3, 4, and 5 under SITE AREA EMERGENCY.  |  |  |
|                | C.  | Notify Public Safety dispatcher to activate sirens (push the button) as backup to SEOC if directed by MEMA and MNS.            |  |  |

| 5.  | Monitor e   | emergency worker exposure via reports from the Dosimetry Coordinator.        |  |  |
|-----|-------------|--|--|--|
| 6.  | Ensure D    | e Dosimetry Coordinator takes appropriate actions according to his/her dure: |  |  |
|     | a.          | Ensure exp   | osure guidelines are being followed.   |  |
|     | b.          | Ensure Dos   | simetry Coordinator is controlling exposure of DFD personnel.  |  |
| 7.  | At the cor  | mpletion of R  | oute Alerting:   |  |
|     | a.          | Deactivate   | Route Alert Teams.   |  |
|     | b.          | Reassign fi  | re personnel to other emergency duties as necessary.   |  |
| 8.  | If Protecti | ve Action is o   | directed for Duxbury:  |  |
|     | a.          | Ensure all I   | OFD personnel are notified of protective action directive.   |  |
|     | b.          |  | to follow his checklist under GENERAL EMERGENCY for ontaminated injured individuals.                       |  |
| 9.  | If shelter  | ing of Duxbury is directed:  |  |  |
|     | a.          | Instruct Do  | simetry Coordinator to:  |  |
|     |             | (1)  | Close windows and shut down systems which exchange outside air.  |  |
|     |             | (2)  | Ensure station personnel who do not need to be outside in the performance of their duties, are sheltering. |  |
| 10. | If evacua   | tion of Duxb   | oury is directed:  |  |
|     | a.          | Ensure Dos<br>Leader.  | simetry Coordinator submits Dosimetry Log to REWMDS Team   |  |

### RELOCATION/REENTRY/RETURN

| 1. |           | emergency operations and initiate RELOCATION/REENTRY/RETURN when notified by the Emergency Management Director that the emergency ted.                      |  |  |
|----|-----------|---|--|--|
|    | a.        | Direct all DFD personnel to the Regional EWMDS (Erwin K. Washburn Primary School, Carver, MA) for monitoring and to drop off their dosimetry and EWE Forms. |  |  |
|    | b.        | Assign fire personnel to restore Duxbury Central Fire Station to normal configuration.  |  |  |
| 2. |           | ELOCATION/REENTRY/RETURN support as requested by Emergency nent Director:   |  |  |
|    | a.        | Direct Public Safety Dispatcher to recall necessary DFD staff required to support function.   |  |  |
|    | b.        | Assign return DFD personnel to support designated RELOCATION/REENTRY/RETURN tasks.  |  |  |
| 3. | Submit al | I DFD records of emergency activities to Emergency Management Director.   |  |  |
| 4. | Restore D | OFD facilities to pre-emergency status:   |  |  |
|    | a.        | Submit Emergency equipment/supply deficiency report to Fire EOC Representative.   |  |  |
| 5. | Ensure er | mergency supplies are replenished:  |  |  |
|    | a.        | Direct team leaders to inventory and provide equipment/supplies shortages:  |  |  |
|    |           | (1) Route Alert Team leader.  |  |  |
|    |           | (2) Dosimetry Coordinator.  |  |  |
|    |           | (3) EMT.  |  |  |

### **Emergency Medical Technician (EMT)**

| <u>UNUSUAL</u> | _EVENT  |                                   |             |   |  |
|----------------|---|-----------------------------------|-------------|---|--|
| 1.             | Not notified at UNUSUAL EVENT. No actions required. |                                   |             |   |  |
| <u>ALERT</u>   |   |                                   |             |   |  |
| 1.             | When noti   | fied by Duxbury Publi             | c Safety    | Dispatcher, report to Central Fire Station.   |  |
| 2.             | Upon arriv  |                                   | Station,    | report to Dosimetry Coordinator for   |  |
| 3.             | Report to   | Fire EOC Representa               | itive for l | oriefing and assignment.  |  |
|                | a.  | Receive Dosimetry:                |             |   |  |
|                |   | If the Dosimetry Coordinator has: |             | Then:   |  |
|                |   | Arrived at the Fire Station       | •           | Receive Dosimetry from Dosimetry<br>Coordinator   |  |
|                |   | Not arrived at the Fire Station   | •           | Obtain Dosimetry Coordinator<br>Checklist from Fire EOC Representative<br>Implement Dosimetry Coordinator Checklist<br>until his arrival. |  |
|                | b.  |                                   |             | ol Kit (one per ambulance) and inventory<br>Kit Inventory Sheet (see forms).  |  |
|                | c.  | Maintain a log of you             | ır activiti | es.   |  |
| 4.             | Ensure that   | at EMS Personnel hav              | ve recei\   | ved dosimetry.  |  |
| 5.             | Advise Fir  | e EOC Representativ               | e of cha    | nges in ambulance readiness status.   |  |
| 6.             | Maintain r  |                                   | Emerger     | ncy Classification changes or emergency is  |  |

# Emergency Medical Technician (EMT) (continued)

| SITE ARE       | <u>A EMERGENCY</u>   |           |   |  |  |  |  |  |
|----------------|--|-----------|---|--|--|--|--|--|
| 1.             | Receive notification from Public Safety Dispatcher.  |           |   |  |  |  |  |  |
| 2.             | Perform actions under ALERT.   |           |   |  |  |  |  |  |
| 3.             | Review contamination control p   | rocedur   | es with Ambulance Attendants.   |  |  |  |  |  |
| <u>GENERAI</u> | <u>L EMERGENCY</u>   |           |   |  |  |  |  |  |
| 1.             | Receive notification from Public   | Safety    | Dispatcher.   |  |  |  |  |  |
| 2.             | Perform actions under SITE AR  | EA EME    | ERGENCY.  |  |  |  |  |  |
| 3.             | If Protective Action (sheltering patient picked up in this area is   |           | uation) of Duxbury is directed assume a inated.   |  |  |  |  |  |
|                | CAUTION: The need to take pr   | ompt life | esaving measures has priority.  |  |  |  |  |  |
| 4.             | To package a traumatized individual for transport, medically stabilize the patient while minimizing physical contact using the following techniques. |           |   |  |  |  |  |  |
|                | IF:  | THEN:     |   |  |  |  |  |  |
|                | Invasive procedure is needed   | -         | Wipe the skin surface surrounding the invasive site to remove any contamination present.              |  |  |  |  |  |
|                |  | -         | Place the used wipes in plastic bags which are clearly labeled.                                       |  |  |  |  |  |
|                |  | -         | Perform invasive procedure.   |  |  |  |  |  |
|                |  | -         | Hang the clearly labeled fluid container and IV apparatus as close to the injection site as possible. |  |  |  |  |  |
|                | Wounds and dressing  | -         | Cover wounds with sterile dry dressing and hold in place with roller bandage.                         |  |  |  |  |  |
|                |  |           |   |  |  |  |  |  |

# **Emergency Medical Technician** (continued)

|          | a.  | Treat wounds and dressing as follows: |   |  |
|----------|---|---------------------------------------|---|--|
|          |   | (1)                                   | Cover wounds with sterile dry dressing and hold in place with roller bandage.   |  |
|          |   | (2)                                   | Do not use adhesive tape or occlusive dressing.   |  |
|          | b.  | Lay two blai                          | nkets or sheets next to the patient.  |  |
|          |   | NOTE:                                 | The sheet next to the ground is considered contaminated.  |  |
|          | C.  | Insert long b                         | backboard between bottom and top sheet.   |  |
|          | d.  | Roll or slide                         | patient onto covered board.   |  |
|          | e.  | Cut off patie                         | ent's outer clothing (if practical, weather permitting).  |  |
|          |   | NOTE:                                 | Do not allow surface of clothing to touch skin.   |  |
|          | f.  | Fold top she sheet.                   | eet under patient trapping the patient's clothing inside the  |  |
|          | g.  | Roll up the                           | sheet with contaminated clothes and remove.   |  |
|          | h.  | Move patier                           | nt onto stretcher.  |  |
|          | i.  | Load into ar                          | mbulance.   |  |
|          | j.  |                                       | ng and personal articles which have come into contact with n a clearly labeled bag and transfer it with the patient to the flity. |  |
| 5.       | After pickup of patient(s), notify the receiving medical facility and advise on:  |                                       |   |  |
|          | a.  | Number of p                           | patients being transported.   |  |
|          | b.  | Extent and i                          | nature of injuries.   |  |
|          | c.  | Current vita                          | I signs information.  |  |
|          | d.  | Potential for                         | radiological contamination.   |  |
| 6.       | Record periodic radiation exposure readings on patients EWE Form (see forms) a same time as Ambulance personnel read their dosimetry. |                                       |   |  |
| <u> </u> | Request information on location of reception point at medical facility for radiation accident victim.                                 |                                       |   |  |
| 8.       | Follow routine procedures.  |                                       |   |  |
|          |   |                                       |   |  |

# Emergency Medical Technician (continued)

| 9.      | Deliver patient to receiving location specified by medical facility.   |   |  |  |
|---------|--|---|--|--|
| 10.     | Ensure that ambulance staff assist facility staff with movement of patient into medical facility, as requested.                            |   |  |  |
| 11.     | Include completed patient EWE Form and dosimetry with patient information and give to medical facility staff.                              |   |  |  |
| 12.     | Deliver bagged and tagged waste materials with patient at receiving medical facility.  |   |  |  |
| 13.     | Upon completion of patient delivery and transfer to medical facility:  |   |  |  |
|         | a. Report to Public Safety Dispose not contaminated.   | patcher for further assignment if patient was   |  |  |
|         | b. Request contamination survey by the facility Radiation Safety Officer if patient was contaminated.                                      |   |  |  |
|         | IF: TI   | HEN:  |  |  |
|         | The ambulances <u>and</u> emergency - Report to Public Safety Dispatcher for worker personnel are free further dispatch. of contamination. |   |  |  |
|         | The ambulance <u>or</u> emergency - worker personnel are contaminated.   | Report to the Regional Emergency<br>Worker Monitoring and Decontamination<br>Station (REWMDS) at the Erwin K.<br>Washburn Primary School, Carver, MA, or<br>reception center MDS. |  |  |
|         | _  | Report destination to Public Safety Dispatcher.   |  |  |
| 14.     | Upon completion of all emergency duties, report to an Regional Emergency Worker Monitoring and Decontamination Station (REWMDS).           |   |  |  |
| RELOCAT | TION/REENTRY/RETURN  |   |  |  |
| 1.      | Receive notification from Public Safety Dispatcher.  |   |  |  |
| 2.      | Perform RELOCATION/REENTRY/RECOVERY actions, as assigned.  |   |  |  |
| 3.      | Ensure ambulance emergency supplies  | s are replenished:  |  |  |
|         | a. Report equipment deficienc  | ies to Fire EOC Representative.   |  |  |

# Emergency Medical Technician (continued)

| 4. | Gather ambulance emergency records and submit to Fire EOC Representative. |  |  |  |
|----|---|--|--|--|
| 5. | Conduct debriefing of ambulance personnel:                                |  |  |  |
|    | a. Identify procedural weaknesses.  |  |  |  |
|    | b. Discuss areas for improvement in response.                             |  |  |  |
|    | c. Submit report of findings to Fire/EMT EOC Representative.              |  |  |  |

### Siren Route Alert Team Leader (SRATL)

| UNUSUAL      | <u>EVENT</u>  |  |  |  |
|--------------|---|--|--|--|
| 1.           | Not notified at UNUSUAL EVENT. No actions required.   |  |  |  |
| <u>ALERT</u> |   |  |  |  |
| 1.           | Proceed to  | o Duxbury Ce   | ntral Fire Station when notified by Fire EOC Representative. |  |
| 2.           | Report to Dosimetry Coordinator to receive Dosimetry. |  |  |  |
| 3.           | Report to Fire EOC Representative for briefing.       |  |  |  |
| 4.           | Obtain route alert team kits:                         |  |  |  |
|              | a.  | a. Remove two (2) route alert team kits from SRATL cabinet.    |  |  |
|              | b.  | Inventory rou  | ute alert team kits. Each kit consist of:                    |  |
|              |   | (1)  | One set of Duxbury siren route maps (maps for 18 sirens).    |  |
|              |   | (2)  | Route alert team procedure.                                  |  |
|              |   | (3)  | One public address system.                                   |  |
|              |   | (4)  | One flashlight.  |  |
|              |   | (5)  | One ball-point pen.  |  |
|              |   | (6)  | One highlighter.   |  |
|              | c.  | Indicate any   | equipment shortages to Fire EOC Representative.              |  |
| 5.           | Assemble  | ole firefighters assigned to support the Siren Route Alerting. |  |  |
| 6.           | Brief Sirer   | n Route Alert T  | Геаms:   |  |
|              | a.  | Assign as ma   | any emergency workers as needed for the function of Route    |  |
|              | NOTE:   |  | Alert Teams will primarily consist of Fire Department        |  |

|          | b.  | _b. Explain the role of the Siren Route Alert Drivers: |   |  |
|----------|---|--|---|--|
|          |   | (1)  | Why Siren Route Alerting is conducted.  |  |
|          |   | (2)  | How failed sirens are identified.   |  |
|          |   | (3)  | When and where to conduct Siren Route Alerting.                                 |  |
|          |   | (4)  | Communication with Public Safety Dispatcher.                                    |  |
|          | c.  | Distribute Si  | ren Route Alert kits:   |  |
|          |   | (1)  | Direct Siren Route Alert Teams to inventory equipment.                          |  |
|          |   | (2)  | Explain how equipment is used.  |  |
|          | d.  | Prepare Sire   | en Route Alert Teams for Dispatching. Direct Siren Route s to:                  |  |
|          |   | (1)  | Take complete kit to vehicle.   |  |
|          |   | (2)  | Install public address system.  |  |
|          |   | (3)  | Check radio communication with Public Safety Dispatcher.                        |  |
|          |   | (4)  | Stand by to receive specific siren assignment via the Public Safety Dispatcher. |  |
| SITE ARE | A EMERG   | ENCY   |   |  |
| 1.       | When notified by Public Safety Dispatcher or Fire EOC Representative complete actions under ALERT.  |  |   |  |
| 2.       | Property of the Property of |  |   |  |
|          | a.  | Direct Siren   | Route Alert Drivers to vehicles.  |  |
|          | b.  | Standby to r   | eceive Siren Failure Report from Fire EOC Radio Operator.                       |  |
|          | C.  |  | ic Safety Dispatcher has dispatched Siren Route Alert Teams ailure is reported. |  |
| 3.       | Arrange fo  | or route alertir                                       | ng assistance if you run out of personnel:                                      |  |
|          | a.  | Notify Fire E  | OC Representative of personnel shortage.  |  |
|          |   |  |   |  |

Siren Route Alert Team Leader (RATL) (continued)

|              |           | Siren Rout  | e Alert Team Leader (RATL) (continued)   |  |  |
|--------------|-----------|---|--|--|--|
|              | b.        | Give Fire E assistance.   | OC Representative siren route number requiring route alerting                  |  |  |
|              | C.        |   | re EOC Representative to ask for assistance from Police t personnel if needed. |  |  |
| 4.           | Ensure F  | Public Safety [   | ublic Safety Dispatcher updates Siren Report Form.                             |  |  |
| 5.           | Following | Following completion of Siren Route Alerting:   |  |  |  |
|              | a.        | Obtain and<br>Safety Disp   | retain copy of completed Siren Report Form from Public patcher.                |  |  |
|              | b.        | Submit one  | copy to Fire EOC Representative.   |  |  |
|              | C.        | Direct Sirer  | n Route Alert Teams to:  |  |  |
|              |           | (1)   | Return siren route alert kits to storage after inventory.                      |  |  |
|              |           | (2)   | Report to Fire EOC Representative for reassignment.                            |  |  |
|              |           | (3)   | Report equipment malfunctions to Fire EOC Representative for correction.       |  |  |
| 6.           | Repeat s  | steps 2 throug  | h 6 for each subsequent siren activation.                                      |  |  |
| <u>GENER</u> | AL EMERG  | <u>ENCY</u>   |  |  |  |
| 1.           |           | When notified by Fire/EMS EOC Representative, repeat steps under SITE AREA EMERGENCY. |  |  |  |

### Siren Route Alert Team

| UNUSUA       | L EVENT  |  |   |  |  |
|--------------|--|--|---|--|--|
| 1.           | Not notifi   | Not notified of UNUSUAL EVENT. No action required.                                       |   |  |  |
| <u>ALERT</u> |  |  |   |  |  |
| 1.           | When no  | When notified by Duxbury Fire EOC Representative, report to Central Fire Station.        |   |  |  |
| 2.           |  | Upon arrival at the Central Fire Station, report to Dosimetry Coordinator for dosimetry. |   |  |  |
| 3.           | Report to Fire EOC Representative for general briefing and assignment.   |  |   |  |  |
| 4.           | <ol> <li>Receive job assignment from Siren Route Alert Team Leader (RATL).</li> <li>a. Report to Siren Route Alert Team Leader.</li> </ol> |  |   |  |  |
|              |  |  |   |  |  |
|              | b.   | Receive br   | iefing on the role of the route alert driver.   |  |  |
|              | c.   | Receive Si   | ren Route Alert Kit from RATL.                  |  |  |
|              | d.   | Inventory S  | Siren Route Alert Kit. Each kit consists of:    |  |  |
|              |  | (1)  | One set of Siren Route Alert Driver Route maps. |  |  |
|              |  | (2)  | One public address system.                      |  |  |
|              |  | (3)  | One flashlight.                                 |  |  |
|              |  | (4)  | One ball point pen.                             |  |  |
|              |  | (5)  | One highlighter.                                |  |  |
| 5.           | Prepare f  | for dispatch:  |   |  |  |
|              | a.   | Take Siren   | Route Alert Kit to vehicle.                     |  |  |
|              | h  | Check radi   | o communication with Public Safety Dispatcher   |  |  |

# Siren Route Alert Team (continued)

|             |     | c.  | Perform Public Address System test.  |  |  |
|-------------|-----|---|--|--|--|
|             |     | d.  | Stand by for emergency escalation.   |  |  |
|             | 6.  | Review pro  | ocedure under SITE AREA EMERGENCY OR GENERAL EMERGENCY.  |  |  |
| <u>SITE</u> | ARE | A EMERGE  | ENCY OR GENERAL EMERGENCY  |  |  |
|             | 1.  | Receive notification from the Siren Route Alert Team Leader and complete actions under ALERT. |  |  |  |
|             | 2.  | Coordinate  | e activities with Public Safety Dispatcher and RATL.   |  |  |
|             |     | a.  | Proceed to vehicle when instructed by RATL.  |  |  |
|             |     | b.  | Check radio communication with Public Safety Dispatcher.   |  |  |
|             |     | c.  | Receive Siren Route number from Siren Route Alert Team Leader.   |  |  |
|             |     | d.  | Select corresponding Siren Route Alert Map.  |  |  |
|             |     | e.  | Proceed to failed siren area when cleared by Public Safety Dispatcher.   |  |  |
|             | 3.  | Conduct S   | Siren Route Alerting as follows:   |  |  |
|             |     | a.  | Drive to starting point indicated on map.  |  |  |
|             |     | b.  | Upon reaching the starting point of the route, drive at approximately 5 to 10 mph following indicated route.   |  |  |
|             |     | c.  | Continuously broadcast the following message (see Radiological Conditions Messages for Fire Personnel Form) using the PA system on vehicle:                        |  |  |
|             |     |   | ATTENTION, ATTENTION THERE IS AN EMERGENCY AT THE PILGRIM NUCLEAR POWER STATION. TUNE YOUR RADIO TO THE EMERGENCY ALERT SYSTEM FOR OFFICIAL EMERGENCY INFORMATION. |  |  |
|             |     | d.  | Mark route map with highlighter to show street has been covered.   |  |  |
|             |     | e.  | When entire target area has been completely covered and highlighted on map, inform Public Safety Dispatcher of route completion.                                   |  |  |
|             | 4.  | Obtain furt   | ther instructions following completion of route.   |  |  |
|             |     | a   | Notify Public Safety Dispatcher and provide:   |  |  |

# Siren Route Alert Team (continued)

|    |            | (1) Siren Route Number completed.                                 |
|----|------------|---|
|    |            | (2) Time siren route alerting was completed.                      |
|    | b.         | Request further instructions from SRATL.                          |
| 5. | Follow dir | rections in your Dosimetry Instruction Briefing Card (see forms). |
| 6. | Return to  | Fire Station when directed by Public Safety Dispatcher:           |
|    | a.         | Turn in checklist to SRATL.                                       |
|    | b.         | Return siren spotter kit to storage.                              |
|    | C.         | Inform SRATL of any equipment malfunction.                        |
|    | d.         | Report to Fire EOC Representative for re-assignment.              |

## Part 2: Response Actions

## **Dosimetry Coordinator**

| UNUSUAL      | <u>- EVENT</u>  |             |   |  |  |
|--------------|---|-------------|---|--|--|
| 1.           | Not notified at an UNUSUAL EVENT. No actions required.  |             |   |  |  |
| <u>ALERT</u> |   |             |   |  |  |
| 1.           | Proceed to Duxbury Central Fire Station when notified by Fire EOC Representative.                                   |             |   |  |  |
| 2.           | Receive briefing and assignment from Fire/EMT EOC Representative:   |             |   |  |  |
|              | a.  | Receive er  | nergency checklist.   |  |  |
|              | b.  | Maintain a  | log of your activities.   |  |  |
| 3.           | Obtain the  | Dosimetry   | Coordinator Kit stored in the EOC.  |  |  |
| 4.           |   |             | ry Coordinator Kit, [inventory sheet located in kit (see forms) al Officer (RO) of any missing items.                                 |  |  |
| 5.           | Prepare ar  | nd submit C | ontrol DLRs to town RO.   |  |  |
|              |   |             | Due to the Dosimetry Kit being stored centrally with other Dosimetry Kits at the EOC, the RO may have already collected control DLRs. |  |  |
| 6.           | Set up dosimetry working area.  |             |   |  |  |
| 7.           | Determine method of communication with Duxbury RO while in the field.   |             |   |  |  |
| 8.           | Prepare dosimeter charger for use per instructions on the charger case.   |             |   |  |  |
| 9.           | Zero the direct-reading dosimeters (DRD) using the dosimeter charger.   |             |   |  |  |
| 10.          | Prepare Dosimetry Packets for distribution to emergency workers. In preparing each dosimetry packet, do as follows: |             |   |  |  |
|              | a.  | Obtain the  | following items for each dosimetry packet:  |  |  |
|              |   | (1)         | Low-Range (0-200mR) Direct-Reading Dosimeter (DRD).   |  |  |
|              |   | (2)         | Mid-Range (0-20R) Direct-Reading Dosimeter (DRD).   |  |  |
|              |   | (3)         | DLR   |  |  |
|              |   | (4)         | Emergency Worker Exposure (EWE) Form  |  |  |
|              | (5) Neck Chain  |             |   |  |  |

|     |    | (6)           | Plastic bag  |
|-----|----|---------------|--|
|     |    | (7)           | One 130 mg Potassium Iodide (KI) Tablet  |
|     |    | (8)           | KI Instruction Sheet   |
|     |    | (9)           | Dosimetry Instruction Briefing Card  |
|     |    | NOTE:         | A supply of high range (0-200R) DRDs are stored at the EOC for individuals volunteering for lifesaving missions. |
|     | b. |               | ay's date and serial number of each of the dosimeters on the (see forms).  |
|     |    | (1)           | Low-Range (0-200mR) DRD.   |
|     |    | (2)           | Mid-Range (0-20R) DRD.   |
|     |    | (3)           | DLR  |
|     | C. | Place all ite | ms in the plastic bag.   |
| 11. |    |               | ackets to Emergency workers and provide briefing. Distribute upplied by Duxbury EMD.                             |
|     | a. |               | imetry Log (see forms) from Dosimetry Kit. Record the current ame of your organization in the designated blocks. |
|     | b. |               | osimetry packet to each emergency worker. Copy emergency ne onto the Dosimetry Log (see forms).                  |
|     | C. |               | emales to read and sign Regulatory Guide 8.13 gment Form (see forms).  |
|     | d. |               | viduals to inventory their dosimetry packets. Each packet ain each of the following (show them a sample).        |
|     |    | (1)           | Low-Range (0-200mR) DRD.   |
|     |    | (2)           | Mid-Range (0-20R) DRD.   |
|     |    | (3)           | DLR  |
|     |    | (4)           | Emergency Worker Exposure (EWE) Form   |
|     |    | (5)           | Neck Chain   |
|     |    | (6)           | One KI Tablet  |
|     |    | (7)           | KI Instruction Sheet   |
|     |    | (8)           | Dosimetry Instruction Briefing Card  |

|                                       | e.   | Direct each individual to complete the personal information at the top of the EWE Form.   |  |  |  |
|---------------------------------------|--|---|--|--|--|
|                                       | f.   | Advise each individual to verify the dosimetry serial numbers recorded in the EWE Form.   |  |  |  |
|                                       | g. Direct individuals to record the current reading of each of the Dappropriate "Initial" block of the EWE Form. |   |  |  |  |
|                                       | h.   | Instruct individuals to put the neck chain around their necks and attach the dosimetry (DRDs and DLRs) to the neck chain. Proper placement of the dosimetry is achieved by wearing the dosimetry on the frontal part of the body, between the neck and the waist. |  |  |  |
|                                       | i.   | Review the instructions and information on Dosimetry Instruction Briefing Card with all individuals.  |  |  |  |
|                                       | j.   | Inform all workers of the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at the Erwin K. Washburn Primary School, Carver, MA.  |  |  |  |
|                                       | k.   | Review the KI instruction sheet. Inform workers that KI will be taken only if the MDPH Commissioner through MEMA Region II RO recommends its use.   |  |  |  |
| 12.                                   | Maintain a log of all your activities.   |   |  |  |  |
| 13.                                   | Stand by for further instructions.   |   |  |  |  |
| SITE AREA EMERGENCY/GENERAL EMERGENCY |  |   |  |  |  |
| 1.                                    | Receive notification from the Public Safety Dispatcher and complete any remaining actions under ALERT.           |   |  |  |  |
| 2.                                    | Once workers are deployed, radio the following reminder to read all DRDs:  |   |  |  |  |
|                                       | a.   | Every 15 minutes (unless otherwise directed).   |  |  |  |
|                                       |  | all Duxbury Fire personnel. Read your dosimeters every 15 minutes or as Report dosimetry readings of 100mR, 175mR, or each 1 Rem increment."  |  |  |  |
| 3.                                    | Record the time in the appropriate block of the Dosimetry Log as readings are reported to you.                   |   |  |  |  |

| 4. | If Town RO informs you that MEMA, Region II issues Protection Action Directive (Duxbury) | Then take these actions: |   |  |
|----|--|--------------------------|---|--|
|    | For sheltering   | a.                       | Have the following message relayed to the emergency workers.  |  |
|    |  |                          | "Attention all Duxbury Fire personnel, there has been a Sheltering Protective Action Directive issued for your area. Please shelter if you do not need to go outside to perform emergency duties. Close windows and doors, shut down ventilation systems which exchange outside air. Read your dosimeters every 15 minutes. Immediately notify your Dosimetry Coordinator of readings 100mR, 175mR or each 1 Rem increment."  |  |
|    | For Sheltering (continued)   | b.                       | Provide Periodic Status Reports to the Town RO and your supervisor on a hourly basis.   |  |
|    | For Evacuation   | a.                       | Have the following message relayed to the Emergency Workers:  |  |
|    |  |                          | "Attention all Duxbury Fire personnel, there has been an Evacuation Protective Action Directive issued for your area. Upon completion of emergency duties please report to the Regional EWMDS located at the Erwin K. Washburn Primary School, Carver, MA, for monitoring and wait there for further instructions. All others please shelter if you do not need to go outside in performance of your duties; close windows and doors, shut down ventilation systems which exchanges outside air |  |

| For Evacuation (cont.)  |         | Read your dosimeters every 15 minutes. Immediately notify your Dosimetry Coordinator of readings of 100mR, 175mR, or each 1 Rem increment. |
|---|---------|--|
|   |         | <ul> <li>Provide periodic status reports to the<br/>town RO and your supervisor on an<br/>hourly basis.</li> </ul>                         |
| 5. Take the appropriate action for                              | r the f | ollowing doses:  |
| If the worker is approaching the DRD reading:                   |         | Then inform the RO and Dept. Supervisor that worker must be:   |
| 175mR without notice of MDPH revised DRD limits                 | -       | Relieved of duty and directed to the Regional REWMDS   |
|   |         | -OR-   |
| DRD thresholds established by MDPH at time of emergency         | -       | Authorized by MDPH (through MEMA Region II RO) to exceed the respective limit  |
| DRD life saving limit established by MDPH at time of emergency  | -       | Relieved of duty and directed to the Regional REWMDS   |
|   |         | -OR-   |
|   | -       | Authorized by MDPH (through MEMA Region II RO) for a life-saving dose.   |
|   | -       | Issued a high-range (0-200R) DRD (obtain from RO).   |
| DRD readings exceeding MDPH life saving limits                  | -       | Permitted only on a voluntary basis to persons fully aware of risks involved.  |
| 6. Direct the worker to the REWN Carver, MA, when any of the fo |         | ocated at the Erwin K. Washburn Primary School, ng occurs:   |
| a. Mission is complete  | ∍d.     |  |
| b. Dosimetry is lost or   | dama    | aged.  |
| c. Maximum permissik  | ole do  | se is reached.   |
| d. Radio communicati  | ons a   | re lost.   |

| 7.      | Take the f taking KI: | following actions if MDPH (through MEMA Region II RO) recommends   |  |  |  |
|---------|-----------------------|--|--|--|--|
|         | a.                    | Record the time and the number of days directed on the Dosimeter Log.  |  |  |  |
|         | b.                    | Notify all agency personnel to take KI and record date and time on the EWE Form.   |  |  |  |
|         | C.                    | Radio the following instruction to agency personnel:   |  |  |  |
|         |                       | "Attention all Duxbury Fire personnel. Take one tablet of potassium iodide (KI) now. Record the date and time on the EWE Form.           |  |  |  |
|         | d.                    | If any worker reports adverse affects to KI perform the following:   |  |  |  |
|         |                       | (1) Advise the worker to report to a doctor as soon as practical.  |  |  |  |
|         |                       | (2) Inform the MEMA Region II RO of all reported side affects.   |  |  |  |
| 8.      | Provide ex            | xposure information to the RO as requested.  |  |  |  |
| 9.      | Discuss a             | cuss any abnormal readings with the RO.  |  |  |  |
| RELOCAT | ΓΙΟΝ/REEN             | ITRY/RETURN  |  |  |  |
| 1.      | After t               | he emergency has terminated:   |  |  |  |
|         | a.                    | Direct Worker to the REWMDS (Erwin K. Washburn Primary School, Carver, MA) for monitoring and to drop off their dosimetry and EWE Forms. |  |  |  |
|         | b.                    | Send the Dosimetry Log, paperwork and unused Dosimetry to the Regional EWMDS for monitoring.   |  |  |  |
|         | c.                    | Take inventory of missing items in Dosimetry Kit, forward this information to EMD.   |  |  |  |

# TOWN OF DUXBURY DEPARTMENT OF PUBLIC WORKS STANDARD OPERATING PROCEDURE DUX-05

## **Table of Contents**

| Title Pag | ge                    | 1  |  |
|-----------|-----------------------|----|--|
|           | Contents              |    |  |
| Part 1:   | Concepts              | 3  |  |
|           | Purpose               | 3  |  |
|           | Concept of Operations | 3  |  |
| Part 2:   | Response Actions      |    |  |
|           | DPW Director          | 5  |  |
|           | Operations Manager    | 10 |  |
|           | Dosimetry Coordinator | 14 |  |
|           | Forms:                |    |  |

Dosimetry Coordinator Kit Inventory Sheet
Dosimetry Instruction Briefing Card
Dosimetry Log
DPW Assignment Sheet
DPW Field Assignments (Hand-out Sheets)
DPW Resources Status Report
Emergency Worker Exposure (EWE) Form
Regulatory Guide 8.13 Acknowledgment Form
Traffic and Access Control Progress Report

#### **Supporting Documents:**

Traffic and Access Control Plan

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Town of Duxbury Department of Public Works in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The major responsibilities of the Department of Public Works are maintaining evacuation routes, providing traffic and access control equipment, and providing transportation for emergency workers.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibilities

- 1. Department of Public Works (DPW) Director
  - Direct response actions of department personnel.
  - Monitor completion of agency response actions.
  - Maintain access to shelters, schools, police, fire and EOC parking areas.
  - Assist in recommending alternate evacuation routes.
  - Maintain evacuation routes in passable condition.
  - Coordinate placement of traffic and access control equipment.
  - Coordinate transportation of emergency workers and supplies.

#### 2. **Operations Manager**

- Provide placement of traffic and access control equipment at traffic control points and recreational areas.
- Provide transportation of emergency workers and supplies.
- Provide impediment removal as required.
- Maintain evacuation routes in passable condition.
- Maintain access to shelters, schools, police, fire and EOC parking areas.

#### 3. Dosimetry Coordinator

Monitor and log exposure of Department of Public Works personnel.

#### Related Agency Responsibilities

- 1. **Duxbury Police Department** 
  - Route Alert recreational areas.
  - Determine alternate evacuation routes.
  - Conduct route alerting in event of siren failure (backup to Fire Department).
- 2. **Duxbury Fire Department** 
  - Coordinate Route Alert Teams for siren failure.
  - Conduct route alerting if required in the event of siren failure.
- 3. Harbormaster
  - Assist in providing access control to beaches and marine areas.
- Massachusetts Department of Transportation (Mass DOT) 4.
  - Provide placement of traffic and access control equipment on State routes.
  - Provide additional equipment, as needed.
  - Assist in impediment removal.

## Part 2: Response Actions

## **DPW Director**

| <u>UNUSUA</u> | <u>L EVENT</u>  |                                   |  |  |  |
|---------------|---|-----------------------------------|--|--|--|
| 1.            | Receive notification from Public Safety Dispatcher.   |                                   |  |  |  |
| 2.            | Stand by  | Stand by for further information. |  |  |  |
| <u>ALERT</u>  |   |                                   |  |  |  |
| 1.            | Receive notification from Public Safety Dispatcher through the Emergency Response Organization Paging System. Respond by telephoning the number on the pager and giving your estimated time of arrival (ETA). |                                   |  |  |  |
| 2.            | Upon arri   | pon arriving at the Duxbury EOC:  |  |  |  |
|               | a.  | Sign in on S                      | Staffing Board.  |  |  |
|               | b.  | Inform Eme                        | ergency Management Director of your presence.                                      |  |  |
|               | c.  |                                   | oriefing from the Emergency Management Director on the emergency.                  |  |  |
|               | d.  | Set up supp                       | olies.   |  |  |
|               | e.  | Notify your                       | alternate and place on standby.  |  |  |
|               | f.  | Review and                        | d act on any important messages received.  |  |  |
|               | g.  | Maintain a                        | log of activities.   |  |  |
| 3.            | Contact C   | Operations Ma                     | anager:  |  |  |
|               | a.  | Notify Oper<br>Manager to         | rations Manager of emergency at Pilgrim and direct Operations                      |  |  |
|               |   | (1)                               | Notify on-duty personnel of emergency at Pilgrim.                                  |  |  |
|               |   | (2)                               | Recall all off-duty personnel.   |  |  |
|               |   | (3)                               | Make assignments of DPW Emergency personnel.                                       |  |  |
|               |   | (4)                               | Ensure all personnel secure dosimetry prior to dispatch.                           |  |  |
| 4.            | Provide re  | eadiness stat                     | us of DPW resources:   |  |  |
|               | a.  |                                   | perations Manager and complete DPW Resources Status e forms) with the information. |  |  |

| 5. |            | raffic and access control equipment to recreational areas and traffic and portrol points listed in the Traffic and/or Access Control Progress Report is).                    |                             |  |
|----|------------|--|-----------------------------|--|
|    | a.         | Complete the Traffic and/or Access Control Progress Report (see forms) with information provided by Operations Manager, as equipment is delivered to each recreational area. |                             |  |
|    | b.         | Notify Police Operations Officer when equipment Traffic Control Points and recreational areas.   |                             |  |
|    | C.         | Inform Emergency Management Director who Equipment is delivered to all recreational are  |                             |  |
| 6. | Maintain i | roads in passable condition.   |                             |  |
|    | a.         | Receive a report on road conditions from Op  | erations Manager.           |  |
|    | b.         | Inform Police Operations Officer on status and condition of roads.   |                             |  |
|    | c.         | Assist the Police Operations Officer in traffic re-routing, if necessary.  |                             |  |
|    | d.         | Remove road impediments as necessary.  |                             |  |
|    | e.         | Maintain access to shelters, schools, police,  | fire and EOC parking areas. |  |
| 7. | Ensure To  | own operation sites are clear of snow and debris.  |                             |  |
|    | a.         | Check with the following EOC personnel for status report on sites.   |                             |  |
|    |            | EOC Representative   | Site                        |  |
|    |            | Fire/EOC Representative  | Fire Stations               |  |
|    |            | Police Operations Officer  | Police Station              |  |
|    |            | School Superintendent  | Schools                     |  |
|    | b.         | If sites are NOT clear, then direct Operations function.   | Manager to complete this    |  |

| 8.       | Participate | e in EOC briefings and provide status of:  |
|----------|-------------|--|
|          | a.          | Resource Readiness.  |
|          | <u> </u>    | Progress of Access Control Equipment Setup.  |
|          | c.          | Road conditions.   |
|          | o.<br>d.    | Removal of Impediments.  |
|          |             | Snow and debris removal.   |
|          | e.          | Show and debris removal.   |
| SITE ARE | A EMERGE    | <u>ENCY</u>  |
| 1.       | Organizati  | otification from Public Safety Dispatcher via the Emergency Response on Paging System or Emergency Management Director (if EOC is If this is the initial Page, respond per instructions in Step 1 under Alert. |
| 2.       | Complete    | actions under ALERT.   |
| 3.       | Ensure DF   | PW personnel are notified of Site Area Emergency.  |
|          | a.          | Contact Operations Manager.  |
| 4.       | Inform Em   | ergency Management Director on status of roads, paying attention to:   |
|          | a.          | Evacuation routes  |
|          | b.          | School access roads  |
| 5.       | Keep evac   | cuation roads clear of snow and debris.  |
|          | a.          | Request assistance from Massachusetts Department of Transportation (Mass DOT) representative at MEMA Region II EOC, if needed.   |
| 6.       | Provide tra | affic and access control equipment.  |
|          |             |  |
|          | a.          | Forward list of traffic and access control points which are the responsibility of Duxbury departments to the DPW Operations Manager.   |
|          | b.          | Ensure DPW personnel pick up traffic and access control equipment in the storage barn.   |
|          | C.          | Ensure DPW personnel receive traffic and access control equipment delivery assignments.  |

| d.  | and/or Ac                                   | quipment is delivered to designated locations as noted on Traffic cess Control Progress Report (equipment is not to be set up neral Emergency classification).  |  |
|---|---|---|--|
| e.  |   | perations Manager has dispatched work crews to deliver and ess control equipment.   |  |
|   | NOTE:                                       | DPW 1 and DPW 2 should place traffic and access control equipment along side of the road unless instructed by the police officer on location to do otherwise.   |  |
| f.  |   | ach vehicle has a copy of the Traffic and Access Control Plan ams for each traffic and access control point.  |  |
| _ EMERGE  | NCY   |   |  |
| Organizati  | ion Paging                                  | form Public Safety Dispatcher via the Emergency Response System or Emergency Management Director (if EOC is the initial page, respond per instructions in Step 1 under ALERT.   |  |
| Complete  | Complete actions under SITE AREA EMERGENCY. |   |  |
| Ensure DPW personnel are notified of the change in emergency classification.      |   |   |  |
| a.  | Contact C                                   | perations Manger.   |  |
| Monitor DPW personnel exposure as they are reported by the Dosimetry Coordinator. |   |   |  |
| Provide fo  | or the set up                               | o of traffic control equipment at all unmanned points.  |  |
| a.  |   | vith Police Operations Officer list of unmanned traffic control d mark on Traffic and/or Access Control Progress Report.  |  |
| b.  |   | ist of unmanned traffic control points (by number) to DPW is Manager.   |  |
| c.  | noted in T                                  | at traffic control equipment is set up at designated locations raffic and/or Access Control Progress Report and placed to the diagrams in the Traffic and Access Control Plan.  |  |
| d.  | Receive o                                   | confirmation from DPW Operations Manager that equipment is in   |  |
| e.  | Notify Pol                                  | ice Operations Officer that equipment is in place.  |  |
| If SHELTE   | ERING of D                                  | ouxbury is directed:  |  |
|   | efffff                                      | and/or Ac until a Ge until a Ge entil a Ge entil a Ge erect acces NOTE:  f. Ensure easy with diaground and Paging activated). If this is to Complete actions under Ensure DPW person a. Contact Complete actions under DPW person Coordinator.  Provide for the set up a. Confirm where points and contact of the complete actions under the coordinator.  Provide for the set up a. Confirm where points and contact of the complete actions under the coordinator.  Provide for the set up a. Confirm where points and contact of the complete according according d. Receive of place. |  |

|        | a.        | a. Confirm with Police Operations Officer list of unmanned access control points and mark on Traffic and/or Access Control Report.   |  |  |  |
|--------|-----------|--|--|--|--|
|        | b.        | Ensure access control equipment is set up at designated locations as noted on Traffic and/or Access Control Progress Report and placed according to the diagrams in the Traffic and Access Control Plan. |  |  |  |
|        | C.        | Inform Police Operations Officer when equipment is in place.   |  |  |  |
| 7.     | Decontan  | PW personnel report to the Regional Emergency Worker Monitoring and nination Station (REWMDS) located at Erwin K. Washburn Primary School, IA, upon completion of emergency duties.                      |  |  |  |
| RELOCA | TION/REEN | NTRY/RETURN  |  |  |  |
| 1.     | Upon tern | Upon termination of the emergency, instruct DPW personnel to:  |  |  |  |
|        | a.        | Return DPW equipment and facility to pre-emergency status.   |  |  |  |
|        | b.        | Assist in movement of emergency personnel and equipment for RELOCATION/REENTRY/RETURN activities.  |  |  |  |
| 2.     |           | I DPW logs and procedure checklists used in the emergency to the cy Management Director:   |  |  |  |
|        | a.        | DPW Director   |  |  |  |
|        | b.        | Operations Manager   |  |  |  |
|        | c.        | Dosimetry Coordinator  |  |  |  |
| 3.     | Ensure er | mergency supplies are replenished:   |  |  |  |
|        | a.        | Direct Operations Manager to inventory and provide equipment/supply shortages:   |  |  |  |
|        | b.        | Submit equipment/supply shortages to the Emergency Management  |  |  |  |

## Part 2: Response Actions

## Operations Manager

| UNUSUAL      | <u>EVENT</u>  |                                  |   |  |
|--------------|---|----------------------------------|---|--|
| 1.           | Not notified at UNUSUAL EVENT. No actions required. |                                  |   |  |
| <u>ALERT</u> |   |                                  |   |  |
| 1.           | Proceed t   | o DPW stora                      | ge barn when notified by DPW Director.                                  |  |
|              | a.  | Complete D<br>DPW Direct         | PW Assignment Sheet (see forms) with assistance of the or.              |  |
|              | b.  | Maintain a le                    | og of your activities.  |  |
|              | C.  | Direct Dosir                     | netry Coordinator to:   |  |
|              |   | (1)                              | Pick up Dosimetry equipment at Duxbury Central Fire Station.            |  |
|              |   | (2)                              | Distribute Dosimetry to all DPW personnel.                              |  |
|              |   | (3)                              | Take KI when recommended.   |  |
| 2.           |   | duty personn<br>cles, for a brie | el to stop all field activities and return to Storage Barn, with efing. |  |
|              | a.  | Direct arrivi                    | ng personnel to the Dosimetry Coordinator.                              |  |
| 3.           | Recall off  | -duty personn                    | nel necessary to staff DPW Department assignments.                      |  |
| 4.           | Brief and   | and dispatch DPW personnel:      |   |  |
|              | a.  | Ensure assi                      | gned personnel have received dosimetry.                                 |  |
|              | b.  | Distribute D crews (see          | PW Field Assignment Handout Sheets to assigned work forms).             |  |
|              | C.  | Direct work                      | crews to:   |  |
|              |   | (1)                              | Inventory and load traffic and access control equipment onto vehicles.  |  |
|              |   | (2)                              | Check communications equipment  |  |
|              |   | (3)                              | Proceed to assigned locations   |  |
|              |   | (4)                              | Report completion of each delivery.                                     |  |

|         | d.                      | Complete Traffic and Access Control Progress Report (see forms) as work crews report completions.   |  |  |  |
|---------|-------------------------|---|--|--|--|
|         |                         | (1) Update DPW Director as each work crew completes all their assigned tasks.   |  |  |  |
| 5.      | Maintain e              | evacuation roads in passable condition.   |  |  |  |
|         | a.                      | Report road conditions to DPW Director in EOC.  |  |  |  |
|         | b.                      | Dispatch DPW personnel to check potential or reported problem areas.  |  |  |  |
| 6.      | Provide tr<br>Director. | ansportation for emergency workers and supplies, if requested by DPW  |  |  |  |
| SITE AR | EA EMERG                | <u>ENCY</u>   |  |  |  |
| 1.      | Receive r<br>ALERT.     | notification from DPW Director and complete any outstanding actions under   |  |  |  |
| 2.      | Notify DP               | W personnel of change in emergency classification/status.   |  |  |  |
| 3.      | Clear Tov               | Clear Town roads of snow and debris.  |  |  |  |
|         | a.                      | If additional assistance is needed, notify DPW Director in EOC.   |  |  |  |
| 4.      | Ensure th               | Ensure the following Town operation sites are clear of snow and debris.   |  |  |  |
|         | a.                      | Fire Stations   |  |  |  |
|         | b.                      | Police Station  |  |  |  |
|         | C.                      | Schools   |  |  |  |
|         | d.                      | Shelters  |  |  |  |
|         | e.                      | Emergency Operations Center   |  |  |  |
| 5.      |                         | ansportation for emergency workers and equipment (e.g., generators, cy kit equipment, signs) as requested to support emergency operations.  |  |  |  |
|         | a.                      | Receive transportation support requests from DPW Director.  |  |  |  |
|         | b.                      | Arrange for pickup and delivery of workers and equipment.   |  |  |  |
|         |                         | NOTE: Whereas DPW 3 and DPW 4 are to deliver and erect, DPW 1 and DPW 2 should place the traffic and access control equipment along side of the road unless instructed by the police officer on location to do otherwise. |  |  |  |
|         | C.                      | Receive confirmation of delivery.   |  |  |  |
|         | d.                      | Notify DPW Director of delivery.  |  |  |  |

Operations Manager (continued)

## Operations Manager (continued)

|         | e.          | Maintain access to shelters, schools, fire, police and EOC parking areas.  |
|---------|-------------|--|
| GENERAL | EMERGE      | <u>NCY</u>   |
| 1.      | Complete    | actions under SITE AREA EMERGENCY.   |
| 2.      | Notify DPV  | W personnel of change in emergency classification/status.  |
| 3.      | Recall add  | ditional DPW personnel to report to their workstation, if required.  |
| 4.      | Clear Tow   | n roads of snow and debris.  |
| 5.      | Ensure the  | e following Town Operation sites are clear of snow and debris.   |
|         | abcde.      | Fire Stations Police Stations Schools Shelters Emergency Operations Center   |
| 6.      | Set up traf | fic control equipment at all unmanned points.  |
|         | a.          | Obtain from DPW Director a list of traffic control points which are unmanned and mark on Traffic and Access Control Progress Report (see forms).   |
|         | b.          | Ensure that traffic control equipment is set up at designated locations as noted on DPW Field Assignment Sheets (see forms) and placed according to the diagrams in the Traffic and Access Control Plan. |
|         | C.          | Receive notification that equipment is in place.   |
| 7.      | IF SHELT    | ERING IS DIRECTED FOR DUXBURY  |
|         | a.          | Obtain from DPW Director list of unmanned <u>access</u> control points and mark on DPW Field Assignment Sheets (see forms).  |
|         | b.          | Ensure access control equipment is set up at designated locations as noted on DPW Field Assignment Sheets (see forms) and placed according to the diagrams in the Traffic and Access Control Plan.       |
|         | C.          | Inform DPW Director when equipment is in place.  |
| 8.      | IF EVACU    | ATION OF DUXBURY IS DIRECTED:  |
|         | a.          | Obtain from DPW Director list of unmanned <u>access</u> control points and mark on DPW Field Assignment Sheets (see forms).  |
|         | b.          | Ensure access control equipment is set up at designated locations as noted on DPW Field Assignment Sheets (see forms) and placed according to the diagrams in the Traffic and Access Control Plan.       |

## Operations Manager (continued)

|         | c.                     | Inform DPW Director when equipment is in place.                         |  |  |
|---------|------------------------|---|--|--|
|         | d.                     | _d. Remove road impediments when requested.                             |  |  |
|         |                        | (1)   | Receive requests for impediment removal (disabled vehicles, fallen trees, etc.).   |  |
|         |                        | (2)   | Direct removal of impediment by DPW personnel.   |  |
|         |                        | (3)   | Receive confirmation that impediment has been removed.   |  |
|         |                        | (4)   | Notify the DPW Director that impediment has been removed.  |  |
|         | e.                     |   | nutes update the following information and report results to rector in the EOC:  |  |
|         |                        | (1)   | Road conditions  |  |
|         |                        | (2)   | Road impediments   |  |
| 9.      | Decontarr              | nination Statio   | I report to the Regional Worker Monitoring and on (REWMDS) located at Erwin K. Washburn Primary School, pletion of emergency duties. |  |
| RELOCAT | ΓΙΟΝ/REEN              | ITRY/RETUR  | <u>N</u>   |  |
| 1.      | Upon term              | nination of the emergency, instruct DPW personnel to:                   |  |  |
|         | a.                     | Return equi   | pment and facility to pre-emergency status.  |  |
| 2.      | Provide R<br>Director: | ELOCATION   | /REENTRY/RETURN support as requested by the DPW  |  |
|         | a.                     | Recall nece   | ssary personnel to support function.   |  |
|         | b.                     | Assign pers   | onnel to support tasks.  |  |
| 3.      | Submit DF              | PW logs and procedure checklists used in the emergency to DPW Director. |  |  |
| 4.      | Ensure er              | mergency sup  | plies are replenished.   |  |
|         | a.                     | Instruct DP\  | W personnel to conduct inventories.  |  |
|         | b.                     | Submit equi   | pment/supply shortages to DPW Director.  |  |
|         |                        |   |  |  |

## Part 2: Response Action

## **Dosimetry Coordinator**

| <u>UNUSUA</u> | <u>L EVENT</u>  |   |   |  |  |
|---------------|---|---|---|--|--|
| 1.            | Not notifie   | ∍d at an UNU  | SUAL EVENT. No actions required.  |  |  |
| <u>ALERT</u>  |   |   |   |  |  |
| 1.            | Proceed to Manager.   |   | ge barn when notified by DPW Director or Operations   |  |  |
| 2.            | Receive b   | Receive briefing and assignment from Operations Manager:      |   |  |  |
|               | a.  | Receive em  | nergency checklist.   |  |  |
|               | b.  | Maintain a l  | log of your activities.   |  |  |
| 3.            | Obtain the  | e Dosimetry (   | Coordinator Kit stored in the EOC.  |  |  |
| 4.            |   |   | ry Coordinator Kit, (inventory sheet located in kit (see forms) al Liaison (RO) of any missing items).                |  |  |
|               | NOTE:   |   | Dosimetry Kit being stored centrally with other Dosimetry Kits , the RO may have already collected your control DLRs. |  |  |
| 5.            | Prepare a   | and submit Co   | ontrol Dosimetry Life Record (DLRs) to town RO.   |  |  |
| 6.            | Return to   | Return to DPW storage barn and set up dosimetry working area. |   |  |  |
| 7.            | Determine method of communication with Duxbury RO while in the field.   |   |   |  |  |
| 8.            | Prepare dosimeter charger for use per instructions on the charger case.   |   |   |  |  |
| 9.            | Zero the direct-reading dosimeters (DRD) using the dosimeter charger.   |   |   |  |  |
| 10.           | Prepare Dosimetry Packets for distribution to emergency workers. In preparing each dosimetry packet, do as follows: |   |   |  |  |
|               | a.  | Obtain the f  | following items for each dosimetry packet:  |  |  |
|               |   | (1)   | Low-Range (0-200mR) Direct-Reading Dosimeter (DRD)  |  |  |
|               |   | (2)   | Mid-Range (0-20R) DRD   |  |  |
|               |   | (3)   | Dosimetry Life Record (DLR)   |  |  |
|               |   | (4)   | Emergency Worker Exposure (EWE) Form  |  |  |
|               |   | (5)   | Neck Chain  |  |  |
|               |   | (6)   | Plastic bag   |  |  |

|     |    | (7)           | One 130 mg Potassium Iodide (KI) tablet   |
|-----|----|---------------|---|
|     |    | (8)           | KI information sheet  |
|     |    | (9)           | Dosimetry Instruction Briefing Card   |
|     |    | NOTE:         | A supply of high range (0-200R) DRDs are stored at the EOC and are available for individuals volunteering for life-saving missions. |
|     | b. |               | ay's date and serial number of each of the dosimeters on the (see forms).   |
|     |    | (1)           | Low-Range (0-200mR) DRD   |
|     |    | (2)           | Mid-Range (0-20R) DRD   |
|     |    | (3)           | DLR   |
|     | C. | Place all ite | ms in the plastic bag.  |
| 11. |    |               | ackets to Emergency workers and provide briefing. Distribute upplied by Duxbury EMD.  |
|     | a. |               | metry Log (see forms) from Dosimetry Kit. Record the current me of your organization in the designated blocks.                      |
|     | b. | worker nam    | esimetry packet to each emergency worker. Copy emergency e and DLR serial number from each EWE Form onto the og (see forms).        |
|     | C. |               | emales to read and sign Regulatory Guide 8.13 gment Form (see forms).   |
|     | d. |               | viduals to inventory their dosimetry packets. Each packet ain each of the following (show them a sample).                           |
|     |    | (1)           | Low-Range (0-200mR) DRD   |
|     |    | (2)           | Mid-Range (0-20R) DRD   |
|     |    | (3)           | DLR   |
|     |    | (4)           | EWE Form  |
|     |    | (5)           | Neck Chain  |
|     |    | (6)           | One KI tablet   |
|     |    | (7)           | KI instruction sheet  |
|     |    | (8)           | Dosimetry Instruction Briefing Card   |

|          | e.   | Direct each individual to complete the personal information at the top of the EWE Form.  |  |  |
|----------|--|--|--|--|
|          | f.   | Advise each individual to verify the dosimetry serial numbers recorded in the EWE Form.  |  |  |
|          | g.   | Direct individuals to record the current reading of each of the DRDs in the appropriate "Initial" block of the EWE Form.                                 |  |  |
|          | h.   | Review the instructions and information on the bottom of the Dosimetry Instruction Briefing Card with all individuals.                                   |  |  |
|          | i.   | Inform all workers of Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA. |  |  |
|          | j.   | Review the KI instruction sheet. Inform workers that KI will be delivered to them if the MDPH Commissioner through MEMA Region II RO recommends its use. |  |  |
| 12       | Instruct individuals to put the neck chain around their necks and attach the dosimetry (DRDs and DLR) to the neck chain. Proper placement of the dosimetry is achieved by wearing the dosimetry on the frontal part of the body, between the neck and the waist. |  |  |  |
| 13.      | Maintain a log of all your activities.   |  |  |  |
| 14.      | Stand by for further instructions.   |  |  |  |
| SITE ARE | A EMERG  | ENCY/GENERAL EMERGENCY   |  |  |
| 1.       | Receive notification from DPW Director or Operations Manager and complete any outstanding actions under ALERT.   |  |  |  |
| 2.       | Once workers are deployed, radio the following reminder to read all DRDs:  |  |  |  |
|          | a.   | Every 15 minutes (or when directed).   |  |  |
|          |  | all DPW personnel. Read your dosimeters every 15 minutes and report readings of 100mR, 175mR or each 1Rem increment."                                    |  |  |
| 3.       | Record the time in the appropriate block of the Dosimetry Log as readings are reported to you.   |  |  |  |

| 4. <u>If Town RO informs you</u> that MEMA, Region II issues Protective Action Directive (Duxbury) Then take these actions: |    |   |
|---|----|---|
| For sheltering  | a. | Have the following message relayed to the emergency workers.  |
|   |    | "Attention all DPW personnel, There has been a Sheltering Protective Action Directive issued for your area. Please shelter if you do not need to go outside to perform emergency duties. Close windows and doors, shut down ventilation systems which exchange outside air. Read your dosimeters every 15 minutes.  |
|   |    | Immediately notify your Dosimetry Coordinator of readings of 100mR, 175mR, or each 1Rem increment."   |
|   | b. | Provide Periodic Status Reports to the Town RO and your supervisor on a hourly basis.   |
| For Evacuation  | a. | Have the following message relayed to the Emergency Workers:  |
|   |    | "Attention all DPW personnel, there has been an Evacuation Protective Action Directive issued for your area. Upon completion of emergency duties, please report to the MDS for monitoring and wait there for further instructions. All others please shelter if you do not need to go outside to perform your duties. Close windows and doors, shut down ventilation systems which exchange outside air. Read your dosimeters every 15 minutes. Immediately notify your Dosimetry Coordinator of readings of 100mR, 175mR or 1Rem increment." |

|                       | For Evacuation (cont.)                        | b. Provide periodic status reports to the town RO and your supervisor on an hourly basis.             |
|-----------------------|---|---|
| 5.                    | Take the appropriate action for the t         | following doses:  |
|                       | ker is approaching<br>ring DRD readings:      | Then inform the RO and Dept. Supervisor that worker must be:  |
| 175 mR v<br>DRD limit | without notice of MDPH revised<br>t.          | <ul> <li>Relieved of duty and directed to the to the REWMDS.</li> </ul>                               |
|                       |   | -OR-  |
|                       | saving limit established by MDPH emergency.   | <ul> <li>Authorized by MDPH (through MEMA<br/>Region II RO) to exceed the respective limit</li> </ul> |
|                       | saving limit established by MDPH emergency.   | <ul> <li>Relieved of duty and directed to the<br/>REWMDS.</li> </ul>                                  |
|                       |   | -OR-  |
|                       |   | <ul> <li>Authorized by MDPH (through MEMA<br/>Region II RO) for a life-saving dose.</li> </ul>        |
|                       |   | <ul> <li>Issue a High-Range (0-200R) DRD, obtain<br/>from RO.</li> </ul>                              |
| DRD Rea               | adings exceeding MDPH life-saving             | <ul> <li>Permitted only on a voluntary basis to<br/>persons fully aware of risks involved.</li> </ul> |
| 6.                    | Direct the worker to an assigned RE           | WMDS when any of the following occurs:  |
|                       | a. Mission is completed.                      |   |
|                       | b. Dosimetry is lost or dame                  | aged.   |
|                       | c. Maximum permissible do                     | ose is reached.   |
|                       | d. Radio communications a                     | re lost.  |
| 7.                    | Take the following actions if MDPH taking KI: | (through MEMA Region II RO) recommends  |
|                       | a. Record the time and the                    | number of days directed on the Dosimeter Log.   |

|        | b.                   | Notify all EOC personnel to take KI and record date and time on the EWE Form.   |  |  |
|--------|----------------------|---|--|--|
|        | C.                   | Radio the following instruction:  |  |  |
|        |                      | "Attention all DPW personnel. Take one tablet of potassium iodide (KI) now. Record the date and time on the EWE Form. Report any adverse effects. |  |  |
|        | d.                   | If any worke  | er reports adverse effects to KI perform the following:                                    |  |
|        |                      | (1)   | Advise the worker to discontinue taking KI and to report to a doctor as soon as practical. |  |
|        |                      | (2)   | Inform the MEMA Region II RO of all reported side affects.                                 |  |
| 8.     | Provide e            | cposure information to the RO as requested.   |  |  |
| 9.     | Discuss a            | ny abnormal readings with the RO.   |  |  |
| RELOCA | ATION/REENTRY/RETURN |   |  |  |
| 1.     | After the            | After the emergency has terminated:   |  |  |
|        | a.                   |   | gency Worker to the REWMDS for monitoring and to drop off etry and EWE Forms.              |  |
|        | b.                   |   | osimetry Log, paperwork and unused Dosimetry to the or monitoring.                         |  |
|        | c.                   | Take invent   | ory of missing items in Dosimetry Kit, forward this information                            |  |

# TOWN OF DUXBURY SCHOOL DEPARTMENT STANDARD OPERATING PROCEDURE DUX-06

#### **Table of Contents**

| Title Pag | ge                       |    |  |
|-----------|--------------------------|----|--|
| Table of  | Contents                 | 2  |  |
| Part 1:   | Concepts                 |    |  |
|           | Purpose                  | 3  |  |
|           | Concept of Operations    | 3  |  |
| Part 2:   | Response Actions         | 3  |  |
|           | Superintendent/Designee  | 3  |  |
|           | Superintendent's Staff   | 16 |  |
|           | Principals               | 19 |  |
|           | Teachers.                | 26 |  |
|           | School Nurse/Health Aide | 29 |  |
|           | Custodial Staff          | 31 |  |

#### Forms

Bus Census
Departure Log
Medication Consent Form for Potassium Iodide (KI)
Notification Form for Schools Outside of EPZ
School Status Sheets
Parent Sign-Out Sheet
Status Sheet Summary
Students Registered at Mass Care Shelters
Student Relocation Notice (Maps)
Transportation Assignment Sheet
Transportation Needs Worksheet

#### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Duxbury School Department in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station. The Duxbury School Department's major responsibilities include precautionary transfer, evacuation or sheltering of the Duxbury School students, distribution and administration of KI if needed and coordination of transportation resources for the transfer or evacuation of schools.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibility

- Superintendent/Designee 1.
  - Notify Superintendent's Staff of emergency.
  - Direct staff to notify Duxbury schools of emergency classification and protective action directives.
  - Direct staff to relocate students to designated shelter areas of school after administration of KI.
  - Direct staff to send students to homerooms and have nursing staff deliver envelopes of KI to each homeroom.
  - Direct staff to obtain transportation needs from schools.
  - Direct staff to determine number of buses (and special vehicles) needed for the schools.
  - Direct staff to notify schools outside the EPZ that have children who reside in the EPZ of emergency.
  - Direct staff to notify principals to transfer students.
  - Direct Police Department Representative to implement Duxbury's School Traffic Management Plan.
  - Receive notification that schools have departed for host community.
  - Notify custodians to lock and secure all exterior entrances and to place signs. "Not a Public Shelter When School Is In Session".
  - If appropriate, receive notification from designated EOC School Representative that schools have arrived at Reception Center in host community.
  - Receive notification of arrival and registration of students from Department of Education Representative.

- Receive notification that student sheltering has been implemented by schools.
- Notify the four schools assigned as Public Shelters to prepare for receiving and sheltering the transient population.
- Provide periodic status briefings to the Emergency Response Organization at the Duxbury EOC.

#### 2. Superintendent's Staff

- Notify assigned schools of emergency status and appropriate protective response.
- Receive transportation needs from Principals and give information to Staff Coordinator.
- Receive notification that transportation has arrived at schools and give information to Staff Coordinator.
- Notify schools outside the Emergency Planning Zone (EPZ) with Duxbury students of emergency.
- Ensure notification is made to Magic Dragon Children's Center classrooms.
- Notify Principals of SITE AREA EMERGENCY and direct them to implement Precautionary Transfer.
- Receive notification from Principals that buses have left for host community and inform Staff Coordinator of time of departure.
- Provide all documentation to Staff Coordinator.
- If directed, notify schools that sheltering is to be implemented.

#### 3. **Principals**

- Notify school staff (including Magic Dragon Children's Center staff) of the emergency and protective actions.
- Direct staff to send students to homerooms and have nursing staff deliver envelopes of KI to each homeroom.
- Inform Superintendent and Custodial Staff of number of buses (and special vehicles) needed.
- Coordinate sign-out of any children picked up by parents.

- Ensure accountability for students at the host facilities and/or Reception Center.
- Inform teachers and staff to implement sheltering at school when requested.
- Ensure custodians have placed signs "Not A Public Shelter When School Is In Session", if applicable.
- Provide school facilities for Public Shelter when directed by Superintendent (if school is designated for public sheltering).

#### 4. Teachers

- Assure all students have been identified by a Parent Consent Form to receive KI.
- Assist students with KI when directed by the Principals, and mark right hand after administration.
- Supervise students during transfer to designated shelter areas of facility.
- Assure all students are correctly signed out or boarded onto appropriate bus, with PPE as directed and supplied by Duxbury EMD.
- Supervise students during transport to Reception Center/host facility.
- Assure arrival and registration of all assigned students.
- Supervise students at Reception Center/host facility.
- Release students to parents/designees or to the Duxbury Superintendent at the American Red Cross Mass Care Shelters if not picked up by parents/designees, after 8:00 PM.
- Supervise students during sheltering at host school.

#### 5. Nurse

- Deliver KI kits to homerooms with PPE as directed and supplied by Duxbury EMD.
- Pack all medications and First Aid supplies, including KI if it has not been administered.
- Review any special medical needs with Principal.
- Load medications, First Aid supplies and Medication Book on buses.
- Attend health needs of students.

#### 6. **Custodial Staff**

Receive from Principal an estimate of the number of buses (and special vehicles) expected to arrive.

- Prepare area for receiving buses (and special vehicles) when requested by the Principal.
- Identify separate parking area for parents who may arrive to pick up children.
- Meet arriving buses (and special vehicles) and guide them to designated prestaging area.
- Post sign indicating school evacuation status.
- Secure windows, outside doors and ventilation system when directed by the Principal.
- If students are sheltering in school, lock and secure all exterior entrances and place signs "Not A Public Shelter When School Is In Session" when directed by Principal.
- If applicable, prepare building for receiving public when directed.
- If applicable, direct public to shelter spaces in building.
- Respond to requests from the Principal.

#### Related Agency Responsibilities

- 1. Transportation Officer
  - Coordinate provision of transportation.
- 2. Shelter Officer
  - Coordinate operations of Public Shelters.
- 3. Host Facility Principal (Braintree High School)
  - Register all incoming students/staff from Duxbury.
  - Report arrival to appropriate EOC School Representative.
  - Report to EOC School Representative when <u>all</u> students from a school have been picked up by parent/designee.
  - Report registration of students transferred to Mass Care Shelters to School EOC Representative.
  - Request transportation for staff to return to their school when emergency terminates.

- 4. School EOC Representative (located at Braintree Reception Center/Host Facility)
  - Receive notification of arrival and registration of schools at host facilities from Host Facility Principals.
  - Notify Duxbury School Superintendent of arrival and registration of schools at host facilities.
  - Receive notification that all students from a school have been picked up by parents. Inform Duxbury Superintendent.
  - Receive notification of children registered with the Mass Care Shelters after 8:00 PM. Notify Duxbury Superintendent.
  - Report arrival of school at Reception Center to Duxbury Superintendent (if applicable).
  - Notify Duxbury Superintendent of departure of schools from Reception Center to Host Facilities (if applicable).

#### Part 2: Response Actions

## <u>Duxbury School Superintendent/Designee</u>

## SCHOOLS IN SESSION

| UNUSUA       | L EVENT  |  |  |
|--------------|--|--|--|
| 1.           | Receive n  | otification from local Public Safety Dispatcher; stand by.   |  |
| <u>ALERT</u> |  |  |  |
| 1.           | Receive notification of ALERT from Public Safety Dispatcher via the Emergency Response Organization Pager System (EROPS) or by telephone. If notified by EROPS call in your Estimated Time of Arrival (ETA) at the EOC by dialing phone number on the pager. |  |  |
| 2.           | Inform Administrative Staff of emergency.  |  |  |
|              | a.   | Assign each staff person specific schools that they will notify and work with.   |  |
|              | b.   | Assign specific "Outside of EPZ Schools" (see forms) to each staff person.   |  |
|              | C.   | Assign an Administrator Staff Coordinator who will compile data and communicate with you at EOC.   |  |
|              | d.   | Ensure Principals, staff and teachers comply with their respective standard operating procedures.  |  |
| 3.           | Report to  | Duxbury Emergency Operating Center (EOC).  |  |
|              | a.   | Sign in with security at EOC.  |  |
|              | b.   | Obtain briefing from Emergency Management Director.  |  |
|              | c.   | Obtain dosimetry packet from Radiological Officer.   |  |
|              | d.   | Establish and maintain a chronological log throughout duration of event.   |  |
|              | e.   | Establish communication with Administrative Staff Coordinator as required.   |  |
| 4.           |  | Principals are notified of emergency and discuss the potential cancellation of cular activities/events. Enter time on line 1 of Status Sheets Summary (see |  |

## <u>Duxbury School Superintendent</u> (continued)

| 5.       | requested.  | ergency Management Director when notification is complete, or update as   |  |
|----------|---|---|--|
| 6.       | Columns 1   | ansportation needs from Administrative Staff Coordinator and complete and 2 of Transportation Assignment Sheet (see forms) and line 5 of Status nmary (see forms).  |  |
| 7.       | Ensure pre  | estaging of transportation.   |  |
|          | a.  | Assign the additional buses needed to the Transportation Officer by completing column 3 of the Assignment Sheet.  |  |
|          | b.  | Provide Transportation Officer copies of Transportation Assignment Sheet, emphasizing that he need only be concerned with column 3.   |  |
| 8.       | Coordinate<br>Summary (   | ratus on arrival of buses and lift vans at schools from Administrative Staff or. When all vehicles have arrived, note time on line 6 of Status Sheet (see forms) and inform Transportation Officer to pass information on to gion II Transportation Officer.  |  |
| <u> </u> |   | al personnel are needed for traffic control at the schools, request assistance olice Operations Officer.  |  |
| 10.      |   | Provide periodic status briefings to Emergency Management Director, Transportation Officer and Public Information Officer (PIO).  |  |
|          | NOTE:   | Precautionary Transfer may occur at the ALERT classification - at   |  |
|          | NOTE.   | discretion of State. Protective Action can only be issued by MEMA.  |  |
| 11.      | Ensure sta  |   |  |
| 11.      | Ensure sta  | discretion of State. Protective Action can only be issued by MEMA.  ff contacts schools out of EPZ that have only Duxbury students attending  |  |
| 11.      | Ensure sta<br>as noted in   | discretion of State. Protective Action can only be issued by MEMA.  ff contacts schools out of EPZ that have only Duxbury students attending the "Outside of EPZ Schools" List (see forms).  Receive notification from Administrative Staff Coordinator of out of EPZ   |  |
| 11.      | Ensure sta<br>as noted in<br>a.                                       | discretion of State. Protective Action can only be issued by MEMA.  If contacts schools out of EPZ that have only Duxbury students attending the "Outside of EPZ Schools" List (see forms).  Receive notification from Administrative Staff Coordinator of out of EPZ schools contacted, and note contact times on the list.  Update Emergency Management Director as requested.  |  |
| 11.      | Ensure sta as noted in a b b NOT                                      | discretion of State. Protective Action can only be issued by MEMA.  If contacts schools out of EPZ that have only Duxbury students attending the "Outside of EPZ Schools" List (see forms).  Receive notification from Administrative Staff Coordinator of out of EPZ schools contacted, and note contact times on the list.  Update Emergency Management Director as requested.  E: Schools outside of EPZ having students from more than one EPZ town will be notified by Mass Emergency Management Agency  |  |
|          | Ensure sta as noted in a b. NOT Ensure that issue to stu as directed. | discretion of State. Protective Action can only be issued by MEMA.  If contacts schools out of EPZ that have only Duxbury students attending the "Outside of EPZ Schools" List (see forms).  Receive notification from Administrative Staff Coordinator of out of EPZ schools contacted, and note contact times on the list.  Update Emergency Management Director as requested.  E: Schools outside of EPZ having students from more than one EPZ town will be notified by Mass Emergency Management Agency (MEMA) Region II.  It KI has been distributed to homerooms and will wait directive from EMD to udents that have parental consent. Ensure that PPE has been distributed |  |

#### Duxbury School Superintendent (continued)

#### SITE AREA EMERGENCY \_\_\_ 1. Receive notification of SITE AREA EMERGENCY from Emergency Management Director. 2. Complete all actions under ALERT. Notify Administrative Staff of SITE AREA EMERGENCY. 3. 4. Verify notification of SITE AREA EMERGENCY to all schools. Receive time of notification of each school from Administrative Staff \_\_\_\_ a. Coordinator. Complete line 2 of Status Sheet Summary (see forms). b. NOTE: Precautionary Transfer may occur at the ALERT classification - at discretion of State. Protective Action can only be issued by MEMA. Ensure that schools are locked and secured from entry if the protective action is to 5. shelter in place. 6. Verify departure of schools to only the Host Facility (Braintree High School). Receive time of departure for each school from Administrative Staff \_ a. Coordinator. \_ b. Complete line 9 of Status Sheet Summary. Update Emergency Management Director, Transportation Officer and PIO in your 7. Emergency Operating Center (EOC) on departure of buses for Host Facility. Ensure the Transportation Officer notifies MEMA Region II Transportation Officer. \_\_\_ 8. When all schools have departed for Host Facility, notify the Administrative Staff Coordinator to finalize Administrative Staff workload as follows: Provide you with listing of Outside of EPZ schools not contacted. a. Collect School Status Sheets from all staff members. b. \_\_\_\_ C. Release Administrative Staff. d. Deliver all supporting documentation to School Representative at EOC. 9. Receive notification of arrival and registration of students from School EOC Representative located at Braintree Reception Center/Host Facility. Complete line 10 of Status Sheet Summary. a. Provide periodic status update to Transportation Officer, Emergency b. Management Director and PIO. Ensure Transportation Officer notifies MEMA Region II Transportation Officer.

# <u>Duxbury School Superintendent</u> (continued)

| 10.            |   |            | that <u>all</u> students fron<br>inator. Complete line |             | have been logged out from Host<br>rus Sheet Summary.  |  |
|----------------|---|------------|--|-------------|---|--|
| 11.            |   | ceive no   | tification from Duxbu                                  |             | cility (Braintree High School) by all that students are supervised at                               |  |
|                | a.  | of name    |  | n registere | mary and receive or complete a list ed on form for Students Registered                              |  |
|                | b.  |            | Emergency Managem<br>Care Shelter.                     | ent Directo | or of students registered at the  |  |
| 12.            | Proceed as                                      | directed   | by Emergency Man                                       | agement D   | Pirector.   |  |
| <u>GENERAL</u> | <u>EMERGEN</u>                                  | <u>ICY</u> |  |             |   |  |
| 1.             | Receive not Director.                           | tification | of GENERAL EMER  | GENCY fr    | om Emergency Management   |  |
| 2.             | Complete all actions under SITE AREA EMERGENCY. |            |  |             |   |  |
| 3.             | Contact Adı                                     | ministrat  | ive Staff if they have                                 | not been r  | eleased.  |  |
|                | a.  | Advise     | of appropriate respo                                   | nse action. |   |  |
|                | b.  |            | e listing of any schoo<br>ee High School) or h         |             | e <u>not</u> departed for Host <mark>Facility</mark><br>Iren sign out.                              |  |
|                | C.  | Receive    | e listing of all out of E                              | PZ school   | s <u>not</u> notified.  |  |
|                | d.  | Direct (   | Coordinator to collect                                 | and secur   | e all documentation from staff.   |  |
|                | e.  | Release    | e Administrative Staff                                 | f.          |   |  |
| 4.             |   |            | iteria to determine th<br>departed, or where a         |             | ate response action for each have not signed out.   |  |
| IF             |   |            | AND  |             | THEN  |  |
|                | at a school<br>eparted for h                    | host       | The school is in a suitentified for SHELTERING         | ubarea      | Instruct the Principal or Designee to implement SHELTERING procedure (Proceed directly to step 15). |  |

# <u>Duxbury School Superintendent</u> (continued)

|     | a.  | If any subarea has been identified for EVACUATION, notify all schools to proceed to Reception Center (Braintree High School). Complete lines 3 and 4 of Status Sheet Summary.  |  |  |
|-----|---|--|--|--|
|     | b.  | If no protective action has been identified for subareas 9 or 4 nor any <u>evacuation</u> directive issued for <u>any</u> subarea, notify all schools to proceed to Host Facility (Braintree High School). Complete lines 3 and 4 of Status Sheet Summary. |  |  |
|     | C.  | Confirm that Principal understands destination and the appropriate checklist to follow.  |  |  |
| 5.  |   | cial Facilities Coordinator in MEMA Region II Office (see Emergency Directory) of Out of EPZ schools <u>not</u> contacted.   |  |  |
| 6.  | Receive notification from Principals that buses/lift vans have departed for the Host Facility and enter on line 7 of Status Sheet Summary.  |  |  |  |
| 7.  | Notify Tran   | sportation Officer of departure of buses/lift vans.  |  |  |
| 8.  | Receive notification from School EOC Representative at Braintree that students/children have been registered and enter on line 8 of Status Sheet Summary. (see forms)   |  |  |  |
| 9.  | Update Emergency Management Director, Transportation Officer and Public Information Officer (PIO).  |  |  |  |
| 10. | Notify Emergency Management Director and PIO of arrival of students/children at the Host Facility (Braintree High School).  |  |  |  |
| 11. | Receive notification that all children from a school have been logged out. Complete line 12 of Status Sheet Summary. (see forms)  |  |  |  |
| 12. | Receive from Duxbury School Representative names of students/ children turned over to the Mass Care Shelters after 8 PM. Complete line 13 of Status Sheet Summary and list names of students/children registered on the "Students Registered at Mass Care Shelters" form. |  |  |  |
| 13. | Notify Emergency Management Director and PIO of students registered with Department of Social Services.   |  |  |  |
| 14. | Contact the Special Facilities Coordinator at MEMA Region II Office to ensure that out of EPZ schools attended by Duxbury students have been notified.  |  |  |  |
| 15. | If the Protective Action Directive for the schools sub area is SHELTERING:  |  |  |  |
|     | a.  | Notify the schools that have <u>not</u> departed for Host Facility (Braintree High School) and that are within a sub area identified for sheltering to implement SHELTERING procedure. Complete lines 3 and 4 of Status Sheet Summary.                     |  |  |
|     | b.  | Ensure that custodians lock and secure all exterior entrances and place signs "Not A Public Shelter When School Is In Session."  |  |  |

#### <u>Duxbury School Superintendent</u> (continued) Receive notification from Principals that sheltering procedures are \_\_\_\_ c. implemented. Complete line 14 of Status Sheet Summary. Notify Emergency Management Director and PIO that SHELTERING \_\_\_\_ d. procedures are implemented. Notify schools when SHELTERING is terminated. Complete line 15 of \_\_\_\_ e. Status Sheet Summary. 16. Return equipment and personnel to normal status when directed by Emergency Management Director.

## <u>Duxbury School Superintendent/Designee</u>

## SCHOOLS NOT IN SESSION

(Afternoon, evening, vacations)

|              |                | (rate and see a se |
|--------------|----------------|--|
| UNUSUAI      | <u>L EVENT</u> |  |
| 1.           | Receive no     | otification from local Public Safety Dispatcher; stand by.   |
| <u>ALERT</u> |                |  |
| 1.           | Response       | otification of ALERT from Public Safety Dispatcher via the Emergency Organization pager system (EROPS) or by telephone. If notified by II in your Estimated Time of Arrival (ETA) at the EOC by dialing the phone the pager.   |
| 2.           | Consider c     | ancelling school for the day or other after hour activities.   |
| 3.           | Report to the  | he Duxbury EOC:  |
|              | a.             | Sign in on EOC Roster Board.   |
|              | b.             | Inform Emergency Management Director of your presence.   |
|              | C.             | Receive a briefing from the Emergency Management Director on the status of the emergency.  |
|              | d.             | Set up equipment and supplies.   |
|              | e.             | Review and act on any messages received.   |
| 4.           | Contact sc     | hools listed on the Status Sheet Summary (see forms).  |
|              | a.             | Notify Principals of emergency classification and complete line 1 on the Status Sheet Summary (see forms).   |
|              | b.             | Notify Principals of potential cancellation of school and extracurricular activities for the following day. Note on line 15 of Status Sheet Summary (see forms).   |
| 5.           | Ensure pre     | estaging of transportation resources.  |
|              | a.             | Assign the additional buses needed to the Transportation Officer by completing column 3 of the Transportation Assignment Sheet (see forms).  |
|              | b.             | Provide Transportation Officer copies of Transportation Assignment Sheet, (see forms) emphasizing that he need only be concerned with column 3.  |

# <u>Duxbury School Superintendent/Designee</u> (continued)

| 6.            | Provide periodic status briefings to Emergency Management Director.   |  |  |  |  |
|---------------|---|--|--|--|--|
| 7.            | Upon notification from the Shelter Officer, notify the Principals of the four schools designated as Public Shelters to prepare schools for use as Public Shelter. Refer them to their Shelter Kits (located in the Emergency cabinets). |  |  |  |  |
| 8.            | Stand by for further actions.   |  |  |  |  |
| SITE ARE      | A EMERGENCY   |  |  |  |  |
| 1.            | Receive notification of SITE AREA EMERGENCY from Emergency Management Director.   |  |  |  |  |
| 2.            | Complete actions under ALERT.   |  |  |  |  |
| 3.            | Stand by for further actions.   |  |  |  |  |
| <u>GENERA</u> | _ EMERGENCY   |  |  |  |  |
| 1.            | Receive notification of GENERAL EMERGENCY from Emergency Management Director.   |  |  |  |  |
| 2.            | Complete actions under SITE AREA EMERGENCY.   |  |  |  |  |
| 3.            | IF the protective action directive is SHELTERING:   |  |  |  |  |
|               | a. Notify Principals of schools designated as Public Shelters have begun to implement sheltering.   |  |  |  |  |
|               | b. Inform schools used as public shelters when sheltering is terminated and note on line 14 of Status Sheet Summary (see forms).  |  |  |  |  |
| 4.            | Return equipment and personnel to normal status upon completion of emergency and when directed by the Emergency Management Director.  |  |  |  |  |

## Superintendent's Staff

| UNUSUAL      | <u>EVENT</u>  |  |  |  |
|--------------|---|--|--|--|
| 1.           | Not notified  | . No action required.  |  |  |
| <u>ALERT</u> |   |  |  |  |
| 1.           |   | tification of ALERT from Superintendent of Schools. Superintendent will eone as Staff Coordinator.   |  |  |
|              | a.  | Receive assignment of schools you are to contact from Staff Coordinator.   |  |  |
| 2.           | Contact the   | Duxbury schools assigned to you.   |  |  |
|              | a.  | Read Agency Notification message. Enter time in Section IV. of School Status Sheets (see forms).   |  |  |
|              | b.  | Request that each school notify you immediately with transportation requirements.  |  |  |
| 3.           | Advise Superintendent or Staff Coordinator as appropriate, when all schools have been notified. |  |  |  |
| 4.           | Receive tra   | nsportation needs from Principals of Duxbury schools assigned.   |  |  |
|              | a.  | Enter in Section VI.1 of appropriate Status Sheet.   |  |  |
|              | b.  | Request updates from the schools if transportation needs change.   |  |  |
| 5.           |   | contact school provide transportation needs to Staff Coordinator as Section III of School Status Sheet.  |  |  |
| 6.           |   | tus reports to Superintendent or Staff Coordinator as requested and/or insportation needs are obtained for assigned schools.                   |  |  |
|              | NOTE:   | The procedure indicated in Item 7 below is a <u>second</u> priority and should be completed <u>only</u> after completion of Steps 1 - 6 above. |  |  |
| 7.           |   | ncipals of schools out of the EPZ who have students from Duxbury per Form for Schools Outside of EPZ. (see forms)                              |  |  |
|              | NOTE:   | Schools out of EPZ having students from more than one EPZ Town will be notified by Mass Emergency Management Agency (MEMA) Region II.          |  |  |
|              | a.  | Receive assignment of schools from Superintendent or Staff Coordinator.  |  |  |

# Superintendent's Staff (continued)

|          | b.           | Contact principals of schools assigned and provide message found on Out of EPZ Notification Form.  |
|----------|--------------|--|
|          | c.           | Provide status updates to Staff Coordinator as requested or when all out of EPZ schools are contacted.   |
| SITE ARE | A EMERGE     | NCY  |
| 1.       | Receive no   | tification of SITE AREA EMERGENCY from Superintendent.   |
| 2.       |              | all actions under ALERT, except notification to out of EPZ schools, if not This action should be suspended until indicated later in procedure.   |
| 3.       | Receive no   | tification from Principals that:   |
|          | a.           | All children have been picked up by parents at schools. Complete Section VI.10 of School Status Sheet.   |
|          | b.           | Buses have departed for Host Facility (Braintree High School). Complete Section VI.8 of School Status Sheet.   |
| 4.       |              | tus updates to Staff Coordinator as requested or when all schools ave departed for host facility, or all children have signed out.   |
| 5.       |              | Z school notifications were not completed at ALERT, complete those s when all the Duxbury schools have departed.   |
|          | a.           | Update Staff Coordinator or when notification is complete. Note time on "Outside of EPZ Schools" form.   |
| 6.       | signed out,  | chools assigned have departed for Host Facility (Braintree High School) or and when all out of EPZ schools assigned have been notified, sign all ets assigned to you and give them to Staff Coordinator. |
| 7.       | Follow instr | ruction of Administrative Staff Coordinator until released.  |
| 8.       |              | linator only: When <u>all</u> schools in Duxbury have departed for Host Facility nts have been logged out -  |
|          | a.           | Collect all Status Sheets from staff members.  |
|          | b.           | Ensure Status Sheets are signed.   |
|          | C.           | Take all documentation to Superintendent at EOC.   |
|          | d.           | Proceed as directed by Superintendent.   |

#### Superintendent's Staff (continued)

#### **GENERAL EMERGENCY** \_\_\_\_\_1. Receive notification of GENERAL EMERGENCY from Superintendent of Schools. 2. Complete actions under SITE AREA EMERGENCY. List all schools that have <u>not</u> departed for Host Facility or signed out. \_\_\_\_ 3. 4. List all out of EPZ schools that have <u>not</u> been contacted. 5. Provide lists and all Status Sheets to Staff Coordinator. \_\_\_\_ 6. **Staff Coordinator only:** Provide Superintendent with list of all schools that have not departed or \_\_\_\_ a. signed out. Provide Superintendent with list of all out of EPZ schools not contacted. b. Secure all documentation from Superintendent's Staff. \_\_\_\_ C. \_\_\_\_ d. Release all staff.

\_\_\_\_\_ 7. Follow appropriate directive for protective actions.

## **Principals**

## SCHOOLS IN SESSION

| UNU         | SUAL      | <u>- EVENT</u>   |
|-------------|-----------|--|
|             | 1.        | Not notified. No action required.  |
| <u>ALEF</u> | <u>RT</u> |  |
|             | 1.        | Receive notification of ALERT from Superintendent of Schools or the Superintendent's staff.  |
|             | 2.        | Notify all school staff of ALERT (i.e., teachers, nurses, custodians)  |
|             |           | Note: Notification should include the staff of Magic Dragon Children's Center.   |
|             | 3.        | Notify students to report to homeroom. Notify EOC Representative when completed.   |
|             | 4.        | Notify school nurse to distribute KI kits to homerooms, and distribute PPE as directed and supplied by Duxbury EMD.  |
|             | 5.        | Notify homeroom teachers to administer KI when directed by School Representative at EOC.   |
|             | 6.        | Notify school representative at EOC when KI administration is completed.   |
|             | 7.        | Notify teachers to relocate students to shelter area after administration of KI.   |
|             | 8.        | Receive from School Superintendent or School Representative at EOC, the number of buses/lift vans arriving.  |
|             | 9.        | Inform Custodial Staff of the number of buses and lift vans expected to arrive and advise them to implement their response action(s) both under their School and Shelter Standard Operating Procedure.       |
|             | 10.       | Request teachers take attendance.  |
|             | 11.       | Ensure that primary teacher in each class has a copy of procedures and appropriate forms   |
|             | 12.       | Instruct Nurse/Health Aide to package children's medication including KI if not administered and First Aid kit for transport with children. Request status of special needs students from Nurse/Health Aide. |
|             | 13.       | Prepare Sign Out Sheets (see forms) and inform teachers that <u>no</u> student may leave without the signature of parent or designee (designee determined in accordance with established school policy).     |
|             | _14.      | Notify Superintendent's Staff when required buses have prestaged at school.  |

| 15.      | Notify teachers pre-assigned as driver of the bus convoy's Lead car and driver of the Follow car to implement their established procedure under Alert.                     |   |  |  |
|----------|--|---|--|--|
| 16.      | Assign classes to buses and special needs students to lift vans.   |   |  |  |
| 17.      | Assign non-classroom teachers (counselors, librarians, etc.) to classes and vehicles as appropriate; notify all teachers of their assignments.                             |   |  |  |
| 18.      | Receive n  | otification of potential cancellation of school and extracurricular activities.   |  |  |
| 19.      |  | nt that no further emergency escalation occurs, contact the superintendent that normal school dismissal procedures can be implemented.  |  |  |
| 20.      |  | e action is to shelter in place, notify custodians to lock and secure all trances and place signs "Not A Public Shelter When School Is In Session.  |  |  |
| 21.      | Stand by   | for further instructions.   |  |  |
| SITE ARE | EA EMERGE  | <u>ENCY</u>   |  |  |
| 1.       | Receive n  | otification of SITE AREA EMERGENCY from Superintendent of Schools.  |  |  |
| 2.       | Complete actions under ALERT.  |   |  |  |
| 3.       | If protective action is to shelter in place, notify custodians to lock and secure all exterior entrances and place signs "Not A Public Shelter When School Is In Session." |   |  |  |
| 4.       | If instructed to implement PRECAUTIONARY TRANSFER:   |   |  |  |
|          | NOTE:  | Precautionary Transfer may occur on ALERT - at discretion of State.   |  |  |
|          | a.   | Remind teachers to complete Sign Out Sheet (see forms) with signature for any student leaving with parent/designee.   |  |  |
|          | b.   | Assign teachers to buses/lift vans.   |  |  |
|          | C.   | Notify teachers to review and follow Precautionary Transfer portion of their checklist.   |  |  |
|          | d.   | Ensure medication and First Aid kit are loaded on a bus in the care of School Nurse/Health Aide.  |  |  |
|          | e.   | Have Custodial Staff check building to assure everyone is out.  |  |  |
|          | f.   | Assign and direct drivers of the bus convoy's Lead and Follow Cars to proceed to Host Facility (Braintree High School) with convoy, adhering to their established procedure for Precautionary Transfer. |  |  |

| g. | Notify the Superintendent's Staff as well as the School EOC Representative at the Braintree EOC of number of buses/lift vans that have departed for the Host Facility when all students have left. |  |  |
|----|--|--|--|
| h. |  | riate, assign Custodial Staff to post Student Relocation Notices) on main entrance to school, ensure doors are locked, and   |  |
|    | <br>   | Make sure the relocation maps and the school bus maps are being posted. School buses with the staff and children will enter the town of Braintree via Rt. 93 exit 6 (Rt. 37). They will proceed directly to Braintree High School parking lot, where the staff and children will be dropped off at the school's side entrance leading into the gym where registration is set up. Parents picking up children will be instructed to enter Braintree via Rt. 93 exit 6 (Rt. 37). |  |
|    | (1)  | Once the students have been relocated, the school may be designated as shelters for the general public. When directed by superintendent, inform custodian staff to prepare building and remain at school; locate shelter kit and review sheltering procedure.  |  |
| i. | Receive notification from Superintendent when teachers and classes have been registered at Host Facility.  |  |  |
| j. | Assure that all classes are properly supervised.   |  |  |
| k. | Assure that all students picked up by parents/designees are properly logged out on Departure Log (see forms).  |  |  |
| I. |  | achers give the Braintree High School Principal records with students not picked up by parents/guardians by 8:00 PM.   |  |
|    | (1)  | Have teachers request Mass Care assignments and transportation for remaining students and staff to Mass Care Centers from Braintree High School Principal.   |  |
|    | (2)  | Have teachers remain with students and continue supervision at Mass Care Shelter.  |  |
|    | (3)  | Ensure the teachers record, student names, assignments and name of individual responsible for continued supervision on the "Students Registered at Mass Care Shelters" (see forms).  |  |
| m. | original att   | ompleted copy of Student Departure Log, Sign Out Sheet,<br>tendance sheets, and "Students Registered at Mass Care<br>from all teachers   |  |

|            |       | n.            | If emergency has been terminated, contact School Superintendent to arrange bus transportation for staff to return to Duxbury school.  |
|------------|-------|---------------|---|
|            |       | o.            | Release staff.  |
| <u>GEN</u> | IERAL | . EMERGEN     | I <u>CY</u>   |
|            | _ 1.  |               | tification of GENERAL EMERGENCY from Superintendent of Schools and tus of protective action from the State.   |
|            | _2.   | Complete a    | ctions under site Area Emergency.   |
|            | _3.   | IF instructed | d to implement SHELTERING:  |
|            |       | a.            | Notify Staff to implement sheltering portion of their checklist for students. Retrieve Shelter Manager's Standard Operating Procedure from the Shelter Kit (kept in emergency cabinet). |
|            |       | b.            | Notify bus drivers to come into the building.   |
|            |       | C.            | Receive notification from Custodial Staff that building is secured for sheltering students.   |
|            |       | d.            | Verify that teachers have implemented sheltering of students, and provided PPE as supplied and directed by Duxbury EMD.   |
|            |       | e.            | Notify Superintendent's office that sheltering of students has been implemented.  |
|            |       | f.            | Schools designated as Public Shelters only: Instruct Staff to implement SHELTERING procedure for public.  |
|            |       | g.            | Follow instructions from Superintendent at the conclusion of sheltering.  |
|            | _4.   |               | GENERAL EMERGENCY and directed to proceed immediately to Host aintree High School):   |
|            |       | a.            | Confirm that you are <u>not</u> to go to Reception Center.  |
|            |       | b.            | Follow Precautionary Transfer procedure in the Site Area Emergency section, Step 3.   |
|            | _ 5.  |               | GENERAL EMERGENCY and instructed to go to Reception Center digh School) prior to Host Facility (Braintree High School):   |
|            |       | a.            | Confirm that you are to go to Reception Center.   |

| b. | Inform staff to implement EVACUATION/RECEPTION CENTER steps of their response actions located in their respective standard operating procedures.  |
|----|---|
| c. | Load buses, based on assignments of students/teachers made earlier.   |
| d. | Ensure Nurse/Health Aide has loaded medications and First Aid kit, and is on a bus.   |
| e. | Have Custodial Staff check building to assure all students/staff are out.   |
| f. | Direct drivers of the bus convoy's Lead and Follow cars to proceed to Reception Center (Braintree High School) with convoy, adhering to their established procedure for Precautionary Transfer.                             |
| g. | Notify Superintendent's Staff when all students/staff have departed from the schools.   |
| h. | Receive notification from teachers that classes have been registered at Reception Center.   |
| i. | Ensure that students are properly supervised and that they complete monitoring and decontamination if required.   |
| j. | Ensure students are boarded onto buses for Host Facility, and ensure accountability for all students/staff.   |
| k. | Buses are to proceed to Host Facility (Braintree High School).  |
| I. | Ensure registration of all classes at host facility.  |
| m. | Ensure that Braintree High School Principal has informed the School EOC Representative of arrival and registration.   |
| n. | Ensure proper turnover of students to parents/designees is being carried out of the Host Facility.  |
| 0. | If <u>all</u> students are logged out, go to Step 6 below.  |
| p. | Receive information from Superintendent of all students remaining at Host Facility at 8:00 PM.  |
| q. | Ensure remaining students are supervised at the Mass Care Shelters.   |
| r. | Ensure collection of all pertinent data sheets including: original attendance, Bus census if not used for registration, Sign Out Sheets, Student Departure Logs, list of students registered with at the Mass Care Shelter. |

# \_\_\_\_\_s. Ensure all students are accounted for. \_\_\_\_t. If emergency has been terminated and reentry is approved, contact Duxbury School Superintendent to ensure transportation is being arranged for staff. \_\_\_\_u. Release staff. \_\_\_\_6. Receive notification of potential cancellation of schools for the following day from Superintendent of Schools, and notify staff as appropriate.

## **Principals**

## SCHOOLS NOT IN SESSION

(afternoon, evening, vacation)

| UNUSUA       | <u>L EVENI</u>   |  |  |
|--------------|--|--|--|
| 1.           | Not notified. No action required.  |  |  |
| <u>ALERT</u> |  |  |  |
| 1.           | Receive notification of ALERT from Superintendent of Schools/Designee.   |  |  |
| 2.           | Contact school by phone or, if necessary, in person to determine if off hours recreation, athletics, clubs, meetings are in progress.  |  |  |
|              | a. Dismiss all activities.   |  |  |
|              | b. Inform participants of Alert, and recommend participants return to their homes and to tune in to a Emergency Alert System (EAS).  |  |  |
|              | c. Determine transportation needs, if any.   |  |  |
|              | d. Inform Superintendent of any transportation needs.  |  |  |
|              | e. Ensure a member of School Staff remains on site until all involved persons have left school premises; instruct said staff member to ensure all persons are out of building(s) and to lock doors before leaving. |  |  |
| 3.           | Receive notification of potential cancellation of school and extracurricular activities.   |  |  |
| 4.           | Stand by for further instructions.   |  |  |
| SITE ARE     | A EMERGENCY/GENERAL EMERGENCY  |  |  |
| 1.           | Receive notification of SITE AREA or GENERAL EMERGENCY from Superintendent of Schools.   |  |  |
| 2.           | Complete actions under ALERT.  |  |  |
| 3.           | Cancel school and extracurricular activities for the following day by utilizing regular procedures, if requested by the Superintendent.  |  |  |
| 4.           | Schools designated as Public Shelters only: If receive notification from Superintendent to prepare school as a Public Shelter-   |  |  |
|              | a. Contact Staff to open school and implement SHELTERING procedure.  |  |  |
| 5.           | Stand by for further instructions.   |  |  |

## <u>Teachers</u>

| <u>UNU</u> : | SUAL      | <u>EVENT</u>   |  |  |  |  |
|--------------|-----------|--|--|--|--|--|
|              | 1.        | Not notified. No actions required.   |  |  |  |  |
| ALEF         | <u>RT</u> |  |  |  |  |  |
|              | 1.        | Receive notification of emergency.   |  |  |  |  |
|              | 2.        | Direct students to return to homerooms.  |  |  |  |  |
|              | 3.        | Take student attendance and receive KI envelopes from school nurse or designee. Receive PPE as directed and supplied by Duxbury EMD. |  |  |  |  |
|              | 4.        | If directed, administer KI to students that have been given parental consent.  |  |  |  |  |
|              | 5.        | Mark a "K" on the back of student's right hand with indelible marker.  |  |  |  |  |
|              | 6.        | Complete KI Administration Form.   |  |  |  |  |
|              | 7         | Notify Principal that KI has been administered.  |  |  |  |  |
|              | 8.        | Put completed KI Administration Forms in envelope and leave on teacher's desk.   |  |  |  |  |
|              | 9.        | Inform students that for their safety all are requested to stay with their class (unless signed out by parent/designee) and to:      |  |  |  |  |
|              |           | a. Relocate to shelter areas of schools or   |  |  |  |  |
|              |           | b. Transfer on to buses provided.  |  |  |  |  |
|              | 10.       | Receive class and bus assignments from Principal.  |  |  |  |  |
|              | 11.       | Teachers assigned as drivers for the bus convoy Lead car and Follow car will be notified by Principal to remain on standby:          |  |  |  |  |
| SITE         | ARE       | A EMERGENCY or GENERAL EMERGENCY   |  |  |  |  |
|              | 1.        | Receive notification of SITE AREA EMERGENCY from Principal.  |  |  |  |  |
|              | 2.        | Complete actions under ALERT.  |  |  |  |  |
|              | 3.        | Inform students that for their safety all are requested to stay with their class (unless signed out by parent/designee) and to:      |  |  |  |  |
|              |           | a. Relocate to shelter areas of schools or   |  |  |  |  |
|              |           | h Transfer on to huses provided  |  |  |  |  |

# Teachers (continued)

| 4. | If instructed | ted to implement PRECAUTIONARY TRANSFER:  |  |  |  |
|----|---------------|---|--|--|--|
|    | a.            | If parents/designees arrive to pick up students, assure that Sign Out Sheet (see forms) is completed.   |  |  |  |
|    | b.            | Escort class to assigned bus(es). Take attendance sheet, Sign Out Sheets and Potassium Iodide (if not already administered) and KI envelope with you. (See forms)   |  |  |  |
|    | C.            | Drivers of the bus convoy Lead and Follow cars will be notified by Principal to implement their procedure for Precautionary Transfer:   |  |  |  |
|    |               | (1) Proceed to Host Facility (Braintree High School) with bus convoy, the Lead car in front of entire line of buses and the Follow car at end of line.  |  |  |  |
|    |               | (2) If there is no radio equipment in the delayed bus(es), the Follow car remains with said bus(es) until the situation is satisfactorily resolved. The Follow car then proceeds to Host Facility.  |  |  |  |
|    | d.            | Complete or ensure that another teacher assigned to the bus completes Bus Census (see forms) as students board bus. Remain with assigned bus until registered at the Host Facility.   |  |  |  |
|    | e.            | Supervise students on bus during transport to Host Facility.  |  |  |  |
|    | f.            | Remain with students from bus until they are registered at Host Facility.   |  |  |  |
|    | g.            | Provide Bus Census to Host Facility registrar to facilitate registration. School children will be assigned to a designated location in the Braintree High School. Once the children are registered, Duxbury staff members with the assistance of Braintree High School staff members will escort the children to their designated waiting areas in the high school. |  |  |  |
|    | h.            | Reassemble students by class and assure all students are present, based on original attendance sheet.   |  |  |  |
|    | i.            | Remain with class or children assigned to you until all have been released for pickup by their parents.   |  |  |  |
|    | j.            | Log the name of the student and obtain name of parent/designee picking up the student on Student Departure Log (see forms).   |  |  |  |
|    | k.            | Record names of students not picked up by parents/guardians by 8:00 p.m.  |  |  |  |
|    |               | (1) Request Mass Care Assignments and transportation for remaining students and staff to Mass Care Shelters from Braintree High School Principal.   |  |  |  |

## \_\_\_(2) Remain with students through registration for Mass Care Shelter(s). \_\_\_ (3) Assure request is made for assignment of personnel for continued supervision. Record students names, assignments and name of teachers \_\_\_(4) responsible for continued supervision on the "Student Registered at Mass Care Shelters" Form (see forms). Assure that all students on original attendance sheet are accurately I. accounted for. Give Principal original attendance sheet, Sign Out Sheet (if applicable), m. Bus Census (if not collected by registrar), Student Departure Log, and list of students registered at Mass Care Shelters (see forms). **GENERAL EMERGENCY** Receive notification of GENERAL EMERGENCY from Principal or Braintree High School Principal, if at Host Facility. \_\_\_2. In the event of a GENERAL EMERGENCY, protective actions for an evacuation may occur prior to the precautionary evacuation of school students. Therefore, anticipate school students going to the Reception Center (Braintree High School) for monitoring prior to entering the Host Facility (Braintree High School). Supervise children during monitoring and possible decontamination. Note: If protective action is for SHELTERING, remain indoors and stand by for further instructions from Principal. Complete all actions under SITE AREA EMERGENCY. 3.

4.

Stand by for further instructions.

Teachers (continued)

# School Nurse/Health Aide

| UNUSUA   | <u>L EVENT</u>  |  |  |  |  |
|----------|---|--|--|--|--|
| 1.       | Not notified.   |  |  |  |  |
| ALERT    |   |  |  |  |  |
| 1.       | Receive notification of ALERT from Principal.   |  |  |  |  |
| 2.       | Pack all regularly scheduled and emergency medications for transport to Host Facility (Braintree High School).  |  |  |  |  |
|          | a. If medications require refrigeration, obtain an ice chest/cold box for transport.  |  |  |  |  |
| 3.       | When directed by Principal, distribute KI kits to homerooms. Assure there are water and cups stored in homeroom. Distribute PPE as directed and supplied by Duxbury EMD.    |  |  |  |  |
| 4.       | Inventory First Aid supplies, supplement as required, and pack for transport to Host Facility (Braintree High School).  |  |  |  |  |
| 5.       | Review Medication Book to assure it is up to date, and that necessary medications have been packed.   |  |  |  |  |
| 6.       | Inform Principal of any potentially critical health concerns (diabetics requiring insulin from Nurse, special needs students requiring care, special transportation, etc.). |  |  |  |  |
| 7.       | Request that students who may require care be scheduled on bus/lift van with you.   |  |  |  |  |
| 8.       | Notify Principal when all KI kits and PPE are distributed.  |  |  |  |  |
| SITE ARE | EA EMERGENCY  |  |  |  |  |
| 1.       | Receive notification of the SITE AREA EMERGENCY from Principal.   |  |  |  |  |
| 2.       | Complete all actions under ALERT.   |  |  |  |  |
| 3.       | To prepare for precautionary transfer to the Host Facility (Braintree High School), load the following supplies on assigned bus or van:                                     |  |  |  |  |
|          | a. Medications  |  |  |  |  |
|          | b. First Aid supplies   |  |  |  |  |
|          | c. Medication Book  |  |  |  |  |
|          | d. Potassium lodide (KI) (If not already distributed).  |  |  |  |  |
|          | e. PPE as directed and supplied by Duxbury EMD.   |  |  |  |  |

# School Nurse/Health Aide (continued)

| 4.      | Assist teachers/students with health needs while on route to Host Facility (Braintree High School) until released by Principal.   |
|---------|---|
| GENERAL | _ EMERGENCY   |
| 1.      | Receive notification of GENERAL EMERGENCY from Principal or Braintree High School Principal, if at Host Facility.   |
| 2.      | In the event of a GENERAL EMERGENCY, protective actions for an evacuation may occur prior to the precautionary evacuation of school students. Therefore, anticipate school students going to the Reception Center (Braintree High School) for monitoring prior to entering the Host Facility (Braintree High School). |
|         | Note: If protective action is for SHELTERING, stand by for further instructions from Principal.   |
| 3.      | Complete all actions under SITE AREA EMERGENCY.   |
| 4.      | Stand by for further instructions.  |

## **Custodial Staff**

## SCHOOLS IN SESSION

| <u>UNUSUA</u> | L EVENT   |  |  |  |  |  |
|---------------|---|--|--|--|--|--|
| 1.            | Not notified.   |  |  |  |  |  |
| <u>ALERT</u>  |   |  |  |  |  |  |
| 1.            | Receive notification of emergency from the Principal.   |  |  |  |  |  |
| 2.            | 2. Meet buses and lift vans when instructed by the Principal:   |  |  |  |  |  |
|               | a.  | Receive notification of number of buses and lift vans expected to arrive.  |  |  |  |  |
|               | b.  | Observe designated area is clear for receiving the expected number of buses and lift vans.                             |  |  |  |  |
|               | C.  | Identify an area for parents who may come to pick up children to park. Assure area doesn't interfere with bus parking. |  |  |  |  |
|               | d.  | Meet arriving buses and lift vans and direct them to predesignated area.   |  |  |  |  |
|               | e.  | Inform Principal when all buses and lift vans have arrived.  |  |  |  |  |
| 3.            | If directed   | by Principal to prepare to shelter in place:   |  |  |  |  |
|               | a.  | Close and lock all windows.  |  |  |  |  |
|               | b.  | Close and lock all out side doors except main entrance.  |  |  |  |  |
|               | C.  | Shut off school ventilation systems.   |  |  |  |  |
|               | d.  | Remain until directed to leave by Principal.   |  |  |  |  |
| SITE ARE      | A EMERGE  | <u>ENCY</u>  |  |  |  |  |
| 1.            | Receive notification of SITE AREA EMERGENCY from Principal.   |  |  |  |  |  |
| 2.            | Complete all actions under ALERT.   |  |  |  |  |  |
| 3.            | If protected action is to shelter in place, lock and secure all exterior entrances and place signs "Not A Public Shelter When School Is In Session".  |  |  |  |  |  |
| 4.            | When buses are loaded, check all rooms and restrooms to assure all children are out of the school.  |  |  |  |  |  |
| 5.            |   | students have left, post the copy of Student Relocation Notice (Maps) on ance to school (inside the door).             |  |  |  |  |
| 6.            | As appropriate, prepare the building for Public Sheltering when instructed by the Principal or Shelter Officer. Refer to your response action in the Shelter Manager Standard Operating Procedure. Procedures are found in Shelter Kits in the emergency cabinet. |  |  |  |  |  |

## Custodial Staff (continued) School In Session

## **GENERAL EMERGENCY**

| 1. | Receive notification of GENERAL EMERGENCY from Principal.                |
|----|--|
| 2. | Complete all actions under SITE AREA EMERGENCY.                          |
| 3. | If students are SHELTERING in place, the school is not a public shelter. |

# **Custodial Staff**

## SCHOOLS NOT IN SESSION

| <u>UNUSUA</u> | <u>L EVENT</u>  |  |  |  |  |  |
|---------------|---|--|--|--|--|--|
| 1.            | Not notified. No action required.   |  |  |  |  |  |
| ALERT         |   |  |  |  |  |  |
| 1.            | Receive notification of ALERT from the Superintendent, Principal, or Director of Buildings and Grounds.   |  |  |  |  |  |
| 2.            | If after hours activities are taking place, Shelter Manager should report and establish contact with Superintendent of Schools.                             |  |  |  |  |  |
| SITE ARE      | EA EMERGENCY  |  |  |  |  |  |
| 1.            | Receive notification of SITE AREA EMERGENCY from the Superintendent, Principa or Director of Buildings and Grounds.   |  |  |  |  |  |
| 2.            | Complete all actions under ALERT.   |  |  |  |  |  |
| 3.            | For Custodial Staff only at schools designated as Public Shelters and who receive assignment to prepare the school as Public Shelter:                       |  |  |  |  |  |
|               | a. Report to school.  |  |  |  |  |  |
|               | b. Refer to your response action(s) in the Shelter Manager Standard Operating Procedure. Procedures are found in the Shelter Kits in the emergency cabinet. |  |  |  |  |  |
| <u>GENERA</u> | L EMERGENCY   |  |  |  |  |  |
| 1.            | Receive notification of GENERAL EMERGENCY from Superintendent, Principal, or Director of Buildings and Grounds.   |  |  |  |  |  |
| 2.            | Complete all actions under SITE AREA EMERGENCY.   |  |  |  |  |  |

TOWN OF DUXBURY SPECIAL FACILITIES COORDINATOR STANDARD OPERATING PROCEDURE DUX-07

## **Table of Contents**

| Title Page | e  | 1  |
|------------|--|----|
| Table of 0 | Contents   | 2  |
| Part 1:    | Concepts   | 3  |
|            | Purpose  | 3  |
|            | Concept of Operations  | 3  |
| Part 2: R  | Response Actions   | 6  |
|            | Special Facilities Coordinator   | 6  |
|            | Special Facilities Assistant   | 15 |
|            | Forms  |    |
|            | Special Facilities List<br>Special Facilities Notification List<br>Transportation Resource Summary |    |
|            | Supporting Documents   |    |

**Emergency Call List** 

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Duxbury Special Facilities Coordinator (SFC) in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The responsibilities of the Special Facilities Coordinator are to notify nursing homes, group homes, children's camps, day care centers, major industries, and historical sites, and also to coordinate the transportation of nursing homes, children's camps, and day care centers.

#### CONCEPT OF OPERATIONS

#### Agency Responsibilities

- 1. Special Facilities Coordinator
  - Advise nursing/group homes and day care centers of emergency classification and protective action directives.
  - Coordinate transportation for nursing/group home, day care centers, and children's camp populations.
  - Notify major industries and historical sites of emergency at PNPS.
  - Receive results of dosimetry readings from nursing homes and report to Radiological Officer
  - Assign duties to Special Facilities Assistants.

#### 2. Special Facilities Assistants

Assist the Special Facilities EOC Representative with the above responsibilities.

#### Related Agency Responsibilities

- 1. Transportation Officer
  - Provide transportation for nursing/group homes, day care centers and children's camps.
  - Request additional transportation resources from Massachusetts Emergency Management Agency (MEMA) Region II, as needed.

#### 2. Radiological Officer

When advised by the Massachusetts Department of Public Health, request the Special Facilities Coordinator to coordinate KI and dosimetry use to appropriate facilities.

#### Part 1: Concepts (continued)

- Coordinates recommendations and directives for Protective Actions.
- 3. Nursing Home Administrators/Group Home Resident Managers
  - Provide nursing/group home transportation and equipment resource needs data to Special Facilities Coordinator.
  - Verify adequacy of host facility resources.
  - Provide Special Facilities Coordinator status of nursing/group home evacuation.
- 4. Host Facility Administrators
  - Provide Special Facilities Coordinator status of nursing homes.
  - Confirm availability of Host Facility Resources with Nursing Home Administrators/Group Home Resident Managers.
  - Coordinate return transportation with Special Facilities Coordinator.
- 5. MEMA Region II Special Facilities Coordinator
  - Provide alternate host facility to nursing/group homes.
- 6. EOC Dosimetry Coordinator (Radiological Officer)
  - Distribute dosimetry, KI and record forms for EOC emergency workers and nursing home staff as appropriate.
  - Monitor the accumulated emergency worker dose.
- 7. Host Facility Principal (Braintree High School)
  - Register all incoming day care children/staff from Duxbury.
  - Report arrival to appropriate School EOC Representative.
  - Report to appropriate School EOC Representative when all students from a school have been picked up by parent/designee.
  - Report registration of students at the Mass Care Shelters to School EOC Representative.
  - Request transportation for staff to return to their day care centers when emergency terminates.

#### Part 1: Concepts (continued)

- 8. School EOC Representative (located at Braintree Reception Center/Host Facility)
  - Receive notification of arrival and registration of day cares and camps at the Host School (Braintree High School) from Host School Principal.
  - Notify Day Care or Camp Directors of arrival and registration of day cares or camps at host facility (Braintree High School).
  - Receive notification that all students from a school have been picked up by parents. Inform Duxbury Special Facilities Coordinator.
  - Receive notification of children registered with Mass Care Shelters after 8:00 PM. Notify Duxbury Special Facilities Coordinator.
  - Report arrival of camp(s) or day care(s) at Reception Center to Duxbury Special Facilities Coordinator (if applicable).
- 9. **Emergency Management Director** 
  - Receive status of nursing/group homes, day care centers, major industries, and children's camps from Special Facilities Coordinator.

# **Special Facilities Coordinator**

| UNUSUAL                      | <u>EVENT</u>                                       |   |   |  |
|------------------------------|--|---|---|--|
| 1.                           | Not notified at UNUSUAL EVENT. No action required. |   |   |  |
| <u>ALERT</u>                 |  |   |   |  |
| 1.                           |  | otification from Public Safety Dispatcher, call in your Estimated Time of A) by dialing the number on your pager. |   |  |
| 2.                           | Report to E  | OC:   |   |  |
|                              | a.   | Sign in on F  | Roster Board.   |  |
|                              | b.   | Inform the E  | Emergency Management Director of your presence.   |  |
|                              | C.   |   | oriefing from the Emergency Management Director on the emergency.   |  |
|                              | d.   | Set up equipment and supplies.  |   |  |
|                              | e.   | Receive dosimetry from the Radiological Officer.  |   |  |
|                              | f.   | Notify/Mobilize emergency personnel   |   |  |
|                              |  | (1) Obtain Special Facilities Coordinator/Assistants Emergency call out list.                                     |   |  |
|                              |  | (2)   | Notify Special Facilities Coordinator Personnel and request<br>them to either report to the Duxbury EOC or place on<br>standby. |  |
|                              | g.   | Review and  | I act on any important messages received.   |  |
|                              | h.   | Send mess   | ages and keep a log of your activities.   |  |
|                              | i.   |   | gh copies of Special Facilities Coordinator Assistant checklist edure to pass out a copy to each Special Facilities Assistant.  |  |
| 3.                           | Brief Specia                                       | al Facilities C   | Coordinator Assistant(s)  |  |
|                              | a.   | When assis  | stant(s) arrive, make sure they:  |  |
| (1) Sign-in on Roster Board. |  | Sign-in on Roster Board.  |   |  |

Receive dosimetry and PPE.

\_\_\_\_(2)

|    | b.   | Assign eac EOC.   | ach Special Facilities Coordinator Assistant a workstation in the  |  |
|----|--|---|--|--|
|    |  | (1)   | Give each assistant copy of checklist titled <u>"Special Facilities Coordinator Assistant"</u> .   |  |
|    |  | (2)   | Review checklists and forms with assistant.  |  |
|    |  | (3)   | Record the telephone number assigned to each assistant and give them your phone number where you can be reached.                                       |  |
|    | c.   | Introduce the to:   | ne Special Facilities Coordinator Assistants and their location  |  |
|    |  | (1)   | Emergency Management Director  |  |
|    |  | (2)   | Transportation Officer   |  |
| 4. |  |   | and children's camps identified on Special Facilities ms). Have assistants follow their step 3 under Alert.  |  |
|    | a.   | Divide the special facilities list between the Special Facilities Coordinator Assistant(s).   |  |  |
|    | b.   | Direct assistants to telephone each camp and day care director of emergency classification. Use Log Form to keep track of contacts made |  |  |
|    |  | NOTE:   | If day care centers cannot be contacted by telephone, use the default transportation values provided by MEMA Region II Special Facilities Coordinator. |  |
|    | C.   |   | ify transportation needs and note on Transportation Resource nmary (see forms).  |  |
|    | d.   |   | Advise them to monitor a local EAS Station or listen for activation of Ton Alert Monitor.  |  |
|    | e.   | Coordinato  | day care and camp directors have the Special Facilities r and Assistant's phone numbers. Request telephone call are and Camp Directors when:           |  |
|    |  | (1)   | Transportation arrives at Day Care Centers and/or Camps.   |  |
| 5. |  |   | through number of vehicles based on the day's census or the transportation for children's camps and day care centers.                                  |  |
|    | a. Make two (2) copies of Transportation Resource Summary (see |   | 2) copies of Transportation Resource Summary (see forms).  |  |

|    | b.           | Give one copy to Transportation Officer and request pre-staging of vehicles.                         |   |  |  |
|----|--------------|--|---|--|--|
|    | C.           | Give second copy to Emergency Management Director.   |   |  |  |
| 6. |              | raintree High School for children's camps and day care centers is ready chool EOC Representative.    |   |  |  |
| 7. | listed in Sp | ecial Facilitie  | available the responsibility to notify <u>nursing/group homes</u> es Notification List (see forms) of emergency and obtain their assistant(s) follow their step 4 under Alert). |  |  |
|    | a.           | Contact Nu and:  | ırsing Home Administrator/Group Home Resident Manager   |  |  |
|    |              | (1)  | Notify them of the emergency classification.  |  |  |
|    |              | (2)  | Give Administrator/Manager your telephone number (781)934-7142.   |  |  |
|    | b.           |  | sing/group home resource needs if available. Otherwise, rsing/group home Administrator/Manager to call you back with ation.   |  |  |
|    |              | (1)  | Receive transportation, equipment, and host facility data on Transportation Resource Summary (see forms). Indicate necessary corrections.                                       |  |  |
|    |              | (2)  | Determine number of KI and dosimetry and PPE needed for staff remaining behind with patients unable to evacuate, and KI and PPE for patients.                                   |  |  |
|    |              | (3)  | Indicate time call was completed, and proceed to next call.   |  |  |
| 8. |              | Host Facility for <u>nursing/group homes</u> , as required (Have assistant(s) follop 5 under Alert). |   |  |  |
|    | a.           |  | e Massachusetts Emergency Management Agency (MEMA) special Facilities Coordinator:  |  |  |
|    |              | (1)  | Provide Special Facilities Coordinator data for each nursing home requiring a host facility.  |  |  |
|    |              | (2)  | Obtain names of required host facilities, indicate on Transportation Resource Summary (see forms).  |  |  |

|          | b.   | Contact nursing homes requiring host facilities:   |   |  |
|----------|--|--|---|--|
|          |  | (1) Provide facility.  | Nursing Home Administrator information on host  |  |
|          |  | (2) Direct A   | dministrator to confirm availability of host facility.  |  |
| 9.       | historical si  | ssistant(s) if available the responsibility to notify <u>major industries</u> and <u>tes</u> identified on Special Facilities Notification List (see forms). Have follow their step 6 under Alert. |   |  |
|          | a.   | Advise them to lister Alert Monitor.   | to a EAS Station or listen for activation of the Tone   |  |
| 10.      |  |  | t Director with status of <u>nursing home/group, day</u><br>najor industries and <u>historical sites</u> :    |  |
|          | a.   | Obtain status from H   | ealth Assistant(s)  |  |
| 11.      | Brief altern   | ate of events and action   | ons prior to shift change.  |  |
| SITE ARE | A EMERGE   | <u>NCY</u>   |   |  |
| 1.       |  | Receive notification from Emergency Management Director or Public Safety Dispatcher and complete actions under ALERT.  |   |  |
| 2.       | Discuss with Emergency Management Director precautionary transfer of day care centers and children's camps.  |  |   |  |
| 3.       | Ensure notification of camp and day care directors identified on Special Facilities Notification List. (Have assistant(s) follow their step 2 under Site Area if they are assigned this task.) |  |   |  |
|          | a.   | Notify contact persor  | of emergency.   |  |
|          | b.   | Request any change   | s of information on Special Facilities Notification List.   |  |
|          | C.   | Confirm Braintree Hi<br>Representative.  | gh School is ready through School EOC   |  |
|          | d.   | Once the State directimplement precaution  | ts precautionary transfers, instruct contact person to nary transfer.   |  |
|          | e.   |  | hrough camp or day care director(s) that buses have cation (Braintree High School). Indicate on Special List. |  |

|    | f.   | Confirm with School EOC Representative arrival and registration of students and staff at designated host facility. Notify assistant(s).                                       |  |  |
|----|--|---|--|--|
|    | g.   | Receive names of children through School EOC Representative registered to Mass Care Shelters after 8 p.m. and report names to Emergency Management Director and assistant(s). |  |  |
|    |  | NOTE: Precautionary transfer may occur on ALERT - at discretion of State.   |  |  |
| 4. | nsportation, equipment, and host facility information for <a href="mailto:nursing/group">nursing/group</a> ect assistant(s) to follow their step 3 under Site Area Emergency.) |   |  |  |
|    | a.   | Contact Nursing Home Administrators/Group Home Resource Managers identified on Special Facilities Notification List (see forms).  |  |  |
|    | b.   | Advise Administrators/Managers of change in emergency classification.   |  |  |
|    | C.   | Request any changes of information on Special Facilities Notification List (see forms). Make necessary corrections.   |  |  |
|    | d.   | Confirm with Administrator/Manager that Host Facility resources are adequate.   |  |  |
|    | e.   | Confirm KI, PPE and dosimetry supplies are adequate.  |  |  |
| 5. | 5. Ensure arrangements have been made for additional Host Facility resournursing/group homes, as required. (Have assistant(s) follow their step 4 Area)                        |   |  |  |
|    | a.   | Call the MEMA Region II Special Facilities Coordinator and obtain information on additional Host Facility resources.  |  |  |
|    | b.   | Call Nursing Home Administrators/Group Home Resident Managers with resource information.  |  |  |
|    | C.   | Request Administrator/Manager to confirm availability of additional resource with new Host Facility. (i.e. number of beds)  |  |  |
| 6. | Update Tra<br>homes:   | nsportation Officer regarding transportation requirements for <u>nursing/group</u>  |  |  |
|    | a.   | Copy Transportation Resource Summary with updated information completed in steps 2 and 3 above.   |  |  |
|    | b.   | Give Transportation Officer copy of completed Transportation Resource Summary.  |  |  |
| 7. | Provide Emergency Management Director status of <u>nursing/group homes</u> , <u>day care centers</u> and <u>children's camps</u> .   |   |  |  |

# **GENERAL EMERGENCY**

| 1. | Receive notification from Emergency Management Director or Public Safety Dispatcher and complete actions under SITE AREA EMERGENCY.  |   |   |  |  |  |  |
|----|--|---|---|--|--|--|--|
| 2. | If GENERAL EMERGENCY is first notification received, direct assistant(s) to Camp and Day Care Directors listed on Special Facilities Notification List (see (Have assistant(s) follow their step 2 under GENERAL EMERGENCY.)  a. Notify Transportation Officer to dispatch the number of buses to to camps and Day Care Centers identified on Transportation Resource. |   |   |  |  |  |  |
|    | Summary (see   | Summary (see forms).  Use the following criteria to determine the appropriate response acti   |   |  |  |  |  |
|    | IF: buses for the day care and camps have not departed for host facility (Braintree High School)   | AND   | THEN: have assistant(s) if available to:  |  |  |  |  |
|    |  | NO PROTECTIVE ACTION for Duxbury (Subarea 9 and 4) is identified nor any evacuation directive | Instruct Camp and Day Care Directors to proceed immediately to their host facility. |  |  |  |  |
|    |  | issued for <u>any</u> subarea   | Follow Precautionary<br>Transfer Response<br>Action Steps.                          |  |  |  |  |
|    |  | EVACUATION for any subarea is identified  | Instruct Camp and Day Care Directors to go to the Reception Center/Host Facility    |  |  |  |  |
|    |  |   | Follow evacuation<br>Response Action<br>Steps.                                      |  |  |  |  |
|    |  | SHELTERING for Subarea 9 and 4 is identified  | Instruct Camp and Day Care Directors to implement sheltering Response Action Steps. |  |  |  |  |

| 3. | Update transportation, equipment, and host facility information for <a href="mailto:nursing/group homes">nursing/group homes</a> . (Direct assistant(s) to follow their step 3 under GENERAL EMERGENC) |   |  |  |
|----|--|---|--|--|
|    | a.   | Contact Nursing Home Administrators/Group Home Residence Managers identified on Special Facilities Notification List (see forms).                             |  |  |
|    | b.   | Advise Administrators/Managers of change in emergency classification.   |  |  |
|    | C.   | Request any changes of information on Special Facilities Notification List (see forms). Make necessary corrections.   |  |  |
|    | d.   | Confirm with Administrator/Manager that Host Facility resources are adequate.   |  |  |
|    | e.   | Provide Transportation Officer nursing/group homes update.  |  |  |
|    |  | DUXBURY (SUBAREA 9 AND 4) IS DIRECTED, HAVE ASSISTANT(S) P 4 AND 5 UNDER GENERAL EMERGENCY.   |  |  |
| 4. |  | ing Home Administrators/Group Home Residence Managers listed in cilities List (see forms), and inform them of the sheltering directive.                       |  |  |
| 5. | Notify Nursi   | ing Home Administrators/Managers when sheltering is terminated.   |  |  |
|    |  | DUXBURY (SUBAREA 9 AND 4) IS DIRECTED, HAVE ASSISTANT(S) P 6 UNDER GENERAL EMERGENCY.   |  |  |
| 6. |  | Notify <u>nursing/group homes</u> listed in Special Facilities Notification List (see forms), of Protective Action Directive:                                 |  |  |
|    | a.   | Advise Nursing Home Administrators/Group Home Residence Managers of Protective Action Directive.  |  |  |
|    | b.   | Confirm with Administrator/Manager the names and locations of designated host facilities for nursing/group home residents.                                    |  |  |
|    | c.   | Ask Nursing Home Administrator if any residents will <u>not</u> be evacuated due to their serious medical condition. If so, request Administrator to provide: |  |  |
|    |  | (1) the name.   |  |  |
|    |  | (2) the telephone number of the individual who will be responsible for the care of these residents during the emergency.                                      |  |  |

|                           | d.   | Request telephone call from Nursing Home Administrator when:  |   |  |  |  |
|---------------------------|--|---|---|--|--|--|
|                           |  | (1)   | Transportation arrives at nursing home.   |  |  |  |
|                           |  | (2)   | Transportation vehicles have departed for host facility. Indicate on Special Facilities List (see forms).   |  |  |  |
|                           |  | (3)   | Nursing home residents have arrived at Host Facility.   |  |  |  |
|                           | e.   | ingestion of and advise   | ological Officer informs you that MDPH has authorized the f KI by nursing home staff and patients, notify nursing homes of recommendation and also direct staff to read dosimetry as Ensure that PPE has been distributed as directed and supplied EMD. |  |  |  |
| 7.                        | Monitor and periodically report to the Emergency Management Director the status of nursing/group home, day care centers, and children's camp populations.  |   |   |  |  |  |
| 8.                        | Periodically report dosimetry information to Radiological Officer.   |   |   |  |  |  |
| 9.                        | At the end of emergency, or individual's shift, direct personnel to report to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA, for monitoring and to drop off dosimetry. |   |   |  |  |  |
| RELOCATION/REENTRY/RETURN |  |   |   |  |  |  |
| 1.                        |  | evacuated, arrange return transportation for nursing/group homes. (Have ssistant(s) follow their step 1 under Relocation/Reentry/Return.) |   |  |  |  |
|                           | a.   | Notify nurs   | ing home administrators/managers of authorized return.  |  |  |  |
|                           | b.   |   | g home Administrators at Host Facilities and receive ion needs for return of nursing home residents.  |  |  |  |
|                           | C.   |   | ansportation Officer with list of nursing/group home return ion requirements.   |  |  |  |
|                           | d.   | Monitor rec   | ppening of nursing/group homes.   |  |  |  |
| 2.                        | If evacuated, arrange return transportation for day care and camp personnel.   |   |   |  |  |  |
| 3.                        | Periodically advise Emergency Management Director on status of activities.   |   |   |  |  |  |

# Special Facilities Coordinator (continued)

| _4. | Make arrangements to collect records of Health Department, Nursing/Group Homes Day Care Centers, and Camps and submit to Emergency Management Director including: (Have assistants follow their step 3.) |   |  |
|-----|--|---|--|
|     | a. personnel rosters.  |   |  |
|     | b.   | message logs.   |  |
|     | c.   | procedure.  |  |
|     | d.   | nursing/group homes and camp procedures and associated forms. |  |
| 5.  | Coordinate   | return of nursing home dosimetry to Radiological Officer      |  |

# Part 2: Response Actions

# **Special Facilities Assistant**

# **UNUSUAL EVENT**

| 1.           | Not notified | ied at UNUSUAL EVENT. No action required.  |  |  |
|--------------|--------------|--|--|--|
| <u>ALERT</u> |              |  |  |  |
| 1.           | When notifi  | ied by Special Facilities Coordinator, Proceed to Duxbury EOC.   |  |  |
| 2.           | Upon arrivi  | ng at the Duxbury EOC:   |  |  |
|              | a.           | Sign in on Roster Board.   |  |  |
|              | b.           | Inform the Special Facilities Coordinator of your arrival.   |  |  |
|              | C.           | Obtain dosimetry and PPE as directed and supplied by Duxbury EMD from Radiological Officer.  |  |  |
|              | d.           | Obtain needed supplies from the Special Facilities Coordinator.  |  |  |
|              | e.           | Notify your alternate and place on standby.  |  |  |
|              | f.           | Receive briefing from Special Facilities Coordinator on your response to actions.  |  |  |
|              | g.           | Send messages and maintain a log of activities.  |  |  |
|              | h.           | Review and act on any important messages received.   |  |  |
| 3.           |              | d to notify day care centers and children's camps identified on Special otification List (see forms).                                  |  |  |
|              | a.           | Advise camp and day care directors of emergency classification.  |  |  |
|              | b.           | Verify transportation needs and note on Transportation Resource Summary (see forms).   |  |  |
|              | c.           | Advise them to monitor a local EAS Station or listen for activation of Tone Alert Monitor.   |  |  |
|              | d.           | Give Day Care and Camp Directors the phone number they can reach you at. Request telephone call from Day Care and Camp Directors when: |  |  |
|              |              | (1) Transportation arrives at Day Care Centers and/or Camps.   |  |  |

## If instructed notify nursing/group homes listed in Special Facilities Notification List 4. (see forms), of emergency and obtain their resource needs: Contact Nursing Home Administrator/Group Home Resident Manager \_\_\_ a. and: \_\_\_\_(1) Notify them of the emergency classification. (2) Give Administrator/Manager your telephone number. b. Obtain nursing/group home resource needs; if available. Otherwise, request nursing/group home Administrator/Manager to call you back with the information. \_\_\_\_(1) Receive transportation, equipment, and host facility data on Transportation Resource Summary (see forms). Write on sheets data information. \_\_\_(2) Determine number of KI and dosimetry and PPE needed for staff remaining behind with patients unable to evacuate, and KI and PPE for patients. Indicate time call was completed and proceed to next call. (3) 5. If instructed to notify major industries and historical sites identified on Special Facilities Notification List (see forms). Advise them to listen to an EAS Station or listen for activation of the Tone a. Alert Monitor. Provide Special Facilities Coordinator with status of nursing home/group, day care 6. centers, children's camps, major industries and historical sites. Brief alternate of events and actions prior to shift change. 7. SITE AREA EMERGENCY Receive notification from Special Facilities Coordinator or Emergency Management 1. Director and complete any outstanding actions under ALERT. If instructed to notify Camp and Day Care Directors identified on Special Facilities \_\_\_\_2. Notification List (see forms). a. Notify contact person of emergency classification. b. Request any changes of information of Special Facilities Notification List. Provide copies of the completed or modified Special Facilities Notification List to Special Facilities Coordinator for distribution to the Emergency

Special Facilities Assistant (continued)

Management Director and Transportation Officer.

|   | C.   | Confirm Braintree High School is ready through Special Facilities Coordinator.  |   |  |
|---|--|---|---|--|
|   | d.   | ate directs precautionary transfers, instruct contact person to recautionary transfer.  |   |  |
|   | <ul> <li>e. Receive notification through Director (camp or day care) the departed for Braintree High School. Indicate on Special Factorium (see forms).</li> </ul> |   |   |  |
|   | f.   | f. Confirm with Special Facilities Coordinator arrival and registration students and staff at designated host facility (Braintree High Science) |   |  |
|   | g.   |   | nes of children registered at Mass Care Shelters after 8 P.M. I Facilities Coordinator.                 |  |
|   |  |   | Precautionary transfer may occur on ALERT - at discretion of State.                                     |  |
| 3. If instructed to update transportation, equipment and host facility information for nursing/group homes: |  |   | ansportation, equipment and host facility information for   |  |
|   | a.   |   | sing Home Administrators/Group Home Resource Managers Special Facilities Notification List (see forms). |  |
|   | b. Advise Administrators/Managers of change in emergency classic   |   |   |  |
|   | C.   |   | changes of information on Special Facilities Notification List Make necessary corrections.              |  |
|   | d.   | Confirm with adequate.  | Administrator/Manager that Host Facility resources are  |  |
|   | e.   | Confirm KI,   | PPE and dosimetry supplies are adequate.  |  |
| 4.  |  | ecial Facilities<br>I <u>children's ca</u>  | s Coordinator status of <u>nursing/group homes</u> , <u>day care</u><br>amps:                           |  |
| <u>GENERAL</u>  | <u>EMERGEN</u>   | <u>ICY</u>  |   |  |
| 1.  | Receive notification from Special Facilities Coordinator or Emergency Management Director and complete actions under SITE AREA EMERGENCY.                          |   |   |  |

| 2. | If GENERAL EMERGENCY is first notification received and if instructed to notify, notify Camp and Day Care Directors listed on Special Facilities Notification List (see forms):           |   |  |   |  |  |  |
|----|---|---|--|---|--|--|--|
|    | <ul> <li>a. Notify Transportation Officer to dispatch the number of buses to the<br/>camps and Day Care Centers identified on Transportation Resource<br/>Summary (see forms).</li> </ul> |   |  |   |  |  |  |
|    | b. Use the following criteria to determine the appropriate response act   |   |  |   |  |  |  |
|    | IF: buses for the day care and camps have not departed for host facility (Braintree High School)  |   | <u>AND</u>   | THEN: have assistant(s) if available to:  |  |  |  |
|    |   |   | NO PROTECTIVE ACTION for Duxbury (Subarea 9 and 4) is identified nor any evacuation directive issued for any subarea | Instruct Camp and Day Care Directors to proceed immediately to their host facility.  Follow Precautionary Transfer Response Action Steps. |  |  |  |
|    |   |   | EVACUATION for any subarea is identified   | Instruct Camp and Day Care Directors to go to the Reception Center/Host Facility  |  |  |  |
|    |   |   |  | Follow evacuation<br>Response Action<br>Steps.  |  |  |  |
|    |   |   | SHELTERING for Duxbury is identified   | Instruct Camp and Day Care Directors to implement sheltering Response Action Steps.   |  |  |  |
| 3. | Update tra<br><u>homes</u> .  | Update transportation, equipment, and host facility information for <a href="https://nursing/group.nursing/group">nursing/group</a> <a href="https://nursing.nursing/group">homes</a> . |  |   |  |  |  |
|    | a. Contact Nursing Home Administrators/Group Home Residence Manage identified on Special Facilities Notification List (see forms).  |   |  |   |  |  |  |
|    | b. Advise Administrators/Managers of change in emergency classification.  |   |  |   |  |  |  |

|          | C.                        | Request any changes of information on Special Facilities Notification List (see forms). Make necessary corrections.   |  |  |
|----------|---------------------------|---|--|--|
|          | d.                        | Confirm with Administrator/Manager that Host Facility resources are adequate.   |  |  |
|          | e.                        | Provide Transportation Officer nursing/group homes update.  |  |  |
|          | f.                        | If the Radiological Officer informs you that MDPH has authorized the ingestion of KI by Nursing home staff and patients, notify nursing homes and advise of recommendation and also direct staff to read dosimetry as required. Ensure that PPE has been distributed as directed and supplied by Duxbury EMD. |  |  |
| IF SHELT | ERING OF D                | DUXBURY IS DIRECTED:  |  |  |
| 4.       | Managers I                | to: Notify Nursing Home Administrators/Group Home Residence isted in Special Facilities Notification List (see forms) and inform them of ng directive. Advise them to move away from windows.   |  |  |
| 5.       | If instructed terminated. | to: Notify Nursing Home Administrators/Managers when sheltering is  |  |  |
| IF EVACL | JATION OF [               | DUXBURY IS DIRECTED:  |  |  |
| 6.       |                           | d to: Notify nursing/group homes listed in Special Facilities Notification List of Protective Action Directive:   |  |  |
|          | a.                        | Advise Nursing Home Administrators/Group Home Residence Managers of Protective Action Directive.  |  |  |
|          | b.                        | Confirm with Administrator/Manager the names and locations of designated host facilities for nursing/group home residents.  |  |  |
|          | C.                        | Ask Nursing Home Administrator if any residents will <u>not</u> be evacuated due to their serious medical condition. If so, request Administrator to provide:   |  |  |
|          |                           | (1) the name.   |  |  |
|          |                           | (2) the telephone number of the individual who will be responsible for the care of these residents during the emergency.  |  |  |
|          | d.                        | Request telephone call from Nursing Home Administrator when:  |  |  |
|          |                           | (1) Transportation arrives at nursing home.   |  |  |
|          |                           | (2) Transportation vehicles have departed for host facility. Indicate on Transportation Resource Summary (see forms).   |  |  |
|          |                           | (3) Nursing home residents have arrived at Host Facility.   |  |  |

| 7.      | Monitor and periodically report to the Special Facilities Coordinator the status of nursing/group home, day care centers, and children's camp populations.  |   |  |  |  |
|---------|---|---|--|--|--|
| 8.      | At the end of emergency, report to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA, for monitoring and to drop off dosimetry. |   |  |  |  |
| RELOCAT | ΓΙΟΝ/REEN <sup>-</sup>  | TRY/RETURN                                |  |  |  |
| 1.      | If evacuated, arrange return transportation for nursing/group homes:  |   |  |  |  |
|         | a. Notify nursing home administrators/managers of authorized Return   |   |  |  |  |
|         | b. Call nursing home Administrators at Host Facilities and receive transportation needs for return of nursing home residents.   |   |  |  |  |
|         | c. Provide Transportation Officer with list of nursing/group home Return transportation requirements.   |   |  |  |  |
|         | d.  | Monitor reopening of nursing/group homes. |  |  |  |
| 2.      | If evacuated, arrange return transportation for day care and camp personnel.  |   |  |  |  |
| 3.      | Periodically advise Health EOC Representative on status of activities.  |   |  |  |  |

# TOWN OF DUXBURY

RADIOLOGICAL OFFICER

STANDARD OPERATING PROCEDURE

DUX-08

#### **Table of Contents**

| Title Page               |   |
|--------------------------|---|
| Table of Contents        |   |
| Part 1: Concepts         | 3 |
| Purpose                  |   |
| Concept of Operations    | 3 |
| Part 2: Response Actions | 5 |
| Radiological Officer     | 5 |

#### Forms

Dosimetry Coordinator Kit Inventory Sheet Dosimetry Instruction Briefing Card Dosimetry Log Emergency Worker Dose Authorization Log
Emergency Worker Exposure (EWE) Form
Regulatory Guide 8.13 Acknowledgment Form

#### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Radiological Officer (RO) in accomplishing specific responsibilities during an emergency at the Pilgrim Nuclear Power Station. The Radiological Officer's major responsibilities are coordination of radiological activities, updating the EOC and field staff, and informing MEMA Region II of any request along with relaying permission from MDPH for emergency workers to exceed their specific administrative limits.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibilities

- 1. Radiological Officer (EOC Dosimetry Coordinator)
  - Ensure the distribution of dosimetry, Potassium Iodide (KI) and record forms for emergency workers via the dosimetry coordinators.
  - Ensure the distribution of PPE as directed and supplied by Duxbury EMD.
  - Monitor the accumulated emergency worker dose.
  - Ensure emergency worker exposure limits established by MDPH are followed during the emergency.
  - Advise EOC staff and MEMA Region II on Emergency Worker Exposure.
  - Check availability and provide radiological equipment.
  - Monitor Regional Emergency Worker Monitoring and Decontamination Station's (REWMDS) operations via Region II Radiological Officer.
  - Relay and request permission from MDPH (through MEMA Region II Radiological Officer) for emergency workers to exceed their exposure limits.
  - Serve as Dosimetry Coordinator for EOC Staff.
  - Ensure that all radiological procedures are being followed.
  - Request any additional resources from Radiological Officer, MEMA Region II.

# Part 1: Concepts (continued)

#### Related Agency Responsibilities

- 1. Radiological Officer - MEMA Region II
  - Maintain radiological exposure records for all MEMA Region II emergency workers.
  - Ensure that emergency worker exposure limits are observed.
  - Report emergency worker exposures to MDPH.
  - Provide additional Radiological Equipment to local communities.
  - Provide monitoring and decontamination guidance for Town Radiological Officer.
  - Relay and request permission from MDPH for Town emergency workers to exceed their exposure limits.
  - Collect all DLR and EWE Forms for MDPH from Regional EWMDS.
  - Relays state authorization to allow use of KI by emergency workers.

# Part 2: Response Actions

# Radiological Officer

| UNUSUAL      | <u>EVENT</u>   |   |  |  |  |  |
|--------------|--|---|--|--|--|--|
| 1.           | Not notified. No actions required.                           |   |  |  |  |  |
| <u>ALERT</u> |  |   |  |  |  |  |
| 1.           | Organizatio  | ve notification from Public Safety Dispatcher through the Emergency Response nization paging system. Respond by telephoning the number on the pager and your estimated time of arrival (ETA). |  |  |  |  |
|              | a.   | Sign in on I  | Sign in on Roster Board.   |  |  |  |
|              | b.   | Inform Eme  | ergency Management Director (EMD) of your presence.                            |  |  |  |
|              | c.   | Receive a l   | oriefing from the EMD on the status of the emergency.                          |  |  |  |
|              | d.   | Set up and<br>MEMA Reg  | check equipment and supplies at EOC. Report shortages to gion II RO.           |  |  |  |
|              | e. Notify your alternate and place on standby.               |   |  |  |  |  |
|              | f. Review and act on any important message received to date. |   |  |  |  |  |
|              | g.   | Send messages and maintain a log of your activities.  |  |  |  |  |
|              | h.   | Establish communications with: (1) MEMA Region II RO.   |  |  |  |  |
|              |  | (2)   | Fire Dosimetry Coordinator.  |  |  |  |
|              |  | (3)   | Police Dosimetry Coordinator.  |  |  |  |
|              |  | (4)   | Harbormaster Dosimetry Coordinator.  |  |  |  |
|              |  | (5)   | DPW Dosimetry Coordinator.   |  |  |  |
|              |  | (6)   | Bay Path Nursing Home (indirectly through the Special Facilities Coordinator). |  |  |  |
| 2.           | Direct Depa<br>Coordinator                                   |   | metry Coordinators to pick up their respective Dosimetry                       |  |  |  |
| 3.           | Instruct the   | Department  | Dosimetry Coordinators to:   |  |  |  |
|              | a.   |   | metry to the emergency workers using the Dosimetry r Procedure.                |  |  |  |
|              | b. Distribute PPE as directed and supplied by Duxbury EMD.   |   |  |  |  |  |

|    | C.  | Maintain a l   | log of all activities.  |  |  |  |  |
|----|---|--|---|--|--|--|--|
|    | d.  | Report back  | k on an hourly basis to the RO.   |  |  |  |  |
|    | e.  | e. Inform RO of missing items in Dosimetry Coordinator Kit.  |   |  |  |  |  |
| 4. | . Notify the MEMA Region II RO when all control DLRs have been stored in their le containers. |  |   |  |  |  |  |
|    | NOTE:   | will be store<br>has a lead of<br>Nursing Ho   | , EOC, DPW, and Harbormaster Dosimetry Kits' Control DLRs ed in their lead containers kept in the EOC. Bay Path Nursing container at their location. Contact must be made to Bay Path me (indirectly through the Special Facilities Coordinator) to m to place the control DLRs into the lead containers. |  |  |  |  |
| 5. | Inventory the (see forms)   |  | e EOC Dosimetry Kit using the Dosimetry Coordinator Kit Inventory Sheet   |  |  |  |  |
| 6. | Prepare do  | dosimeter charger for use per instructions on the charger case.                                    |   |  |  |  |  |
| 7. | Zero the di   | the direct-reading dosimeters (DRD) using the dosimeter charger.                                   |   |  |  |  |  |
| 8. |   | are dosimetry packets for distribution to emergency workers. Prepare each metry packet as follows: |   |  |  |  |  |
|    | a.  | Obtain the   | Obtain the following items for each dosimetry packet:   |  |  |  |  |
|    |   | (1)  | Low Range (0-200 mR) DRD  |  |  |  |  |
|    |   | (2)  | High Range (0-20 R) DRD   |  |  |  |  |
|    |   | (3)  | DLR   |  |  |  |  |
|    |   | (4)  | Emergency Worker Exposure (EWE) form  |  |  |  |  |
|    |   | (5)  | Neck Chains   |  |  |  |  |
|    |   | (6)  | Plastic Bag   |  |  |  |  |
|    |   | (7)  | One 130 mg KI Tablet  |  |  |  |  |
|    |   | (8) KI Information sheet   |   |  |  |  |  |
|    |   | (9) Dosimetry Instruction Briefing Card  |   |  |  |  |  |
|    | b.  |  | ay's date and serial number of each of the DRDs and the DLR ergency Worker Exposure Form (see forms)  |  |  |  |  |
|    | C.  | Place all ite  | ems in the plastic bag.   |  |  |  |  |

| 9.                           | Distribute o  | losimetry packets to EOC emergency workers and provide briefing.  |  |  |  |
|------------------------------|---|---|--|--|--|
|                              | a.  | Obtain Dosimetry Log (see forms) from Dosimetry Kit. Record the current date and name of your organization in the designated blocks.  |  |  |  |
|                              | b.  | Give one dosimetry packet to each emergency worker. Copy emergency worker name from each Emergency Worker Exposure Form onto the Dosimetry Log.   |  |  |  |
|                              | C.  | Instruct individuals to inventory their dosimetry packets.  |  |  |  |
|                              | d.  | Direct each individual to complete the personal information at the top of the Emergency Worker Exposure Form.   |  |  |  |
|                              | e.  | Advise each individual to verify the dosimetry serial numbers recorded in the Emergency Worker Exposure Form.   |  |  |  |
|                              | f.  | Direct individuals to record the current reading of each of the DRDs in the appropriate "Initial" block of the Emergency Worker Exposure Form.  |  |  |  |
| remainder of packet with the |   | Advise each individual to wear dosimetry on the upper torso and to keep remainder of packet with the person at all times.   |  |  |  |
|                              |   | Review the Dosimetry Instruction Briefing Card with all individuals.  |  |  |  |
|                              | i.  | Inform all workers of the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA.  |  |  |  |
|                              | j.  | Instruct all females to read and sign the "Regulatory Guide 8.13 Acknowledgment Form." (see forms)  |  |  |  |
| 10.                          |   | nfirmation from Carver Radiological Officer that the Regional EWMDS has ated (1-508-866-6210, 5361, or 5362).   |  |  |  |
|                              | a.  | Inform Emergency Management Director.   |  |  |  |
| 11.                          | Distribute PPE as directed and supplied by Duxbury EMD. |   |  |  |  |
| 12.                          | Maintain a log of all your activities.                  |   |  |  |  |
| 13.                          | Stand by for further instructions.                      |   |  |  |  |
| SITE ARE                     | A EMERGE  | NCY NCY   |  |  |  |
| 1.                           | Organizatio   | tification from Public Safety Dispatcher via the Emergency Response on paging system or Emergency Management Director (if EOC is If this is the initial page, respond per instructions in Step 1 under ALERT. |  |  |  |

|                | Radiologica  | ll Officer (d | continued)   |  |  |  |  |
|----------------|--|---------------|--|--|--|--|--|
| 2.             | Receive confirmation from Region II Radiological Officer that the set-up of the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at the Erwin K. Washburn Primary, Carver, MA, is complete. |               |  |  |  |  |  |
|                | a. Inform Emergency M  | anagemer      | nt Director.   |  |  |  |  |
| <u>GENERAL</u> | _ EMERGENCY  |               |  |  |  |  |  |
| 1.             | Organization paging system or Er   | mergency      | patcher via the Emergency Response<br>Management Director (if EOC is<br>d per instructions in Step 1 under ALERT.  |  |  |  |  |
| 2.             | Ensure the Regional EWMDS is o   | operationa    | l.   |  |  |  |  |
| 3.             | Contact the Department Dosimetry Coordinators and instruct them to have the following message relayed to their emergency workers:  |               |  |  |  |  |  |
|                |  |               | Personnel. Read your dosimetry every 15 workers to refer to the Dosimetry  |  |  |  |  |
| 4.             | Stand by for MEMA to relay Prote   | ective Action | on Directive(s).   |  |  |  |  |
| 5.             | If the State issues Protective Action Directive for Duxbury (Subarea 9 or 4)  Then take these actions:   |               |  |  |  |  |  |
|                | For Sheltering   | a.            | Contact the Department Dosimetry Coordinators and instruct them to have the following message relayed to their workers:  |  |  |  |  |
|                |  |               | "ATTENTION, ATTENTION Duxbury Emergency Personnel. There has been a Sheltering Protective Action Directive issued for your area. Please shelter all emergency workers who do not need to be outside. Close windows and doors, shut down ventilation systems which exchange outside air". |  |  |  |  |

| Directive for Duxbury (Subarea 9 or 4) | Then tak | Then take these actions:  |  |  |
|--|----------|---|--|--|
| For Sheltering (cont.)                 | b.       | Verify the EOC is taking the same sheltering precautions.                                       |  |  |
|  | C.       |   | Dosimetry Coordinators have emergency workers to:  |  |
|  |          | (1)   | Read dosimeters every 15 minutes if a release is in progress.  |  |
|  |          | (2)   | Immediately notify their respective Dosimetry Coordinator of readings of 100mR, 175mR, or each 1Rem increment.   |  |
|  | d.       | Receive pe hourly basis   | riodic status reports on an<br>s.  |  |
|  | e.       |   | riodic status reports to the Management Director on a s.   |  |
| For Evacuation                         | a.       | Coordinator   | Department Dosimetry rs and instruct them to have g message relayed to their   |  |
|  |          | your area. completed of them to the the Erwin K Carver, MA shelter all o do not need windows ar | been an Evacuation Action Directive issued for After your personnel have emergency procedures, direct Regional EWMDS located at Washburn Primary School, , for monitoring. Please of the Emergency Workers who do to go outside. Close and doors, shut down systems which exchange |  |

|    | For Evacuation (continued)                              | b.           |                                    | Dosimetry Coordinators have emergency workers to:  |
|----|---|--------------|------------------------------------|--|
|    |   |              | (1)                                | Read dosimeters every 15 minutes if a release is in progress.  |
|    |   |              | (2)                                | Immediately notify their respective Dosimetry Coordinator of readings of 100mR, 175mR or each 1Rem increment.  |
|    |   | c.           |                                    | EOC is taking the same precautions   |
|    |   | d.           | Receive pe<br>hourly basi          | eriodic status reports on an s.  |
|    |   | e.           |                                    | riodic status reports to the<br>Management Director on a<br>s.   |
| 6. | Stand by for MDPH authorization emergency workers.      | through I    | MEMA Regio                         | n II RO to allow use of KI by  |
|    | a. Inform EM Director.                                  |              |                                    |  |
| 7. | Receive state advisories and dire                       | ected action | ons.                               |  |
| 8. | Stand by to receive Dosimetry Commergency worker doses. | oordinator   | (s) request fo                     | or permission to exceed  |
|    | If the worker is approaching the DRD Reading:           |              | Then take th                       | nis action:  |
|    | 100mR, 175mR or each 1Rem increment                     | -            | Relieve the and have his Emergency | Emergency Worker of duties<br>m/her report to the Regional<br>Worker Monitoring And<br>ation Station (REWMDS). |
|    |   |              | 1                                  | OR   |
|    |   | -            | Verify that re                     | elief for the worker<br>ble.   |

# DRD thresholds established by Request permission from MDPH through by MDPH at Time of Emergency MEMA Region II RO before emergency worker exceeds the specific dose limit. Log authorization on Emergency Worker Dose Authorization Log (see forms). DRD life-saving limit established by Relieve the emergency worker of duties MDPH at time of emergency and have him/her report to the emergency worker monitoring and decontamination station. OR Verify that the request is for a life saving mission. Request permission from MDPH through MEMA Region II before emergency worker exceeds the specified dose limit. Ensure worker is issued a high range DRD (0-200 Rem). Log authorization on Emergency Worker Dose Authorization Log (see forms). DRD readings exceeding MDPH Permitted only on a voluntary basis to persons fully aware of risks involved. life-saving limits. Notify the Emergency Management Director as emergency workers have been authorized to exceed exposure limits. Direct the worker to the Regional EWMDS when any of the following occurs: Mission is completed. a. b. Dosimetry is lost or damaged. Maximum permissible dose is reached. C. Radio communications are lost. d. Take the following actions if MEMA Region II RO notifies of MDPH recommendation to take KI:

9.

10.

11.

a.

Radiological Officer (continued)

Notify each Dosimetry Coordinator.

|                     | b.                     | Confirm that adequate supplies of KI are distributed to each agency.   |
|---------------------|------------------------|--|
|                     | C.                     | Instruct Health EOC Representative to inform nursing homes of the recommendation to take KI, for patients and staff not evacuating.  |
|                     | d.                     | Notify EOC Staff of MDPH's recommendation to take KI.  |
|                     | e.                     | If adverse effects to KI are reported:   |
|                     |                        | (1) Ensure emergency workers have been directed to the Regional EWMDS to seek medical evaluation.  |
|                     |                        | (2) Relay all reported effects to MEMA Region II RO.   |
| 12.                 | Receive up             | odates from Region II Radiological Officer on Regional EWMDS activities.   |
| 13.                 | Ensure wor             | rkers are directed to Regional EWMDS for monitoring and dosimetry drop   |
| RELOCA <sup>-</sup> | TION/REEN              | TRY/RETURN   |
| 1.                  | Emergency              | pletion of the emergency, cease operations when instructed by the Management Director. Participate in discussion with Reentry/Return Team.   |
|                     | a.                     | Contact Dosimetry Coordinators and request they send their paperwork, dosimetry, and lead storage containers with control DLRs (if applicable) to the REWMDS.  |
|                     | b.                     | Direct emergency workers to the Regional EWMDS for monitoring and to drop off their dosimetry and Emergency Worker Exposure Forms after completing their assignments. Ensure that all emergency workers receive a copy of their EWE Forms. |
|                     | C.                     | Gather all DLRs (for processing) and dosimetry/KI forms for pickup by MEMA Region II RO at REWMDS.   |
|                     | d.                     | Receive from Dosimetry Coordinators missing items from Dosimetry Kits and forward this information to the Emergency Management Director.   |
| 2.                  | Ensure the turned over | accountability and control of contaminated waste is in effect until it is r to MDPH.   |
| 3.                  | Gather all I           | ogs and forward to EMD.  |

# TOWN OF DUXBURY TRANSPORTATION STANDARD OPERATING PROCEDURE DUX-09

# Table of Contents

| Title Page | 9                              | 1  |
|------------|--------------------------------|----|
| Table of C | Contents                       | 2  |
| Part 1:    | Concepts                       | 3  |
|            | Purpose                        | 3  |
|            | Concept of Operations          | 3  |
| Part 2:    | Response Actions               | 6  |
|            | Transportation Officer         | 6  |
|            | Duxbury Transportation Liaison | 12 |
|            |                                |    |

#### Forms

Special Facilities Notification List Special Needs List Staging Area Layout Transportation Briefing Sheet Transportation Resource/Needs Summary

# **Supporting Documents**

Transportation Staging Areas and Reception Centers Staging Area Dispatch Log (from Marshfield's IPs)

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to provide guidance to the Transportation Group in accomplishing their assigned responsibilities of providing transportation resources to the transportation dependent population within the EPZ during an emergency at the Pilgrim Nuclear Power Station (PNPS). This population includes the general public without transportation; school students; nursing homes; group homes and mobility impaired persons at home.

#### **CONCEPT OF OPERATIONS**

#### Responsibilities:

- 1. **Transportation Officer** 
  - Coordinate transportation requirements and requests with Massachusetts Emergency Management Agency (MEMA) Region II Transportation Officer.
  - Coordinate with the School Superintendent, the Special Facilities Coordinator and the Special Needs Officer to arrange transportation for schools, nursing homes, day care centers, children's camps and special needs population.
  - Coordinate Transportation Staging Area notification, activation, and use with the Marshfield Transportation Officer.
  - Provide transportation out of the EPZ for those individuals or facilities identified.
  - Communicate with the Transportation Staging Area Manager and Duxbury Transportation Liaison providing briefings and updates on transportation requirements and routes.
  - Brief Transportation Staging Area Manager and Duxbury Transportation Liaison on events, radiological conditions and protective actions as required.
  - Periodically brief the Emergency Management Director on vehicle mobilization, manpower requirements, evacuation progress and situation changes.
  - Mobilize transportation resources.

#### Part 1: Concepts (continued)

#### 2. Duxbury Transportation Liaison

Assist vehicle dispatchers at the Martinson Elementary School Transportation Staging Area with:

- Issuing vehicle drivers maps and instruction packets at the Transportation Staging Area for Duxbury.
- Dispatching vehicles from Transportation Staging Area using applicable forms and logs for bus routes for Duxbury.
- Receiving route assignments of Special Facilities and homes from Transportation Staging Area Manager for Duxbury.
- Ensure all vehicles have communications capabilities for travel to Duxbury.

#### Related Responsibilities

- 1. Transportation Staging Area Manager (Marshfield)
  - Operate the Transportation Staging Area to ensure timely dispatching of buses. vans, ambulances and other vehicles.
  - Supervise Vehicle Dispatcher as necessary.
  - Assist Vehicle Dispatcher in distributing maps and other equipment at the Transportation Staging Area.
  - Update the Transportation Officer on vehicle mobilization, manpower requirements, evacuation progress and situation changes.
  - Brief Vehicle Dispatcher and Transportation Dosimetry Coordinator on protective action directives as needed.

#### 2. Vehicle Dispatchers (Marshfield)

- Issue Vehicle Drivers maps and instruction packets at the Transportation Staging Area.
- Dispatch vehicles from Transportation Staging Area using applicable forms and logs for bus routes.
- Receive route assignments of Special Facilities and homes from Transportation Staging Area Manager.
- Ensure all vehicles have communications capabilities.
  - NOTE: Duxbury Transportation Liaison will assist Vehicle Dispatchers with Duxbury assignments.

#### Part 1: Concepts (continued)

#### 3. Transportation Dosimetry Coordinator (Marshfield)

- Receive briefing from Radiological Officer on radiological conditions and protective actions.
- Inventory Dosimetry Kits at EOC.
- Zero all self-reading Dosimeters.
- Proceed to Transportation Staging Area.
- Brief drivers on protective action directives and issue dosimetry.
- Issue PPE as directed and supplied by Duxbury EMD.

#### 4. School Superintendent

- Coordinate with the Transportation Officer to assess school transportation requirements.
- Maintain contact with school principals on emergency response status.
- Monitor status of school evacuation.

#### 5. School Principals

- Report transportation needs to School Superintendent.
- Monitor evacuation to host facilities.

#### 6. Special Facilities Coordinator

- Coordinates transportation needs for nursing homes, day care centers, children's camps, and group facilities.
- Reports transportation needs to Transportation Officer.

#### 7. Special Needs Officer

- Coordination of transportation for special needs population.
- 8. Emergency Management Director or Public Safety Dispatcher
  - Notify Transportation Officer of emergency classifications.

#### 9. RACES Radio Operator

- Provide radio communication between Transportation Staging Area (Martinson Elementary School in Marshfield) and the EOC.

#### 10. MEMA Region II Transportation Officer

Provide transportation as requested by Duxbury Transportation Officer.

#### 11. Harbormaster

Coordination of beach and harbor populations.

# Part 2: Response Actions

#### Transportation Officer

|         |               |                 |                 | <u></u>  |
|---------|---------------|-----------------|-----------------|--|
| UNUSUAI | <u>LEVENT</u> |                 |                 |  |
| 1.      | No notificat  | tion provided.  | No action requ  | iired.   |
| ALERT   |               |                 |                 |  |
| ALLIXI  |               |                 |                 |  |
| 1.      |               |                 |                 | Dispatcher. Respond by telephoning the timated time of arrival (ETA).                      |
| 2.      | Report to the | ne EOC.         |                 |  |
|         | a.            | Sign in on Ro   | ster Board.     |  |
|         | b.            | Inform Emerg    | ency Manage     | ment Director (EMD) of your presence.  |
|         | C.            | Receive a brid  | efing from the  | EMD on the status of the emergency.  |
|         | d.            | Set up equipr   | ment and supp   | lies.  |
|         | e.            | Notify your all | ternate and pla | ace on standby.  |
|         | f.            | Notify your Do  | uxbury Transp   | ortation Liaison to report to the EOC.   |
|         | g.            | Report to the   | Radiological (  | Officer for dosimetry packet.  |
|         | h.            | Review and a    | ct on any imp   | ortant messages received.  |
|         | i.            | Send messag     | es and mainta   | ain log of all your activities.  |
| 3.      | School (Ma    |                 | e available for | ion Officer that the Martinson Elementary<br>Transportation Staging Area use, and that the |
| 4.      | Determine     | Town of Duxbu   | ıry transportat | on requirements.   |
|         | For this gro  | oup: L          | Jsing appropri  | ate completed form from:   |
|         | Duxbury Po    | ublic Schools   | -               | School Superintendent using Transportation Resource/Need Summary (see forms).              |
|         | Day Care (    | Centers         | -               | Special Facilities Coordinator using Transportation Resource/Need Summary (see forms).     |

Children's Camps

Special Facilities Coordinator, using Transportation Resource/Need Summary (see forms).

# <u>Transportation Officer</u> (continued)

|     | Group Homes  | <ul> <li>Special Facilities Coordinator, using<br/>Special Facilities Notification List, (see<br/>forms).</li> </ul>  |  |
|-----|--|---|--|
|     | Special Needs Population   | <ul> <li>Special Needs Officer using Special Needs<br/>List, (see forms).</li> </ul>  |  |
|     | Transportation dependent members of the General Public   | - Transportation Resource/Need Summary (see forms)  |  |
| 5.  | Confirm all group needs on Transpo   | ortation Resource/Needs Summary, (see forms).   |  |
| 6.  |  | using the Transportation Resource/Needs egion II Transportation Officer via telephone (see  |  |
| 7.  |  | timated Time of Arrivals (ETA's) and needed ng Transportation Needs Summary.  |  |
|     | a. School Superintendent   | t   |  |
|     | b. Special Facilities Coord  | dinator   |  |
|     | c. Emergency Manageme  | ent Director  |  |
| 8.  | staging of all vehicles needed for so  | ndent and Special Facilities Coordinator when pre-<br>schools, day care centers and children's camps<br>in II, is completed and follow up with a message to<br>ficer. |  |
| 9.  | Communicate with School Superintendent and Special Facilities Coordinator confirming status of vehicles, including changes in need due to parental pickup. |   |  |
| 10. | If extended operations require a sh  | nift change:  |  |
|     | a. Notify alternate to repo  | ort to the EOC.   |  |
|     | b. Brief alternate.  |   |  |

#### Transportation Officer (continued)

## SITE AREA EMERGENCY Receive notification from Public Safety Dispatcher via the Emergency Response 1. Organization Paging System or Emergency Management Director (if EOC is activated). If this is the initial page, respond per instructions in Step 1 under ALERT. Complete actions under ALERT. 2. Ensure Duxbury Transportation Liaison has been notified of emergency classification 3. and is departing for the Transportation Staging Area located at Martinson Elementary School in Marshfield. 4. Receive updated Special Needs List from Special Needs Officer. Establish contact with the Duxbury Transportation Liaison via RACES Operator. 5. Verify if (781)834-5020 is the phone contact number with the \_\_\_ a. Transportation Staging Area. If not contact Marshfield Transportation Officer for the phone number. Verify with the Duxbury RACES Operator if radio contact can be utilized b. with the Transportation Staging Area. Ensure that the Duxbury Transportation Liaison has received a copy of C. the initial Special Needs List that identifies pre-determined transportation request. d. Once communication link has been established, request the Duxbury Transportation Liaison to report in when Transportation Staging Area is operational. Update the Transportation Resource/Needs Summary (see forms) and request 6. dispatch of needed resources from MEMA Region II Transportation Officer. Obtain ETA of transportation resources from MEMA Region II \_\_\_ a. Transportation Officer.

Name a.

7.

- Address b.
- Location (if possible) C.

Transportation Liaison and provide the following:

- d. Telephone number
- Transportation need e.

As Special Needs List is updated by Special Needs Officer and staff, contact Duxbury

# <u>Transportation Officer</u> (continued)

| 8.             | Report ETA of needed resources to Duxbury Transportation Liaison using the Transportation Resource Needs Summary. |  |  |  |
|----------------|---|--|--|--|
| 9.             | Receive no from:  | tification of school, day care and children's camps departure to host facility   |  |  |
|                | a.  | School Superintendent  |  |  |
|                | b.  | Special Facilities Coordinator   |  |  |
| 10.            | Brief EM Di<br>(see forms)  | rector on transportation status, using the Transportation Briefing Sheet,  |  |  |
| 11.            | If extended   | operations require shift change:   |  |  |
|                | a.  | Notify alternate to report to the EOC.   |  |  |
|                | b.  | Brief alternate Transportation Officer.  |  |  |
|                | c.  | Notify alternate Duxbury Transportation Liaison to report to the EOC.  |  |  |
|                | d.  | Brief alternate Duxbury Transportation Liaison and dispatch to the Transportation Staging Area to relieve first shift.                                   |  |  |
|                | e.  | Instruct Transportation Staging Area first shift personnel (i.e. Duxbury Transportation Liaison) to remain on stand by.                                  |  |  |
| <u>GENERAL</u> | EMERGEN   | ICY  |  |  |
| 1.             | Receive not to the EOC  | tification from Public Safety Dispatcher, or EM Director if already mobilized  |  |  |
| 2.             | Transportat   | initial notification of an emergency, contact MEMA Region II ion Officer and request vehicles as listed in the Transportation leeds Summary (see forms). |  |  |
| 3.             | Complete a  | Il actions under SITE AREA EMERGENCY.  |  |  |
| 4.             | Obtain upda   | ates of transportation needs from:   |  |  |
|                | a.  | School Superintendent for schools, if appropriate.   |  |  |
|                | b.  | Special Needs Officer for Special Needs Population.  |  |  |
|                | C.  | Special Facilities Coordinator for nursing homes, group homes, children's camps, and day care centers.   |  |  |

# <u>Transportation Officer</u> (continued)

|   |    | d.                   | Duxbury Transportation Liaison for Duxbury pick up point and routes.   |
|---|----|----------------------|--|
|   | 5. |                      | ansportation Resource/Needs Summary (see forms) and report information Region II Transportation Officer.                                     |
|   |    | a.                   | Obtain information from MEMA Region II regarding status of needed resources and ETA.   |
| 6 | 6. |                      | needs List is updated by Special Needs Officer and staff, contact Duxbury tion Liaison and provide the following:                            |
|   |    | d. Tele <sub>l</sub> |  |
| 7 | 7. | Report stat          | tus of needed vehicles and ETA's to:   |
|   |    | a.                   | Special Facilities Coordinator for nursing homes, group homes, children's camps, and day care centers if appropriate.                        |
|   |    | b.                   | Duxbury Transportation Liaison for pick up and routes.   |
|   |    | c.                   | Special Needs Officer for Special Needs Population.  |
|   |    | d.                   | School Superintendent for schools if appropriate.  |
| 8 | 8. |                      | ERING IS DIRECTED FOR DUXBURY, notify the Duxbury Transportation information purposes only. No action required at Transportation Staging     |
|   | 9. |                      | ATION OF DUXBURY 9 IS DIRECTED, ensure that the Duxbury tion Liaison and Marshfield Transportation Liaison are instructed to begin vehicles. |
| 1 | 0. | Prepare Tr           | ansportation Briefing Sheet (see forms) obtaining required data from:  |
|   |    | a.                   | Duxbury Transportation Liaison.  |
|   |    | b.                   | Special Facilities Coordinator.  |
|   |    | C.                   | School Superintendent.   |
|   |    | d.                   | Special Needs Officer.   |
|   |    | e.                   | MEMA Region II Transportation Officer.   |

# Transportation Officer (continued)

| 11.                 | Receive from Duxbury Transportation Liaison or Marshfield Transportation Officer, names of Special Needs Individuals, who have been picked up.  |
|---------------------|---|
| 12.                 | Periodically update briefing material and present it to EM Director.  |
| 13.                 | At end of emergency or shift, go to Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA, for monitoring and dosimetry drop off.         |
| RELOCA <sup>-</sup> | ΓΙΟΝ/REENTRY/RETURN   |
| 1.                  | Receive notification from the EM Director.  |
| 2.                  | Participate in discussions with RELOCATION/REENTRY/RETURN Committee.  |
| 3.                  | Participate in RELOCATION/REENTRY/RETURN discussion with RECOVERY/RETURN committee.   |
| 4.                  | Receive from the Special Facilities Coordinator and Special Needs Officer a transportation list to coordinate transportation requirements for nursing homes, group homes, daycares, and the special needs population. |
| 5.                  | Contact the MEMA Region II Transportation Officer to ensure any transportation resource needs are being met.  |
| 6.                  | Upon completion of duties submit logs and other emergency records to the EM Director.   |

# Part 2: Response Actions

# **Duxbury Transportation Liaison**

| UNUSUA       | AL EVENT           |  |  |  |  |
|--------------|--------------------|--|--|--|--|
| 1.           | No notifica        | ation received. No action required.  |  |  |  |
| <u>ALERT</u> |                    |  |  |  |  |
| 1.           | Receive n          | otification from Duxbury Transportation Officer.   |  |  |  |
| 2.           | Report to          | Report to the Duxbury EOC.   |  |  |  |
|              | a.                 | Sign in on Roster Board.   |  |  |  |
|              | b.                 | Inform Emergency Management Director (EMD) of your presence.   |  |  |  |
|              | C.                 | Receive a briefing from the Duxbury Transportation Officer on the status of the emergency. Introduce yourself to the RACES/Operator.                               |  |  |  |
|              | d.                 | Pick up from Transportation Officer your Transportation Staging Area Kit (includes procedure and Duxbury map).   |  |  |  |
|              | e.                 | Notify your alternate (receive name from Emergency Management Director) and place on standby.  |  |  |  |
|              | f.                 | Report to the Radiological Officer for Dosimetry Packet and PPE as directed and supplied by Duxbury EMD. Inform the Radiological Officer of your field assignment. |  |  |  |
| 3.           | Review pr          | ocedure in the event of emergency escalation.  |  |  |  |
| 4.           | Remain of Officer. | n standby and await further instructions from the Duxbury Transportation   |  |  |  |
| SITE ARI     | EA EMERG           | <u>ENCY</u>  |  |  |  |
| 1.           | _                  | notification from Duxbury Emergency Management Director or ation Officer.  |  |  |  |
| 2.           |                    | rom Duxbury Transportation Officer, list of names of Special Needs s and bring to TSA.   |  |  |  |
| 3.           | Bring Trar         | nsportation Summary of Special Facilities (see forms).   |  |  |  |
| 4.           |                    | ansportation Officer of your departure to Transportation Staging Area Martinson Elementary School in Marshfield.   |  |  |  |
| 5.           | Obtain bri         | efing from Marshfield Transportation Liaison.  |  |  |  |

# <u>Duxbury Transportation Liaison</u> (continued)

|            | 6.   | Assist in Tr  | ansportation Staging Area setup (see staging layout area plans).  |  |  |  |
|------------|------|---|---|--|--|--|
|            | 7.   | Assist Vehicle Dispatchers with vehicle requirements/assignments for Duxbury from Duxbury Transportation Liaison. |   |  |  |  |
|            | 8.   |   | ces arrive for Duxbury, assist Vehicle Dispatchers and complete tion Staging Area Dispatch Log (see forms). |  |  |  |
|            |      | a.  | Record company and driver name.   |  |  |  |
|            |      | b.  | Time of arrival.  |  |  |  |
|            |      | c.  | Make an assignment.   |  |  |  |
|            | 9.   | Assist Vehi   | cle Dispatchers in issuing drivers Vehicle Information Packets for Duxbury                                  |  |  |  |
|            |      | a.  | Assignment description.   |  |  |  |
|            |      | b.  | Route Map.  |  |  |  |
|            |      | C.  | Route directions.   |  |  |  |
|            |      | d.  | Driver Checklist.   |  |  |  |
|            | 10.  | Assist Vehi   | cle Dispatchers in advising drivers to stand by for dispatch to Duxbury.                                    |  |  |  |
|            | 11.  | Ensure that   | the Duxbury RACES Operator is informed of dispatches to Duxbury.  |  |  |  |
|            | 12.  |   | er instructions from the Transportation Staging Area Manager as well as ansportation Officer.               |  |  |  |
| <u>GEN</u> | ERAL | EMERGEN   | I <u>CY</u>   |  |  |  |
|            | 1.   |   | tification of GENERAL EMERGENCY from Transportation Staging Area Duxbury Transportation Liaison.            |  |  |  |
|            | 2.   | Complete a  | actions under SITE AREA EMERGENCY.  |  |  |  |
|            | 3.   |   | ehicle Dispatchers, ensure all vehicles dispatched for Duxbury have been vith communications.               |  |  |  |

# <u>Duxbury Transportation Liaison</u> (continued)

| 4.      | Ensure that all arriving vehicle drivers have:                       |                |   |  |  |
|---------|--|----------------|---|--|--|
|         | a.   | Been logge     | ed in on the Staging Area Dispatch Log (see forms).   |  |  |
|         | b.   | Receive Ve     | ehicle Information Packets.   |  |  |
| 5.      | IF SHELTE continue op  |                | RECTED FOR DUXBURY, notify drivers going to Duxbury and   |  |  |
| 6.      | IF EVACUA  | ATION IS DIF   | RECTED FOR DUXBURY:   |  |  |
|         | a.   |                | cle Dispatchers with the dispatch of vehicles for Duxbury sportation Staging Area Dispatch Log.   |  |  |
|         |  | (1)            | Dispatch vehicles assigned to evacuate nursing homes, group homes, daycares, and special needs population.  |  |  |
|         |  | (2)            | Thirty minutes after notification of the evacuation, dispatch the first flights of buses to pick up residents without transportation - one bus per Route for Duxbury Routes (M-1, M-2, and M-3,) and for the Powder Point Bridge pickup point. Duxbury Transportation Liaison will distribute strip maps depicting the routes to the bus drivers. |  |  |
|         |  | (3)            | Assist Vehicle Dispatchers in dispatching one flight of buses to service the routes and pickup point every twenty minutes until four flights have been dispatched.  |  |  |
|         |  | (4)            | Respond to any additional transportation requests as directed by the Transportation Staging Area Manager or Duxbury Transportation Liaison.   |  |  |
| 7.      | In the even  | t of extended  | d operations, brief replacement.  |  |  |
| 8.      | Decontami  | nation Station | go to the Regional Emergency Worker Monitoring and n (REWMDS) located at Erwin K. Washburn Primary School, back to Duxbury EOC for further instructions.  |  |  |
| RELOCAT | ATION/REENTRY/RETURN   |                |   |  |  |
| 1.      | Return forms, logs and procedures to Duxbury Transportation Officer. |                |   |  |  |

# TOWN OF DUXBURY SHELTER OFFICER STANDARD OPERATING PROCEDURE DUX-10

# **Table of Contents**

| Title Page | e                     | 1 |  |  |  |
|------------|-----------------------|---|--|--|--|
| Table of 0 | Contents              | 2 |  |  |  |
| Part 1:    | Concepts              | 3 |  |  |  |
|            | Purpose               | 3 |  |  |  |
|            | Concept of Operations | 3 |  |  |  |
| Part 2:    | Response Actions      | 5 |  |  |  |
|            | Shelter Officer       | 5 |  |  |  |
|            | Forms                 |   |  |  |  |
|            | Shelter Status Form   |   |  |  |  |

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Town of Duxbury Shelter Officer in accomplishing specific responsibilities during an emergency at the Pilarim Nuclear Power Station (PNPS). Major responsibilities of the Shelter Officer include identifying and ensuring that adequate shelter facilities are available to protect the affected population, notifying Shelter owners/managers to open shelters and overseeing shelter facility operations during the emergency.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibilities

- 1. Shelter Officer
  - Assess potential shelter population from recreational areas.
  - Ensure that building space (at least 10 sq. ft. per individual) is available for persons in the affected area who may require public shelter protection.
  - Provide shelter kits.
  - Provide for the marking of shelters.
  - Notify Shelter Managers to activate shelters and receive the transient population.
  - At conclusion of emergency, notify Shelter Managers to advise shelterees that emergency is terminated, and close shelters.

#### Related Agency Responsibilities

- 1. Shelter Manager
  - Activate and manage shelter.
  - Monitor EAS messages for sheltering instructions.
  - Make evacuees aware of availability of KI and PPE as directed and supplied by Duxbury EMD.
  - Maintain a shelter log.
  - Deactivate shelter.
- 2. Maintenance Supervisor
  - Ensure emergency shelter sign(s) are posted.

### Part 1: Concepts (continued)

- Secure windows, outside doors, and heating or ventilation system.
- Open building to receive public.
- Direct persons to shelter locations in building.
- Provide logistics support for shelter operations.
- During times when building is not open to the public, assume shelter manager duties when directed.

#### 3. Police Department

Provide traffic control during movement to shelters when necessary.

#### 4. School Superintendent

- Provide for short term sheltering of students and school personnel when school is in session.
- Prepare schools to receive the transient population.
- Shelter the transient population.
- Provide status briefing to Emergency Management Director.

#### 5. Department of Public Works

Maintain access to shelters, schools, police, fire and EOC parking areas.

# Part 2: Response Actions

# **Shelter Officer**

| <u>UNUSUA</u> | <u>L EVENT</u>                     |   |  |  |  |
|---------------|------------------------------------|---|--|--|--|
| 1.            | Not notified. No actions required. |   |  |  |  |
| <u>ALERT</u>  |                                    |   |  |  |  |
| 1.            |                                    | otification from Public Safety Dispatcher, or by telephone. Respond by g the number on the pager and giving your estimated time of arrival. (ETA) |  |  |  |
| 2.            | Report to t                        | he EOC.   |  |  |  |
| 3.            | Upon arrivi                        | ing at the EOC:   |  |  |  |
|               | a.                                 | Sign in on EOC Roster Board.  |  |  |  |
|               | b.                                 | Inform Emergency Management Director (EMD) of your presence.  |  |  |  |
|               | C.                                 | Receive briefing from Emergency Management Director on the status of the emergency.   |  |  |  |
|               | d.                                 | Set up equipment and supplies.  |  |  |  |
|               | e.                                 | Notify your alternate and place on standby.   |  |  |  |
|               | f.                                 | Report to Radiological Officer for Dosimetry Packet and PPE as directed and supplied by Duxbury EMD.  |  |  |  |
|               | g.                                 | Review and act on any important messages received.  |  |  |  |
|               | h.                                 | Send messages and keep a log of all activities.   |  |  |  |
| 4.            | Mobilize S                         | helter Staff at designated Shelters:  |  |  |  |
|               | a.                                 | Contact Shelter Managers (Emergency Telephone Directory).   |  |  |  |
|               | b.                                 | Brief Shelter Managers on status of emergency.  |  |  |  |
|               | C                                  | Direct Shelter Managers to notify shelter staff and place on standby  |  |  |  |

# Shelter Officer (continued)

|                | d.   | For shelters at school locations, inform the School Superintendent that the shelter staff has been placed on standby.  |  |  |  |
|----------------|--|--|--|--|--|
| 5.             | Review procedure under SITE AREA EMERGENCY and standby for emergency escalation.   |  |  |  |  |
| SITE ARE       | A EMERGE   | <u>NCY</u>   |  |  |  |
| 1.             | Receive notification from Public Safety Dispatcher via the Emergency Response Organization paging system or Emergency Management Director (if EOC is activated). |  |  |  |  |
| 2.             | Complete a   | actions under ALERT.   |  |  |  |
| 3.             | Advise She   | lter Managers to prepare shelters for operation:   |  |  |  |
|                | a.   | Direct Shelter Managers to mobilize shelter staff and open facilities.   |  |  |  |
|                | b.   | Receive notification from Shelter Managers that buildings are prepared for sheltering.   |  |  |  |
|                | c.   | Advise Shelter Managers to set up KI distribution equipment including informational notices, consent forms and photocopies of KI package inserts.                      |  |  |  |
|                | d.   | Advise Shelter Manager to distribute KI to those who complete consent forms or who have consent forms on file. Distribute PPE as directed and supplied by Duxbury EMD. |  |  |  |
|                | e.   | Receive update from Shelter Manager when distribution is taking place  |  |  |  |
|                | f.   | Receive notification from Shelter Managers regarding any problems.   |  |  |  |
|                | g.   | Plot progress of shelter activation logging the results on the Shelter Status Form (see forms).  |  |  |  |
| 4.             | Notify the E   | Emergency Management Director when shelters are operational.   |  |  |  |
| 5.             | Review steps for GENERAL EMERGENCY and RECOVERY/RETURN.  |  |  |  |  |
| <u>GENERAI</u> | _EMERGEN   | ICY  |  |  |  |
| 1.             | Receive notification from Public Safety Dispatcher via the Emergency Response Organization paging system or Emergency Management Director (if EOC is activated). |  |  |  |  |

# Shelter Officer (continued)

|                     | a.        | Complete actions under SITE AREA EMERGENCY.  |  |  |
|---------------------|-----------|--|--|--|
|                     | b.        | Notify Shelter Managers of emergency classification change.  |  |  |
| 2.                  | IF SHELTE | RING IS DIRECTED FOR DUXBURY:  |  |  |
|                     | a.        | Notify Shelter Managers of sheltering directive.   |  |  |
|                     | b.        | Direct Shelter Managers to implement sheltering activities.  |  |  |
|                     | c.        | Provide assistance to Shelter Managers as required.  |  |  |
|                     | d.        | Inform Shelter Managers when emergency is terminated.  |  |  |
|                     | e.        | Direct Shelter Managers to deactivate shelters.  |  |  |
| 3.                  | IF EVACU  | ATION IS DIRECTED FOR DUXBURY:   |  |  |
|                     | a.        | Notify Shelter Managers of evacuation directive.   |  |  |
|                     | b.        | Direct Shelter Managers to implement evacuation activities including distribution of KI and PPE as directed and supplied by Duxbury EMD.   |  |  |
|                     | C.        | Receive notification from Shelter Managers when sheltering operations are terminated.  |  |  |
|                     | d.        | Direct Shelter Managers to leave the area.   |  |  |
| 4.                  | Decontami | of the emergency, go to Regional Emergency Worker Monitoring and nation Station (REWMDS) located at the Erwin K. Washburn Primary rver, MA, for monitoring and dosimetry return. |  |  |
| RELOCA <sup>*</sup> | TION/REEN | RY/RETURN  |  |  |
| 1.                  |           | mergency operations and initiate RELOCATION/REENTRY/RETURN nen notified by Emergency Management Director that emergency is   |  |  |
|                     | a.        | Request the following records of shelter activities from Shelter Managers:   |  |  |
|                     |           | (1) Shelter Event logs   |  |  |
|                     |           | (2) Report of damage to buildings  |  |  |
|                     |           | (3) Listings of shelterees   |  |  |
|                     |           | (4) Shelter kit shortages  |  |  |
|                     | b.        | Turn over all documents of the shelter operation to the Emergency Management Director for filing.  |  |  |

# TOWN OF DUXBURY HARBORMASTER STANDARD OPERATING PROCEDURE DUX-11

## Table of Contents

| Title Page | e                     | 1  |
|------------|-----------------------|----|
| Table of 0 | Contents              | 2  |
| Part 1:    | Concepts              | 3  |
|            | Purpose               | 3  |
|            | Concept of Operations | 3  |
| Part 2:    | Response Actions      | 5  |
|            | Harbormaster          | 5  |
|            | Beach Team Leader     | 11 |
|            | Dosimetry Coordinator | 15 |
|            | Forms                 |    |

**Beach Alerting Instructions** Beach Team Assignment Sheet Dosimetry Coordinator Kit Inventory Sheet Dosimetry Instruction Briefing Card Dosimetry Log Duxbury Harbormaster Beach Team Messages Emergency Worker Exposure (EWE) Form Evacuation Flyer Harbormaster Assignments Regulatory Guide 8.13 Acknowledgment Form Shelter Flyer (Duxbury) Shelter Flyer (Marshfield) Subarea 12 Map

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Harbormaster in accomplishing specific responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The responsibilities of the Harbormaster are to provide emergency notification to boaters, close and control access to the marine landing, restrict waterborne traffic from entering an affected area, and coordinating beach alerting response on Duxbury Beach.

#### CONCEPT OF OPERATION

#### Agency Responsibilities

#### 1. Harbormaster

- Provide emergency notification to boaters and persons, and Marine facilities upon tidal areas.
- Control access to the waterways at the Mattakeeset Court Landing.
- Assist United States Coast Guard (USCG) along with the town harbormasters in establishing access control.

Ensure dosimetry is issued to department personnel.

#### 2. Beach Team Leader

- Direct "Bridge Team" and "Blakeman's Bathhouse Team" to provide emergency notification(s) to beachgoers on Duxbury Beach.
- Assist Harbormaster staff on alerting personnel on tidal flats and beach marshland.

#### 3. **Dosimetry Coordinator**

- Distribute dosimetry, KI and record forms for EOC emergency workers.
- Distribute PPE as directed and supplied by Duxbury EMD.
- Monitor the accumulated emergency worker dose.
- Alert the Radiological Officer to any emergency worker approaching established exposure limits.

### Related Agency Responsibilities

#### 1. Lifeguards

Assist with beach alerting response on Duxbury Beach.

#### Part 1: Concepts (continued)

#### 2. **Duxbury Police Department**

- Provide emergency information to the Harbormaster from the EOC.
- Notify boaters at boat landings.
- Provide traffic control to harbor areas.

#### 3. U.S. Coast Guard

- Coordinate and provide traffic and access control for Subarea 12.
- Assist with notification to boaters.

#### 4. Department of Public Works

Provide barricades to landing areas.

#### 5. Plymouth Harbormaster

Provide backup assistance if necessary in assisting with notifying and mobilizing people off Clark's Island.

#### 6. Public Safety Dispatch Center

Provide initial notification to Duxbury Harbormaster of the emergency classifications.

#### 7. Massachusetts Department of Public Health

Oversees the coordination of contamination control with Duxbury Harbormaster staff.

#### 8. Launch Operators

Assist in picking up boaters after they have secured their boats.

#### 9. Transportation Officer

Coordinate any transportation needs.

## Part 2: Response Actions

# <u>Harbormaster</u>

| UNUSUAL      | <u>EVENT</u>   |  |  |  |  |
|--------------|--|--|--|--|--|
| 1.           | Receive notification from the Public Safety Dispatcher via phone or the Emergency Response Organization Paging System, standby.  |  |  |  |  |
| <u>ALERT</u> |  |  |  |  |  |
| 1.           | Receive notification from the Public Safety Dispatcher through the Emergency Response Organization Paging System. Response by telephoning the number on the pager and giving your estimated time of arrival (ETA). |  |  |  |  |
| 2.           | Upon your  | arrival at the office, contact the Police Operations Officer at the EOC.   |  |  |  |
|              | a.   | Inform him of your arrival.  |  |  |  |
|              | b.   | Receive a briefing on the status of the emergency.   |  |  |  |
|              | c.   | Report marine and beach conditions.  |  |  |  |
|              | d.   | Report status of Harbormaster's readiness.   |  |  |  |
|              | e.   | Obtain emergency materials.  |  |  |  |
|              | f.   | Maintain a log of activities.  |  |  |  |
| 3.           | Mobilize Ha  | arbormaster personnel:   |  |  |  |
|              | a.   | Notify on-duty personnel of emergency at Pilgrim.  |  |  |  |
|              |  | (Ensure notification is made to the Launch Operators, Blakeman's Bathhouse personnel and Duxbury Beach Staff, during summer season).         |  |  |  |
|              | b.   | Notify all off-duty personnel and direct them to report to Mattakeeset Court.  |  |  |  |
| 4.           |  | osimetry equipment for Harbormaster personnel in accordance with Coordinator response action. Distribute PPE as directed and supplied by MD. |  |  |  |
| 5.           | Distribute p   | rotective gear (masks).  |  |  |  |
| 6.           | Brief/assigr   | Harbormaster personnel following dosimetry distribution:   |  |  |  |
|              | a.   | Complete Harbormaster Assignments (see forms).   |  |  |  |

## Harbormaster (continued) Direct Beach Team Leader b. Refer to his/her response action part in the Harbormaster \_\_\_(1) Standard Operating Procedure. Direct Beach Team to obtain emergency materials and \_\_ (2) proceed to the beach area. Instruct communicator (BASE-1) to: \_\_\_\_ C. \_\_\_\_(1) Continuously monitor communications at base station. \_\_\_\_(2) Maintain log of communications. Instruct crews to go below, cover exposed skin, filter \_\_\_\_ (<del>3</del>) breathing with clothes, and do not haul your boats. \_\_\_(4) Notify Mattakeeset Court waterfront of emergency situation. Ensure students at Duxbury Bay Maritime Academy, Bayside <u>(5)</u> Marine, Long Point Marine and Duxbury Yacht Club and any private launch services are notified of emergency situation. d. Direct individual assigned to maintain traffic control at Mattakeeset Court as follows: \_\_\_\_(1) Prevent all boat launchings and haulings. \_\_\_(2) Direct boaters to remove vehicles from parking areas and leave trailers. Assist boaters to expedite the flow of pedestrians, boats, and \_\_\_(3) vehicles away from Mattakeeset Court. Direct Marine Units (MU-1 & MU-2) to: e. \_\_\_\_(1) Prepare/test equipment. (a) PA System. \_\_\_(2) Proceed to Duxbury's portion of Subarea 12 (see forms).

|    |             |                            | Harbormaster (continued)  |
|----|-------------|----------------------------|---|
|    |             | (3)                        | Notify boaters of subarea 12 closing by reading Harbormaster Emergency Message over PA system or other available method.  |
|    |             |                            | "This is Duxbury Harbormaster (staff). There is an emergency at the Pilgrim Nuclear Power Station. Please clear these waters. Tune to your radio for further information."                    |
|    |             | (4)                        | Report progress to Harbormaster as each area is cleared.  |
|    | f.          | Direct Laur<br>secured the | nch Operators to assist in picking up people after they have eir boats.   |
|    | g.          | Direct grou                | nd units to:  |
|    |             | (1)                        | Prepare/test equipment.   |
|    |             |                            | (a) PA system.  |
|    |             |                            | (b) VHF/police radio system.  |
|    |             | (2)                        | Proceed to their assigned locations.  |
|    |             | (3)                        | Notify persons on tidal waters of subarea 12 closing by reading the following emergency message over PA System or other available method:   |
|    |             |                            | "This is Duxbury Harbormaster (staff). There is an emergency at the Pilgrim Nuclear Power Station. Please leave the beach and tidal flats now. Tune to your radio for further information."   |
|    |             | (4)                        | Report progress to Harbormaster as each area is cleared.  |
|    | h.          | Dispatch re                | emaining Harbormaster personnel, if necessary.  |
| 7. | Notify Clar | k's Island of              | Gurnet/Saquish:   |
|    | a.          | Establish c                | ontact with Clark's Island residents using:   |
|    |             | (1)                        | VHF radio.  |
|    |             | (2)                        | MNS.  |
|    |             | (3)                        | Phone   |
|    |             | (4)                        | If all of the above means fail, a boat will be dispatched by the Harbormaster and it will proceed to the southeast coast of the island and notify the residents using the PA system on board. |

# <u>Harbormaster</u> (continued)

|                | b.  | Notify Police Operations Officer following notification of Clark's Island residents.  |  |
|----------------|---|---|--|
|                | C.  | Notify residents if low tide prevents evacuation.   |  |
|                | d.  | If low tide prevents evacuation of the Clark's Island residents have the Police Operations Officer contact the Plymouth Harbormaster for further assistance.  |  |
| 8.             | Request a   | dditional assistance from Police Operations Officer as required.  |  |
| 9.             | Update Police Operations Officer on Subarea 12 closing:   |   |  |
|                | a.  | Boater notification.  |  |
|                | b.  | Boaters leaving the area.   |  |
|                | c.  | Boaters returning to the launch site.   |  |
| 10.            | Request a   | dditional assistance from Police Operations Officer as required.  |  |
| SITE ARE       | A EMERGE  | <u>ENCY</u>   |  |
| 1.             | Receive notification from Public Safety Dispatcher via the Emergency Response Organization Paging System or Police Operations Officer (if EOC is activated). If this is the initial page, respond per instructions in Step 2 under ALERT. |   |  |
| 2.             | Perform ad  | ctions under the ALERT.   |  |
| 3.             | Maintain access control in Duxbury's portion of Subarea 12.   |   |  |
| 4.             | Monitor the USCG announcements over the marine radio of Subarea 12 closing.   |   |  |
| 5.             | Review and implement Dosimetry Coordinator Procedure, for SITE AREA EMERGENCY.  |   |  |
| <u>GENERAL</u> | _EMERGE   | NCY_  |  |
| 1.             | Organizati  | otification from Public Safety Dispatcher via the Emergency Response on Paging System or Police Operations Officer (if EOC is activated). If this I page, respond per instructions in Step 2 under ALERT. |  |
| 2.             | Complete  | actions under SITE AREA EMERGENCY.  |  |

# <u>Harbormaster</u> (continued)

| 3.      | Direct boaters to dock at prescribed landing areas and proceed to the Reception Centers. Inform them where they can pick up a Designated Reception Center Location Form for directions to the Reception Center (see forms).                  |  |  |  |  |
|---------|--|--|--|--|--|
| 4.      | Inform boaters to tune to an Emergency Alert Station on their radio. (Read off the station dial numbers.   |  |  |  |  |
|         | NOTE: If the MDPH declares that an area including any boaters has been contaminated, all boaters in that area should be considered to have been contaminated and the proper actions should be taken on that basis.                           |  |  |  |  |
| 5.      | Assist the USCG in establishing access control for Subarea 12.   |  |  |  |  |
| 6.      | Review and implement Dosimetry Coordinator Procedure, for GENERAL EMERGENCY.   |  |  |  |  |
| 7.      | Inform all Harbormaster personnel to report to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA, for radiological monitoring upon completion of duties. |  |  |  |  |
| RELOCAT | TION/REENTRY/RETURN  |  |  |  |  |
| 1.      | Receive notification of Relocation/Reentry/Return phase from the Police Operations Officer or Emergency Management Director.   |  |  |  |  |
| 2.      | Provide Relocation/Reentry/Return support as requested by the Emergency Management Director.   |  |  |  |  |
| 3.      | Develop Relocation/Reentry/Return criteria and a plan for marine areas of Duxbury.   |  |  |  |  |
| 4.      | Restrict access by boaters into and out of the Duxbury harbor and marine areas.  |  |  |  |  |
|         | a. Restrict access to emergency workers and those authorized temporary entry if deemed a restricted zone by Massachusetts Department of Public Health (MDPH).  |  |  |  |  |

## Take required actions to prevent the spread of contamination from the b. restricted waterway, per recommendations of MDPH. Restrict shellfish harvest and fishing as per MDPH \_\_\_\_(1) recommendations or advisories. Coordinate schedule of marine work effort within the restricted zone. \_ C. Release the restricted vessels to unrestricted use when return phase \_\_\_\_ d. exposure guidelines and decontamination plan requirements are met. Coordinate the temporary return of area boaters and local fisherman to \_\_\_ e. restricted waterways. f. Require that persons performing restoration phase work on vessels within the restricted waterway adhere to applicable work safety and radiation standards. Ensure that contaminated materials are not removed from the restricted \_\_\_\_ g. waterway except for the purposes of decontamination and proper disposal. Coordinate contamination control with MDPH. Remove access control restrictions from waterways when return phase h. exposure guidelines are no longer exceeded. Ensure affected boaters and fisherman receive periodic public i. information updates. 5. Receive termination notification and instruction from the Emergency Management Director. Release boats to owners after authorization from MDPH through the Emergency 6. Management Director. \_\_\_\_ 7. Gather records of emergency activities and submit to Emergency Management Director. a. Log of activities. b. Filled out emergency procedure. 8. Restore service to pre-emergency status. \_\_\_\_ a. Ensure arrangements have been made to pick-up barricades. \_\_\_\_ b. Inventory supplies.

Harbormaster (continued)

## Part 2: Response Actions

| <u>UNUSUAL</u> | _EVENT  |                             |   |  |
|----------------|---|-----------------------------|---|--|
| 1.             | Not notified at UNUSUAL EVENT. No actions required.   |                             |   |  |
| <u>ALERT</u>   |   |                             |   |  |
| 1.             | Receive no  | otification fro             | m Harbormaster.   |  |
| 2.             | Obtain briefing from Harbormaster.  |                             |   |  |
|                | a.  | Receive er                  | nergency information and equipment  |  |
|                |   | (1)                         | Emergency status  |  |
|                |   | (2)                         | Emergency checklist - DUX-11 (Harbormaster SOP)   |  |
|                |   | (3)                         | Emergency Flyers (shelter and evacuation)   |  |
|                |   | (4)                         | Beach Team Assignments  |  |
|                | b.  | If not alrea                | dy there, proceed to Duxbury Beach  |  |
|                | c.  | Maintain a                  | log of your activities.   |  |
| 3.             |   | on-duty and<br>ower Station | off-duty Beach Team personnel of Emergency at Pilgrim (PNPS).   |  |
|                | a.  | Workers (ir personnel)      | adio, Beach Team personnel and Beach Conservation necluding town lifeguards and the Blakeman Bathhouse on Duxbury beach, direct on-duty personnel to stop all nd report to the beach building for a briefing. |  |
|                | b.  | Direct on-d                 | luty personnel to assist in notification of off-duty workers.   |  |
| 4.             | Direct Beach Team to pick up their dosimetry from individual assigned as dosimetry coordinator. |                             |   |  |
| 5.             | Assign per  | sonnel to as                | sist in Beach Alerting for Duxbury Beach.   |  |
|                | a.  |                             | Beach Team assignments (see forms) with the personnel or duty. (Note: DPW personnel could be utilized to assist in son.)  |  |

|    | b.        | Ensure assigned personnel have received dosimetry and PPE as directed and supplied by Duxbury EMD.                        |  |  |  |
|----|-----------|---|--|--|--|
|    | C.        | Distribute Beach Alert kit to each team, including:   |  |  |  |
|    |           | (1) Bullhorn (if necessary)   |  |  |  |
|    |           | (2) Portable radio. (If necessary)  |  |  |  |
|    |           | (3) Beach Alerting Instructions Sheet (see forms).  |  |  |  |
|    | d.        | Distribute flyer kits to the "Bridge Team" and "Blakeman's Bathhouse Team". (See Step 6e below for flyer kit's contents.) |  |  |  |
|    | e.        | Arrange transportation for beach alerting personnel.  |  |  |  |
| 6. | Ensure on | -duty beach personnel have adequate emergency equipment.  |  |  |  |
|    | a.        | Bullhorns or Public address system (PA's).  |  |  |  |
|    | b.        | Dosimetry Equipment.  |  |  |  |
|    | c.        | Beach Alerting Instruction Sheet with messages (see forms).   |  |  |  |
|    | d.        | Communications  |  |  |  |
|    | e.        | Ensure message boards are deployed.   |  |  |  |
| 7. |           | communication with the Harbormaster. Update the Harbormaster on a sis concerning the emergency status of the Beach Team.  |  |  |  |
| 8. | Supervise | upervise beach alerting activities.   |  |  |  |
|    | a.        | Direct personnel to broadcast the "ALERT" classification message (see Beach Alerting Instruction Sheet).                  |  |  |  |
| 9. | Upon com  | pletion of beach alerting and evacuation:   |  |  |  |
|    | a.        | Notify Harbormaster of completion.  |  |  |  |
|    | b.        | Assign "Bridge Team" and "Blakeman's Bathhouse Team" to maintain beach security.  |  |  |  |

|          | C.  | Direct avail<br>Harbormas  | able personnel to stand-by for reassignment by the ter.   |  |
|----------|---|----------------------------|---|--|
| SITE ARE | A EMERGE  | <u>NCY</u>                 |   |  |
| 1.       | Receive no  | tification fror            | m Harbormaster.   |  |
| 2.       | Complete a  | actions under              | r Alert.  |  |
| 3.       | Notify all Be   | each Team p                | personnel of Site Area Emergency.   |  |
| 4.       | Ensure Beach Team personnel report to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA, upon completion of emergency duties. |                            |   |  |
| 5.       | IF SHELTE   | RING IS DIF                | RECTED FOR DUXBURY ENSURE:  |  |
|          | a.  | If any beac                | hgoers remain on the beach:   |  |
|          |   | (1)                        | Direct Beach Team Personnel to broadcast the <u>SHELTER</u> message (see forms) using their bullhorn or vehicle P.A. Systems.   |  |
|          |   | (2)                        | Direct Bridge Team, assigned to man the Powder Point Bridge (east end) post, to handout "Duxbury Shelter" flyer (see forms) to each vehicle, including pickup point bus and person on foot leaving, and to post appropriate sign. |  |
|          |   | (3)                        | Direct Blakeman's Bathhouse Team to handout "Marshfield Shelter" flyer (see forms) to each vehicle and person leaving the beach via Marshfield, and to post appropriate sign.   |  |
|          | b.  |                            | sonnel involved in field activities are following instructions in letry Instruction Briefing Cards. (see forms)   |  |
|          | C.  | Direct Bead<br>seek shelte | ch Team personnel not performing essential emergency duties er.   |  |

| 6.      | IF EVACUATION OF DUXBURY IS DIRECTED:  |   |   |  |
|---------|--|---|---|--|
|         | a.   | If any beacl                                      | hgoers remain on the beach:   |  |
|         |  | (1)   | Direct Beach Team Personnel to broadcast the <a href="EVACUATION">EVACUATION</a> message on the Beach Alerting Instruction Sheet (see forms) using their bullhorn or vehicle P.A. Systems.  |  |
|         |  | (2)   | Direct Bridge Team, assigned to man the Powder Point Bridge (east end) post, to handout "Evacuation" flyer (see forms) to each vehicle, including pickup point buses and person on foot leaving the beach and to post appropriate sign. |  |
|         |  | (3)   | Direct Blakeman's Bathhouse Team also to handout "Evacuation" flyer (see forms) to each vehicle and person on foot leaving the beach and to post appropriate sign.  |  |
|         | b.   | Reassign re                                       | emaining Beach Team personnel as appropriate.   |  |
|         | C.   |   | ach Team personnel, involved in field activities, are following in their Dosimetry Instruction Briefing Cards.  |  |
| GENERAL | EMERGEN  | ICY   |   |  |
| 1.      | Receive notification from Harbormaster.  |   |   |  |
| 2.      | Complete a   | Complete actions under Site Area Emergency.       |   |  |
| 3.      | Notify Beac  | lotify Beach Team personnel of GENERAL EMERGENCY. |   |  |
| 4.      | Direct personnel to broadcast "General Emergency" classification message (see Beach Team Messages Form) unless Step 5 or Step 6 is more appropriate. |   |   |  |
| RELOCAT | ION/REENT  | RY/RETURI   | <u>N</u>  |  |
| 1.      | Upon termin  | nation of the                                     | emergency, instruct Beach Team personnel to:  |  |
|         | a.   | Return equ  | ipment to pre-emergency status.   |  |
|         | b.   | Assist in mo                                      | ovement of emergency personnel and equipment for Y/RETURN activities.   |  |
| 2.      | Submit Bea<br>Harbormas  |   | gs and procedure checklists used in the emergency to the  |  |
| 3.      | Ensure eme   | ergency supp                                      | plies are replenished:  |  |
|         | a.   | Inventory a                                       | nd provide equipment/supply shortage.   |  |
|         | b.   | Submit equ<br>Director.                           | ipment/supply shortages to the Emergency Management   |  |

## Part 2: Response Action

# **Dosimetry Coordinator**

| UNUSUA       | L EVENT  |  |   |  |
|--------------|--|--|---|--|
| 1.           | Not notifie  | ed at an UNU   | SUAL EVENT. No actions required.  |  |
| <u>ALERT</u> |  |  |   |  |
| 1.           | Obtain the dosimetry coordinator kit. Request pickup of kit from the Police Operations Officer at the Duxbury EOC. |  |   |  |
| 2.           |  |  | y Coordinator Kit, (inventory sheet located in kit (see forms) of Officer(RO) of any missing items).  |  |
|              | NOTE:  | cylinder co  | contains a control DLR envelope, place it inside the lead ontainer and drop off with the remainder dosimetry to the town cal Officer (RO), or leave at EOC when dosimetry is picked up. |  |
| 3.           | Determine  | e method of c  | ommunication with Duxbury RO while in the field.  |  |
| 4.           | Prepare d  | osimeter cha   | rger for use per instructions on the charger case.  |  |
| 5.           | Zero the o   | e direct-reading dosimeters (DRD) using the dosimeter charger. |   |  |
| 6.           |  | osimetry Pac<br>packet, do a                                   | ckets for distribution to emergency workers. In preparing each s follows:   |  |
|              | a.   | Obtain the   | following items for each dosimetry packet:  |  |
|              |  | (1)  | Low-Range (0-200mR) Direct-Reading Dosimeter (DRD)  |  |
|              |  | (2)  | Mid-Range (0-20R) DRD   |  |
|              |  | (3)  | DLR   |  |
|              |  | (4)  | Emergency Worker Exposure (EWE) Form  |  |
|              |  | (5)  | Neck Chains   |  |
|              |  | (6)  | Plastic bag   |  |
|              |  | (7)  | One 130 mg Potassium Iodide (KI) Tablet   |  |
|              |  | (8)  | One KI Instruction Sheet  |  |
|              |  | (9)  | Dosimetry Instruction Briefing Cards  |  |
|              |  | NOTE:  | A supply of high-range (0-200R) DRDs are stored at the EOC and are available for individuals volunteering for life-   |  |

saving missions.

# **Dosimetry Coordinator** (continued)

|    | b. | Record today's date and serial number of each of the dosimeters on the EWE Form (see forms).  |
|----|----|---|
|    |    | (1) Low-Range (0-200mR) DRD   |
|    |    | (2) Mid-Range (0-20R) DRD   |
|    |    | (3) DLR   |
|    | c. | Place all items in the plastic bag.   |
| 7. |    | osimetry Packets to Emergency workers and provide briefing. Distribute cted and supplied by Duxbury EMD.  |
|    | a. | Obtain Dosimetry Log (see forms) from Dosimetry Kit. Record the current date and name of your organization in the designated blocks.                              |
|    | b. | Give one dosimetry packet to each dosimetry worker. Copy emergency worker name from each Emergency Worker Exposure (EWE) Form (see forms) onto the Dosimetry Log. |
|    | C. | Instruct all females to read and sign "Regulatory Guide 8.13 Acknowledgment Form (see forms).   |
|    | d. | Instruct individuals to inventory their dosimetry packets. Each packet should contain each of the following (show them a sample).                                 |
|    |    | (1) Low-Range (0-200mR) DRD   |
|    |    | (2) Mid-Range (0-20R) DRD   |
|    |    | (3) DLR   |
|    |    | (4) EWE Form  |
|    |    | (5) Neck Chain  |
|    |    | (6) One KI Tablet   |
|    |    | (7) KI Instruction Sheet  |
|    |    | (8) Dosimetry Instruction Briefing Card   |
|    | e. | Direct each individual to complete the personal information at the top of the EWE Form.   |
|    | f. | Advise each individual to verify the dosimetry serial numbers recorded in the EWE Form.   |
|    | g. | Direct individuals to record the current reading of each of the DRDs in the appropriate "Initial" block of the EWE Form.  |

# <u>Dosimetry Coordinator</u> (continued)

|          | h.  | Advise each individual to wear dosimetry on the upper torso and to keep remainder of packet with him at all times.   |  |  |  |
|----------|---|--|--|--|--|
|          | i.  | Review the instructions and information on the Dosimetry Instruction Briefing Card with all individuals.   |  |  |  |
|          | j.  | Inform all workers of Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) location.  |  |  |  |
|          | k.  | Review the KI instruction sheet.   |  |  |  |
| 8.       | (DRDs and   | ividuals to put the neck chain around their necks and attach the dosimetry DLR) to the neck chain. Proper placement of the dosimetry is achieved the dosimetry on the frontal part of the body, between the neck and the |  |  |  |
| 9.       | Maintain a log of all your activities.                                    |  |  |  |  |
| 10.      | Stand by for further instructions.  |  |  |  |  |
| SITE ARE | A EMERGE  | NCY/GENERAL EMERGENCY  |  |  |  |
| 1.       | Complete actions under ALERT.   |  |  |  |  |
| 2.       | Once workers are deployed, radio the following reminder to read all DRDs: |  |  |  |  |
|          | a.  | Every 15 minutes (unless otherwise directed).  |  |  |  |
|          |   | all Harbormaster personnel. Read your dosimeters every () minutes. imetry readings of 100mR, 175mR, or each 1 Rem increment."  |  |  |  |
|          | NOTE:   | Standard dosimetry packets containing (0-200mR) and (0-20R) DRDs and DLRs are adequate for any radiological emergency response function.   |  |  |  |
| 3.       | Record the reported to  | time in the appropriate block of the Dosimetry Log as readings are you.  |  |  |  |

# <u>Dosimetry Coordinator</u> (continued)

| 4. | If Town RO informs you that MEMA, Region II issues Protection Action Directive (Duxbury) | <u>Then</u> take | these actions:  | _ |
|----|--|------------------|---|---|
|    | For sheltering   | a.               | Have the following message relayed to the emergency workers.  |   |
|    |  |                  | "ATTENTION Duxbury Harbormaster personnel, there has been a Sheltering Protective Action Directive issued for your area. Please shelter if you do not need to go outside to perform emergency duties. Close windows and doors, shut down ventilation systems which exchange outside air. Read your dosimeters every 15 minutes. Immediately notify your Dosimetry Coordinator of readings of 100mR, 175mR, or each 1Rem increment."   |   |
|    |  | b.               | Provide Periodic Status<br>Reports to the Town RO and your<br>supervisor on an hourly basis.  |   |
|    | For Evacuation   | a.               | Have the following message relayed to the Emergency Workers:  |   |
|    |  |                  | "ATTENTION Duxbury Harbormaster personnel, there has been an Evacuation Protective Action Directive issued for your area. Upon completion of emergency duties, please report to the REWMDS at Erwin K. Washburn Primary School, Carver, MA, for monitoring and wait there for further instructions. Read your dosimeters every 15 minutes. Immediately notify your dosimetry coordinator when your direct-reading dosimeter(s) indicates a reading of 100mR, 175mR, or each 1 Rem increment." |   |
|    |  | b.               | Provide periodic status reports to the Town RO and your supervisor on an hourly basis.  |   |

# **Dosimetry Coordinator** (continued)

| 5.  | Take the a                                      | ppropriate action for the f       | ollo  | wing doses:  |  |  |
|---|---|-----------------------------------|-------|--|--|--|
| If the worker is approaching the DRD reading: |   |                                   |       | Then inform the RO and Dept. Supervisor that worker must be:   |  |  |
|   | 175mR without notice of MDPH revised DRD limit. |                                   |       | Relieved of duty and directed to the REWMDS  |  |  |
|   |   |                                   |       | -OR-   |  |  |
| DRD thre                                      |   | lished by MDPH at time            | -     | Authorized by MDPH (thru MEMA Region II RO) to exceed the respective limit   |  |  |
|   | saving limit e<br>emergency.                    | stablished by MDPH                | -     | Relieved of duty and directed to the REWMDS  |  |  |
|   |   |                                   |       | -OR-   |  |  |
|   |   |                                   | -     | Authorized by MDPH (thru MEMA Region II RO) for a life-saving dose and issue a High-Range (0-200R) DRD (obtain from RO). |  |  |
| DRD read                                      | dings exceed                                    | ing MDPH life saving              | -     | Permitted only on a voluntary basis to persons fully aware of risks involved.  |  |  |
| 6.  | Direct the v                                    | worker to an assigned RE          | W۱    | IDS when any of the following occurs:  |  |  |
|   | a.  | Mission is completed.             |       |  |  |  |
|   | b.  | Dosimetry is lost or dam          | nag   | ed.  |  |  |
|   | c.  | Maximum permissible d             | ose   | e is reached.  |  |  |
|   | d.  | Radio communications              | are   | lost.  |  |  |
| 7.  | Take the fo                                     | ollowing actions if MDPH (        | (or t | thru MEMA Region II RO) recommends taking  |  |  |
|   | a.  | Record the time and the Log.      | nu    | imber of days recommended on the Dosimeter   |  |  |
|   | b.  | Notify all EOC personne EWE Form. | el to | make KI and record data and time on the  |  |  |
|   | C.  | Radio the following instr         | uct   | ion:   |  |  |
|   |   |                                   |       | ormaster personnel. Take one tablet of Record the date and time on the EWE Form.   |  |  |

# **Dosimetry Coordinator** (continued)

|                     | d.   | If any work           | er reports adverse affects to KI perform the following:  |
|---------------------|--|-----------------------|--|
|                     |  | (1)                   | Advise the worker to discontinue taking KI and to report to a doctor as soon as practical.                                     |
|                     |  | (2)                   | Inform the MEMA Region II RO of all reported side affects.   |
| 8.                  | Provide ex   | posure inforn         | nation to the RO as requested.   |
| 9.                  | Discuss an   | y abnormal r          | readings with the RO.  |
| 10.                 | If an emergency worker is issued a new dosimetry packet re-enter name, new DLR number, and place an "X" in 100mR, 175mR, and each 1Rem increment previously recorded on the Dosimetry Log. |                       |  |
| RELOCA <sup>-</sup> | TION/REEN  | TRY/RETUR             | <u>N</u>   |
| 1.                  | After the er   | mergency ha           | s terminated:  |
|                     | a.   | Primary Sc            | rgency Worker to the REWMDS located at Erwin K. Washburn hool, Carver, MA, for monitoring and to drop off their and EWE Forms. |
|                     | b.   |                       | osimetry Log, paperwork and unused Dosimetry to the for monitoring.  |
|                     | C.   | Take inven<br>to EMD. | tory of missing items in Dosimetry Kit, forward this information   |

# TOWN OF DUXBURY SPECIAL NEEDS STAFF STANDARD OPERATING PROCEDURE DUX-12

## **Table of Contents**

| Title Pag | Je                      | 1  |
|-----------|-------------------------|----|
| Table of  | Contents                | 2  |
| Part 1:   | Concepts                | 3  |
|           | Purpose                 | 3  |
|           | Concept of Operations   | 3  |
| Part 2:   | Response Actions        | 5  |
|           | Special Needs Officer   | 5  |
|           | Special Needs Assistant | 11 |
|           | Forms                   |    |

Special Needs List - Confidential (see EMD) Special Needs Messages and Questionnaire TTY Notification List Transportation Assistance Request Form

#### Part 1: Concepts

#### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Special Needs Staff in accomplishing specific responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The Special Needs Staff's major responsibilities are to notify the special needs population and coordinate their transportation needs.

#### **CONCEPT OF OPERATIONS**

#### Agency Responsibilities

- 1. Special Needs Officer:
  - Ensure notification of special needs population.
  - Receive updated transportation needs from the Special Needs Assistant.
  - Provide transportation needs to the Transportation Officer.
  - Maintains Special Needs List.

#### 2. Special Needs Assistant:

- Verify the needs of individuals on the Special Needs List.
- Determine transportation needs and report needs to the Special Needs Officer.
- Respond to callers at the time of the emergency as a supplement to the Special Needs List.

#### Related Agency Responsibilities

- 1. Transportation Officer
  - Coordinate transportation for special needs population.
  - Request additional transportation resources from MEMA Region II.
- 2. MEMA Region II Shelter Officer
  - Provides/confirms host facility for special needs individuals requiring ambulance transportation.
- Rumor Control Officer 3.
  - Provide additional list of individuals requiring transportation assistance to Special Needs Officer.

## Part 1: Concepts (continued)

- 4. Public Information Officer (PIO)
  - Obtain Special Needs Population information from Special Needs Officer for briefing.
- 5. Emergency Management Director
  - Receive status of Special Needs Population from Special Needs Officer.

## Part 2: Response Actions

# **Special Needs Officer**

| <u>UNUSUA</u> | L EVENT      |  |  |  |
|---------------|--------------|--|--|--|
| 1.            | Not notified | Not notified at UNUSUAL EVENT. No action required.   |  |  |
| <u>ALERT</u>  |              |  |  |  |
| 1.            |              | tification from Public Safety Dispatcher and respond by telephone giving ated time of arrival (ETA).                                 |  |  |
|               | a.           | Proceed to Duxbury EOC located at the Central Fire Station.  |  |  |
| 2.            | Upon arrivi  | ng at the Duxbury EOC:   |  |  |
|               | a.           | Sign in on Roster Board.   |  |  |
|               | b.           | Report to Radiological Liaison for dosimetry packet and PPE as directed and supplied by Duxbury EMD.                                 |  |  |
|               | C.           | Inform the Emergency Management Director of your arrival.  |  |  |
|               | d.           | Notify/mobilize Emergency Personnel:   |  |  |
|               |              | (1) Obtain Special Needs Emergency Call out list.  |  |  |
|               |              | (2) Notify emergency response personnel and request them to either report to the Duxbury EOC or place on standby.                    |  |  |
|               | e.           | Receive briefing from Emergency Management Director on status of emergency.  |  |  |
|               | f.           | Send messages and keep a log of your activities.   |  |  |
|               | g.           | Make enough copies of <u>Special Needs Assistant</u> checklist in this procedure to pass out a copy to each Special Needs Assistant. |  |  |
| 3.            | Brief Specia | al Needs personnel:  |  |  |
|               | a.           | When personnel arrive, make sure they:   |  |  |
|               |              | (1) Sign-in on Roster Board.   |  |  |
|               |              | (2) Receive dosimetry and PPE as directed and supplied by Duxbury EMD.   |  |  |

|    | b.          | Assign each Special Needs Assistant a workstation in the EOC.   |
|----|-------------|---|
|    |             | (1) Give each assistant copy of checklist titled "Special Needs Assistant".   |
|    |             | (2) Review checklists and forms with assistant.   |
|    |             | (3) Record the telephone number assigned to each assistant and give them the phone number where you can be reached  |
|    | C.          | Introduce the Special Needs Assistants and their location to:   |
|    |             | (1) Public Information Officer (PIO).   |
|    |             | (2) Message Control Runner.   |
| 4. | Obtain Spe  | ecial Needs List (see forms) from the Emergency Management Director.  |
|    | a.          | Update Special Needs List with any new additional special needs.  |
| 5. | Verify upda | ated Special Needs list:  |
|    | a.          | Divide the Special Needs List between Special Needs Assistants.   |
|    | b.          | Direct Assistants to telephone each mobility impaired person on the List to verify their transportation needs using SPECIAL NEEDS messages and questionnaire. (see forms) |
|    | C.          | Instruct Assistants to return the list after an attempt has been made to contact each person once.  |
| 6. | Incorporate | e Special Needs transportation requests received by Rumor Control Officer   |
|    | a.          | Receive completed Transportation Assistance Requests Forms (see forms) from Rumor Control Officer.  |
|    | b.          | Notify each individual identified on Rumor Control forms and record their transportation requirements on Special Needs List.  |
|    | C.          | Review Special Needs List and delete double entries.  |

| 7.  | Arrange ho   | st facilities and Transpor   | rtation for Special Needs Population.   |  |
|-----|--------------|--|---|--|
|     | a.           | Receive validated Spec<br>Assistants.  | cial Needs Lists from the Special Needs   |  |
|     | b.           |  | II Special Facilities Coordinator to confirm the y Impaired transported by ambulance. |  |
|     | C.           | Record host facilities on Special Needs List Column 8 using the following chart: |   |  |
|     |              | If by:   | Then take to:   |  |
|     |              |  |   |  |
|     |              | Bus  | Braintree Reception Center.   |  |
|     |              | Wheelchair van   | Braintree Reception Center.   |  |
|     |              | Ambulance  | Determined by MEMA Region II Special Facilities Coordinator.                          |  |
|     | d.           | Forward a copy of the I  | ist to the Transportation Officer.  |  |
| 8.  |              | Public Information Office<br>erify their transportation r                        | r (PIO) that mobility impaired residents are being needs.                             |  |
| 9.  | Receive no   | tification from the Public   | Information Officer (PIO) when news statements  |  |
|     |              | ed reminding the public of special needs assistance telephone numbers.           |   |  |
|     | a.           | Instruct assistants to st assistance.  | andby to answer incoming calls for special needs                                      |  |
| 10. | Brief altern | ate persons of events an   | nd actions prior to transfer of duty.   |  |

## SITE AREA EMERGENCY Receive notification from Public Safety Dispatcher or Emergency Management 1. Director (If EOC is Activated). If this is the initial notification, respond per instructions in Step 1 and 2 under Alert. 2. Complete actions under ALERT. 3. Assign one Special Needs Assistant the responsibility to notify hearing-impaired individuals. a. Receive confidential Teletypewriter (TTY) Notification List (see forms) from Emergency Management Director. \_\_\_\_ b. Provide list to Special Needs Assistants. Instruct to start calls. \_\_\_\_ C. 4. Update Special Needs List: Obtain any additional verified names on Special Needs List from Special \_\_\_\_ a. Needs Assistants. b. Forward a copy of the updated list to Transportation Officer. Contact the Transportation Officer to verify transportation availability for Special 5. Needs Population. GENERAL EMERGENCY Receive notification from Public Safety Dispatcher or Emergency Management 1. Director (if EOC is activated). If this the initial notification, respond per instructions in Step 1 and 2 under ALERT. Complete all actions under SITE AREA EMERGENCY classification. 2. IF EVACUATION OF DUXBURY (SUBAREA 9) IS DIRECTED: 3. Reconfirm names and locations of designated host hospitals with the MEMA Region II, Special Facilities Coordinator. If there is a change in the host hospital, notify the Transportation Officer. \_\_\_\_ a. \_\_\_\_ b. Update column 8 of Special Needs List.

| 4.                  | Notify individuals on <u>Special Needs</u> List (see forms) of Protective action directive. Direct Staff to: |                     |  |
|---------------------|--|---------------------|--|
|                     | a.   | Contact ea          | ach individual and provide the following information:  |
|                     |  | (1)                 | Evacuation Directive for Duxbury.  |
|                     |  | (2)                 | Estimated time of arrival at vehicles, provided by Transportation Officer.   |
|                     |  | (3)                 | Location of pick-up point if other than residence.   |
|                     |  | (4)                 | Name and location of host facility.  |
|                     |  | (5)                 | Your name and telephone number.  |
|                     | b.   |                     | ividual to listen to the local Emergency Alert Station EAS for ergency information.  |
|                     | C.   | Request in minutes. | dividual to notify you should their ride fail to show within 45  |
| 5.                  |  |                     | portation Officer the names of the Special Needs individuals p at their homes, as requested.   |
|                     |  | (1)                 | Provide the name to a Special Needs Assistant for follow-up  |
| 6.                  | Ensure <u>all</u>  | hearing-impa        | aired individuals are notified of the Emergency.   |
| 7.                  |  |                     | te on adjustment of Special Needs individuals at host facilities Special Facilities Coordinator.   |
| 8.                  | Monitor and periodically report to the Emergency Management Director the status of Special Needs Population. |                     |  |
| 9.                  | Worker Mo  | onitoring and       | cy or individual's shift, direct personnel to Regional Emergency Decontamination Station (REWMDS) located at Erwin K. nool, Carver, MA, for monitoring and dosimetry drop off. |
| RELOCA <sup>.</sup> | TION/REEN  | TRY/RETUR           | <u> </u>   |
| 1.                  | Arrange fo their home  |                     | ion assistance to the Special Needs Population for return to   |
| 2.                  | Ensure the Assistants have telephoned the Special Needs individual, to verify they have reached home.        |                     |  |

| 3. | Report on your RELOCATION/REENTRY/RETURN activities to the Emergency Management Director.         |   |  |
|----|---|---|--|
| 4. | Gather records of Special Needs emergency activities and submit to Emergence Management Director: |   |  |
|    | a.  | Individual Log Forms.                                 |  |
|    | b.  | Message Forms.  |  |
|    | C.  | Procedure checklists and forms used in the emergency. |  |

## Part 2: Response Actions

## **Special Needs Assistant**

| <u>UNUSUAL</u> | <u>LEVENT</u>   |   |  |
|----------------|---|---|--|
| 1.             | Not notified at UNUSUAL EVENT. No action required.  |   |  |
| <u>ALERT</u>   |   |   |  |
| 1.             | When notified by Special Needs Officer, proceed to Duxbury EOC.   |   |  |
| 2.             | Upon arriving at the Duxbury EOC:   |   |  |
|                | a.  | Sign in on Roster Board.  |  |
|                | b.  | Obtain dosimetry from the Radiological Liaison. Obtain PPE as directed and supplied by Duxbury EMD.     |  |
|                | c.  | Inform the Special Needs Officer of your arrival.   |  |
|                | d.  | Notify your alternate and place on standby.   |  |
|                | e.  | Receive briefing from Special Needs Officer on your response to actions.                                |  |
|                | f.  | Maintain a log of activities.   |  |
|                | g.  | Review and act on any important messages received.  |  |
| 3.             | Establish contact with Rumor Control Officer for referral of special transportation requests on Rumor Control Line. |   |  |
| 4.             | Verify transportation needs of individuals on the Special Needs List (see forms).                                   |   |  |
|                | a.  | Receive list from Special Needs Officer.  |  |
|                | b.  | Read the <u>Special Needs Messages and Questionnaire</u> for each individual on the list (see forms).   |  |
|                | C.  | Update the Special Needs List as the individual provides information.                                   |  |
|                | d.  | If the calls cannot be completed within 60 minutes, request additional help from Special Needs Officer. |  |

# Special Needs Assistant (continued)

|          | e.  | After attempting to call each resident once forward a copy of the list to the Special Needs Officer.  |  |
|----------|---|---|--|
|          | f.  | Telephone every 30 minutes to reach those who have not answered.  |  |
| 5.       | Respond to incoming special needs assistance calls, adding individuals not on the existing special needs list.    |   |  |
|          | a.  | Read the Special Needs Questionnaire for incoming calls.  |  |
|          | b.  | Refer any questions raised not specific to special needs transportation or notification to Rumor Control.   |  |
| 6.       | Follow up on calls made to the Rumor Control Officer on the Rumor Control Line with special transportation needs. |   |  |
|          | a.  | Receive the Transportation Assistance Request Form (see forms) from the Rumor Control Officer.  |  |
|          | b.  | Add the individuals' names to the Special Needs List.   |  |
|          | c.  | Read the Special Needs Messages And Questionnaire to each individual added to the list.   |  |
|          | d.  | Record response on Special Needs List.  |  |
|          | e.  | Forward a copy of the updated list to the Special Needs Officer.  |  |
| 7.       | Brief altern  | ate person of events and actions prior to transfer of responsibilities.   |  |
| SITE ARE | A EMERGE  | NCY   |  |
| 1.       | Receive notification of SITE AREA EMERGENCY.  |   |  |
| 2.       | Perform actions under ALERT.  |   |  |
| 3.       | If assigned TTY Notification List (see forms), notify hearing-impaired individuals u instruction guide.           |   |  |
|          | a.  | Send the following message:   |  |
|          |   | "This is the Duxbury Emergency Management Agency. There has been a Site Area Emergency declared at the Pilgrim Nuclear Power Station. No immediate action is necessary. |  |

# Special Needs Assistant (continued)

|            |      |                            |                 | r information from friends o<br>on broadcasts."             | r neighbors to monitor local radio                      |
|------------|------|----------------------------|-----------------|---|---|
|            | 4.   | Inform the S               | Special Need    | ds Officer as names are add                                 | ded/deleted from the list.                              |
|            | 5.   | Receive rep<br>Special Nee |                 | portation availability for Spe                              | ecial Needs Population from                             |
|            | 6.   | Brief alterna              | ate person o    | f event and actions prior to                                | transfer of responsibilities.                           |
| <u>GEN</u> | ERAL | . EMERGEN                  | ICY             |   |   |
|            | 1.   | Receive no                 | tification of C | SENERAL EMERGENCY.  |   |
|            | 2.   | Complete a                 | ctions under    | SITE AREA EMERGENCY   | <i>1</i> .  |
|            | 3.   | IF EVACUA                  | ATION OF D      | UXBURY IS DIRECTED:   |   |
|            |      | a.                         | Update Spe      | ecial Needs List.   |   |
|            |      |                            | (1)             | Obtain copy of Special Ne destinations from Special         |   |
|            |      |                            | (2)             | Recall individuals on the li                                | st.   |
|            |      |                            | (3)             | Estimated time of arrival o                                 | f vehicles.   |
|            |      |                            | (4)             | Verify current need for tran                                | nsportation.  |
|            |      |                            | (5)             | Inform them of their reloca                                 | ition destination.                                      |
|            |      |                            | (6)             | Forward all changes on the transportation to the Speci      | e number of residents needing ial Needs Officer.        |
|            |      | b.                         |                 | n Special Needs individuals<br>by transportation personnel. | s who were reported not available                       |
|            |      |                            | (1)             | Receive list of names from                                  | Special Needs Officer.                                  |
|            |      |                            | (2)             | Recall the individuals.                                     |   |
|            |      |                            |                 | If the individual:  | Then take this action:                                  |
|            |      |                            |                 | Answers   | <ul> <li>Verify current transportation need.</li> </ul> |

# Special Needs Assistant (continued) Forward name to Special Needs Officer for second transportation attempt. Does NOT answer Add name to list for police/fire personnel follow up. Provide list to Special Needs Officer. If assigned TTY Notification List, notify hearing-impaired individuals using (see forms). 4. Notify <u>all</u> hearing-impaired individuals, with the appropriate \_\_\_\_(1) message for the Sub area in which they reside. (2) Send the following message: "This is the Duxbury Emergency Management Agency. There has been a General Emergency declared at the **Pilgrim Nuclear Power Station.** (Select appropriate statement below.) No immediate action is necessary. Sheltering is directed. Do you need assistance? Evacuation is directed. Do you need assistance and/or transportation? Seek further information from friends or neighbors to monitor local radio and television broadcast."

5. At end of emergency or individual's shift, proceed to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School, Carver, MA, for monitoring and dosimetry drop off.

### RELOCATION/REENTRY/RETURN

| 1. | Telephone | Special Needs individuals to verify they have reached home. |
|----|-----------|---|
|    | a.        | Provide results to Special Needs Officer.                   |

# Special Needs Assistant (continued)

| 2. | Gather red | cords of emergency activities and submit to Special Needs Officer. |
|----|------------|--|
|    | a.         | Individual Log Form.   |
|    | b.         | Message Forms.   |
|    | C.         | Procedure checklist and forms used in the emergency.               |

# TOWN OF DUXBURY COMMUNICATIONS OFFICER AND RACES COMMUNICATOR STANDARD OPERATING PROCEDURE DUX-13

### **Table of Contents**

| Title Page | e                      | 1 |  |
|------------|------------------------|---|--|
|            | Contents               |   |  |
| Part 1:    | Concepts               | 3 |  |
|            | Purpose                | 3 |  |
|            | Concept of Operations  | 3 |  |
| Part 2:    | Response Actions       | 5 |  |
|            | Communications Officer | 5 |  |
|            | RACES Communicator     |   |  |
|            | Forms                  |   |  |

EOC Communication Equipment Operability Survey Equipment Malfunction Report Follow-up Information Form Initial Notification Form

Message Form

Emergency Action Directive Form

**Supporting Documents** 

RACES Manual RERP Radio Procedures TSA Manual

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Town of Duxbury Communications Officer and RACES Communicator in accomplishing specific responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The major responsibilities of the Communications Officer are to activate and manage the EOC communications center, support EOC operations with radio communications and establish communications with outside organizations.

### CONCEPT OF OPERATIONS

### Agency Responsibilities

- 1. Communications Officer
  - Ensure communications equipment is operable.
  - Ensure adequate staffing for EOC Communications Center.
  - Ensure communications links are established with other organizations.
  - Coordinate all radio messages sent to and from the EOC.
  - Monitor telefax machine.

### 2. **RACES Communicator**

- Provide communications support to the Duxbury EOC.
- Ensure adequate staffing is available to operate RACES equipment.
- Activate EOC RACES Radio Communications.
- Establish communication links between Duxbury EOC and other EOC's and the Transportation Staging Area.

### Related Agency Responsibilities

- 1. Police Department
  - Provide operator for Police Department radio at EOC.
- 2. Fire/EMS Department
  - Provide operator for Fire Department radio and mutual aid radio at EOC.

# Part 1: Concepts (continued)

- 3. Emergency Management Agency
  - Provide RACES operator for Emergency Management radio at EOC.
  - Provide an individual to serve as EOC Communications Officer.
- DPW provide operator for DPW radio at EOC. 4.

# Part 2: Response Actions

# **Communications Officer**

| <u>UNUSUA</u> | <u>L EVENT</u>  |                                    |   |  |
|---------------|---|------------------------------------|---|--|
| 1.            | Not notified at UNUSUAL EVENT. No actions required.   |                                    |   |  |
| <u>ALERT</u>  |   |                                    |   |  |
| 1.            | When notified by the Public Safety Dispatcher, call in your estimated time of arrival at the EOC by dialing the number on your pager and report to the EOC. |                                    |   |  |
|               | a.  | Sign in on Roster Board.           |   |  |
|               | b.  | Inform Emergency Managemer         | t Director (EMD) of your presence.      |  |
|               | C.  | Receive a briefing from the EM     | D on the status of the emergency.       |  |
|               | d.  | Set up equipment and supplies      |   |  |
|               | e.  | Notify your alternate and place    | on standby.                             |  |
|               | f.  | Review and act on any importa      | nt messages received.                   |  |
|               | g.  | Send messages and maintain a       | log of your activities.                 |  |
| 2.            | Prepare Communications Room for operation.  |                                    |   |  |
| 3.            | Ensure radios are on and functioning.   |                                    |   |  |
|               | NOTE:   | Monitor RACES only, do not op      | erate unless licensed operator present. |  |
| 4.            | Poll EOC F  | Representatives to confirm notific | ation of Communications Staff:          |  |
|               |   |                                    |   |  |
|               | To confirm this EOC S   | notification of                    | Poll this EOC<br>Representative:        |  |
|               |   |                                    | •                                       |  |
|               |   | lio Operator<br>) Radio Operator   | Police<br>Fire/EMT                      |  |
|               |   | S, DNN & Sirens)                   | T IIC/EIVIT                             |  |
|               | RACES Ra  | adio Operator                      | Emergency Management                    |  |
|               | DPW Radi  | o Operator                         | Director<br>DPW                         |  |
|               | CB Radio  |                                    | Fire                                    |  |

| 5. | Prepare EC | OC Communications Staf  | f for Operation:  |
|----|------------|---|---|
|    | a.         | As each staff arrives:  |   |
|    |            | (1) Ensure stat   | ff signs-in on Roster Board.  |
|    |            | (2) Direct Staff  | to the Dosimetry Coordinator.   |
|    | b.         | Brief each Communicat   | ions Staff following Dosimetry:   |
|    |            | (1) Advise of e   | mergency status.  |
|    |            | (2) Assign to w   | ork station/radio booth.  |
|    | c.         |   | ications are established per operating procedure adios, RACES Manual, and TSA Instruction |
|    |            | From<br>EOC Radio Operator  | To Department/Station   |
|    |            | Police Polic Fire Fire/(CMED) Ambut RACES RACES RACES RACES RACES RACES DPW Fire (CB) RACES | Fire  |
|    |            | Fire (BECONS) Fire (DNN)  | MEMA/State Police<br>PNPS   |
| 6. |            | coverage of radio equipn<br>45 minutes of your arriva                                       | nent. If all operators have not reported to the al:                                       |
|    | a.         | Activate communication coverage of unstaffed b  | ns equipment and use present operators for ooths.   |
|    | b.         | Request appropriate EC  | OC representative to provide an alternate radio   |

| 7.  | Conduct EOC Communications Equipment Operability Check: |   |  |
|-----|---|---|--|
|     | a.  | Obtain EOC Communications Equipment Operability Survey, (see forms)   |  |
|     | b.  | Poll each EOC staff and record results on Operability Survey.   |  |
|     | C.  | Complete Equipment Malfunction Report, (see forms), for each failed device.   |  |
| 8.  | Arrange fo  | r servicing of failed equipment:  |  |
|     | a.  | Obtain appropriate Equipment Malfunction Report, (see forms).   |  |
|     | b.  | Notify appropriate Repair Service.  |  |
|     | C.  | Provide equipment failure information, described in Equipment Malfunction Report, to Repair Service Representative. |  |
|     | d.  | Complete "Repair Service" section in Equipment Malfunction Report.  |  |
|     | e.  | Distribute copies of Completed Equipment Malfunction Report to:   |  |
|     |   | (1) Emergency Management Director   |  |
|     |   | (2) Equipment user  |  |
|     |   | (3) Communications Officer's Log.   |  |
| 9.  | Operate Te  | elefax machine as necessary:  |  |
|     | a.  | Monitor telefax for hard copy.  |  |
|     | b.  | Transmit telefax messages as required.  |  |
| 10. | Inform com<br>Director.                                 | nmunications staff of periodic briefings from Emergency Management  |  |

| 11. | Ensure the timely flow of radio messages to and from the EOC: |  |                    |  |
|-----|---|--|--------------------|--|
|     | If the Radio<br>Message is<br>Being:                          |  | <u>Th</u>          | <u>ien</u> do the following:   |
|     |   |  |                    |  |
|     | Sent  |  | -                  | Take message from IN tray.   |
|     |   |  | -                  | Review for clarity.  |
|     |   |  | -                  | Assign to appropriate radio operator.  |
|     |   |  | -                  | Deliver to radio operator for transmission.  |
|     |   |  | -                  | Log on EOC Log Form.   |
|     |   |  | -                  | If message not closed out check with message center  |
|     | Received  |  | -                  | Pick up message from radio operator from "in" tray.  |
|     |   |  | -                  | Review for clarity and completeness.   |
|     |   |  | -                  | Log on EOC Log Form.   |
|     |   |  | -                  | Put in OUT tray.   |
| 12. |   |  |                    | o operator when EOC takes responsibility for tem and BECONS (see EOC message form).  |
|     | a.  | If requested by EMD, te DOWN the volume of the | lepl<br>e D        | hone Police Public Safety Dispatcher to turn NN phone.   |
|     | b.  | If requested by EMD, er the volume on the DNN  | nsui<br>pho        | re that the Fire EOC Radio operator turns <u>UP</u> one.   |
|     | NOTE:   | PNPS should be attached the Emergency Manage   | ed t<br>eme<br>hec | ived (see forms) over the DNN system from to an EOC message form and addressed to nt Director. The "Urgent" and "Status Board, sked and the Message Runner instructed to |
| 13. | Maintain Al<br>terminated.                                    |  | ency               | classification changes or emergency is   |

| SITE A | REA EMERG               | ENCY or GENERAL EMERGENCY  |  |  |  |  |
|--------|-------------------------|--|--|--|--|--|
| 1.     | Receive r<br>activated; | Receive notification via the Dedicated Notification Network system if EOC is activated; otherwise by method under ALERT, Step 1.   |  |  |  |  |
| 2.     | Ensure ac<br>operate p  | dequate radio communications support for EOC, and systems continue to roperly.   |  |  |  |  |
|        | a.                      | Reassign radio operators to balance workload.  |  |  |  |  |
|        | b.                      | Arrange for additional radio operators, as necessary.  |  |  |  |  |
|        | c.                      | Schedule relief.   |  |  |  |  |
|        | d.                      | Receive major communications problems from Communications Group.   |  |  |  |  |
|        | e.                      | Report major communications problems to Emergency Management Director.   |  |  |  |  |
| 3.     | Form (see               | notification from Fire EOC radio operator when Emergency Action Directive forms) information is received via BECONS and relayed to Emergency nent Director. Follow same steps as above.                        |  |  |  |  |
| 4.     |                         | present classification level status until emergency classification changes or by is terminated.  |  |  |  |  |
| 5.     | Emergeno                | emergency or shift, direct communications staff to go the Regional cy Worker Monitoring and Decontamination Station (REWMDS) located at Washburn Primary School, Carver, MA, for monitoring and dosimetry drop |  |  |  |  |
| RELOC  | ATION/REEN              | NTRY/RETURN  |  |  |  |  |
| 1.     | Cease en activities     | nergency operations and initiate RELOCATION/REENTRY/RETURN when notified by EMD that emergency is terminated.  |  |  |  |  |
| 2.     | Provide R<br>by Emerg   | ELOCATION/REENTRY/RETURN communications support as requested ency Management Director.   |  |  |  |  |
|        | a.                      | If requested by EMD, telephone the Police Public Safety Dispatcher to turn <u>UP</u> the volume on the DNN phone.  |  |  |  |  |
|        | b.                      | If requested by EMD, ensure Fire EOC Radio Operator turns $\underline{\text{DOWN}}$ the volume on the DNN phone.   |  |  |  |  |
| 3.     | Submit co               | opies of all records of emergency activities to the EMD.   |  |  |  |  |
|        | a.                      | Procedure checklist.   |  |  |  |  |
|        | b.                      | EOC logs.  |  |  |  |  |
|        | C.                      | Message forms.   |  |  |  |  |
| 4.     | Complete                | communications equipment/supplies deficiency report.   |  |  |  |  |

# Part 2: Response Actions

# **RACES Communicator**

| UNUSUA       | L EVENT      |   |
|--------------|--------------|---|
| 1.           | Not notified | d at an UNUSUAL EVENT. No actions required.   |
| <u>ALERT</u> |              |   |
| 1.           |              | fied by the Public Safety Dispatcher, call in your estimated time of arrival at y dialing the number on your pager and report to the EOC. |
|              | a.           | Sign in on Roster Board.  |
|              | b.           | Report to Radiological Liaison for Dosimetry Packet and PPE as directed and supplied by Duxbury EMD.                                      |
|              | C.           | Inform Communications Officer of your arrival.  |
|              | d.           | Receive a briefing from the Communications Officer.   |
|              | e.           | Activate the RACES radio communications module at the EOC.  |
|              | f.           | Notify your alternate and place on standby.   |
|              | g.           | Review and act on any messages received.  |
| 2.           | Ensure ope   | erability of RACES communications equipment.  |
|              | a.           | Check operations of the RACES radio.  |
|              | b.           | Establish communications with:  |
|              |              | (1) MEMA Region II EOC.   |
|              |              | (2) Town of Carver EOC.   |
|              |              | (3) Town of Kingston EOC.   |
|              |              | (4) Town of Marshfield EOC.   |
|              |              | (5) Town of Plymouth EOC.   |
|              |              | (6) Braintree Command Center EOC.   |
|              | C.           | Report completion of RACES Radio equipment operability check to Communications Officer.   |

# RACES Communicator (continued)

| 3.       | Monitor RACES radios for incoming messages. |   |  |
|----------|---|---|--|
| 4.       | Send messages as requested by EOC staff:    |   |  |
|          | a.  | Receive EOC message from Communications Officer.  |  |
|          | b.  | Convert EOC message to RACES message format.  |  |
|          | C.  | Contact receiving organization communicator.  |  |
|          | d.  | Send message.   |  |
|          | e.  | Indicate action completed on EOC message form.  |  |
|          | f.  | Place transmitted EOC message in Communications Officer "IN" tray.  |  |
| 5.       | Receive m                                   | nessages as required:   |  |
|          | a.  | Answer RACES radio with proper identification protocol.   |  |
|          | b.  | Complete blank RACES message form.  |  |
|          | c.  | Convert RACES message to EOC message format and form.   |  |
|          | d.  | Place completed EOC message form in Communications Officer "OUT" tray for proper distribution by runner.  |  |
| 6.       | Review pro                                  | ocedure under SITE AREA EMERGENCY or GENERAL EMERGENCY.   |  |
| SITE ARE | A EMERGE                                    | ENCY or GENERAL EMERGENCY   |  |
| 1.       | EMERGE                                      | activated, receive notification of SITE AREA EMERGENCY or GENERAL NCY from Communications Officer or EM Director. If EOC is not activated, o 1 under Alert. |  |
| 2.       | Complete                                    | actions under ALERT.  |  |
| 3.       | Establish of in Marshfie                    | communications with Transportation Staging Area (at Martinson Elementary eld).  |  |
| 4.       | Ensure ad                                   | equate RACES radio communications support for the EOC.  |  |
|          | a.  | Arrange for additional RACES communicators, as necessary.   |  |
|          | b.  | Schedule relief Communicator and inform Communications Officer.   |  |

# RACES Communicator (continued)

|                     | <ul> <li>c. Report major RACES communications problems to the EOC<br/>Communications Officer.</li> </ul>   |
|---------------------|--|
| 5.                  | Arrange RACES communications support to any other emergency sites as requested by Emergency Management Director.   |
| 6.                  | Maintain present classification level status until emergency classification changes or the emergency is terminated.  |
| RELOCA <sup>-</sup> | TION/REENTRY/RETURN  |
| 1.                  | Cease emergency operations and initiate RELOCATION/REENTRY/RETURN activities when notified by EOC Communications Officer that the emergency is terminated. |
| 2.                  | Provide RELOCATION/REENTRY/RETURN communications support as requested by EOC Communications Officer.   |
| 3.                  | Submit copies of all records of emergency activities to the Emergency Management Director.   |
|                     | a. RACES Procedure Checklist.  |
|                     | b. Your EOC Log.   |
|                     | c. Message Forms.  |
| 4.                  | Assist Communications Officer in completing communications equipment/supplies deficiency report.   |

# TOWN OF DUXBURY PNPS COMMUNITY LIAISON STANDARD OPERATING PROCEDURE DUX-14

### **Table of Contents**

| Title Pag | ge   | 1 |
|-----------|--|---|
| Table of  | f Contents   | 2 |
| Part 1:   | Concepts   | 3 |
|           | Purpose  | 3 |
|           | Concept of Operations                                  | 3 |
| Part 2:   | Response Actions                                       | 4 |
|           | PNPS Community Liaison                                 | 2 |
|           | Forms  |   |
|           | Log Form Town Response Actions by Classification Level |   |

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared as guidance to Duxbury's PNPS Community Liaison to facilitate coordination with and assistance to the Town of Duxbury during a radiological emergency.

### **CONCEPT OF OPERATIONS**

# Community Liaison

### Responsibilities

- Serve as the primary point of contact between the Town of Duxbury and the PNPS Company, excluding emergency notifications.
- Serve as a resource to the Duxbury Emergency Management Director and elected officials, assisting as requested.

# Part 2: Response Actions

# PNPS Community Liaison

| <u>UNUSUAL</u> | <u>EVENT</u>   |   |  |  |  |  |
|----------------|--|---|--|--|--|--|
| 1.             | Receive no   | otification via the PNPS pager system.  |  |  |  |  |
| 2.             | Review pro   | Review procedure and remain on standby.   |  |  |  |  |
| <u>ALERT</u>   |  |   |  |  |  |  |
| 1.             | Receive no   | otification via the PNPS pager system.  |  |  |  |  |
| 2.             | Report to the  | he Duxbury EOC.   |  |  |  |  |
|                | a.   | Sign in at security desk.   |  |  |  |  |
|                | b.   | Obtain dosimetry packet from Radiological Officer and PPE as directed and supplied by Duxbury EMD.                      |  |  |  |  |
| 3.             | Obtain PNI   | PS Community Liaison position binder containing the following:  |  |  |  |  |
|                | a.   | Community Liaison Procedure   |  |  |  |  |
|                | b.   | Log Forms (see forms)   |  |  |  |  |
|                | C.   | Send messages and keep a log of your activities.  |  |  |  |  |
|                | d.   | Extra message forms   |  |  |  |  |
|                | e.   | Emergency Telephone Directory   |  |  |  |  |
| 4.             | Notify the E   | Emergency Management Director of your presence in the EOC.  |  |  |  |  |
|                | a.   | Advise the Emergency Management Director that you are available to confirm or clarify information relating to the PNPS. |  |  |  |  |
| 5.             | Begin your Log Forms (see forms) by entering the time you arrived at the EOC. Maintain the log with a chronological listing of key actions taken by EOC personnel.                       |   |  |  |  |  |
| 6.             | Notify the PNPS EOM of your arrival at the EOC (508-732-6612 or 508-732-6613), or use the Emergency Telephone Directory (located in the back of PNPS Community Liaison position binder). |   |  |  |  |  |
| 7.             |  | vn response actions using "Town Response Actions by Classification n (see forms).                                       |  |  |  |  |

# PNPS Community Liaison (continued)

| 8.            | Assist the Emergency Management Director as requested.  |  |  |  |  |
|---------------|---|--|--|--|--|
| 9.            | Monitor town briefings utilizing "Town Response Actions by Classification Level" Form (see forms).                                      |  |  |  |  |
| 10.           | Verify with the PNPS Logistics Supervisor that your alternate has been notified and shift change has been arranged.                     |  |  |  |  |
|               | a. Upon alternates arrival, brief on status of key response actions.  |  |  |  |  |
|               | b. Notify the PNPS Logistics Supervisor of completion of shift change.  |  |  |  |  |
| SITE ARE      | EA EMERGENCY  |  |  |  |  |
| 1.            | Receive notification from the Emergency Management Director, if at the EOC, or the PNPS pager system if this is initial classification. |  |  |  |  |
| 2.            | If this is initial activation, complete all actions under ALERT.  |  |  |  |  |
| 3.            | Assist the Emergency Management Director.   |  |  |  |  |
| 4.            | Monitor town response actions utilizing "Town Response Actions by Classification Level" Form (see forms).                               |  |  |  |  |
| <u>GENERA</u> | L EMERGENCY   |  |  |  |  |
| 1.            | Receive notification from the Emergency Management Director, if at the EOC, or the PNPS pager system if this is initial classification. |  |  |  |  |
| 2.            | If this is initial activation, complete all actions under ALERT and SITE AREA EMERGENCY.  |  |  |  |  |
| 3.            | Assist the Emergency Management Director, as requested,.  |  |  |  |  |
| 4.            | Monitor town response actions utilizing "Town Response Actions by Classification Level" Form (see forms).                               |  |  |  |  |

# TOWN OF DUXBURY SHELTER TEAM STANDARD OPERATING PROCEDURE DUX-15

### **Table of Contents**

| Title Page | e                              | 1 |
|------------|--------------------------------|---|
|            | Contents                       |   |
| Part 1:    | Concepts                       | 3 |
|            | Purpose                        | 3 |
|            | Concept of Operations          | 3 |
| Part 2:    | Response Actions               |   |
|            | Shelter Manager                |   |
|            | Shelter Maintenance Supervisor | 9 |
|            |                                |   |

### Forms

Floor Plan of Shelters Medication Consent Parent/Guardian Medication Consent Shelter Event Log Shelter Kit List Shelteree Sign-In Sheet Tone Alert Radio Instruction Sheet

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist shelter managers and teams from the Town of Duxbury in accomplishing short term sheltering responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). Major responsibilities of the Shelter Manager's Group include activating and operating the shelter.

### **CONCEPT OF OPERATIONS**

### Agency Responsibilities

- 1. Shelter Manager
  - Activate and manage shelter.
  - Monitor EAS messages for sheltering instructions.
  - Maintain a shelter log.
  - Deactivate shelter.
- 2. Shelter Maintenance Supervisor
  - Ensure emergency shelter sign(s) are posted.
  - Secure windows, outside doors, and heating or ventilation system.
  - Open building to receive public.
  - Direct persons to shelter locations in building.
  - Provide logistics support for shelter operations.
  - During times when building is not open to the public, assume shelter manager duties when directed.

### Related Agency Responsibilities

- 1. Shelter Officer
  - Notify Shelter Managers of the emergency and coordinate the activation of shelters.

### Part 2: Response Actions

# **Shelter Manager**

| UNUSUAL      | <u> EVENT</u>   |   |  |
|--------------|---|---|--|
| 1.           | Not notified  | d. No actions required.   |  |
| <u>ALERT</u> |   |   |  |
| 1.           |   | otification of emergency classification from Shelter Officer in EOC and at obtain Shelter Officer's EOC telephone number from Emergency Telephone           |  |
| 2.           | Notify Shelter Staff. (Receive from Shelter Officer the names and phone numbers of staff members (including Shelter Maintenance Supervisor) that will be assigned with you at the shelter). Place Shelter staff on standby. |   |  |
| SITE ARE     | A EMERGE  | <u>NCY</u>  |  |
| 1.           | Receive no  | tification from Shelter Officer in EOC to prepare shelters for activation.  |  |
| 2.           | If emergency occurs during hours when the building is closed, proceed to the building and open the shelter.   |   |  |
| 3.           | Maintain a Shelter Event Log (see forms).   |   |  |
| 4.           | Obtain shelter kit from shelter location in shelter and complete the following actions:   |   |  |
|              | a.  | Inventory contents of shelter kit using Shelter Kit List (see forms), and report missing items to Shelter Officer at EOC.                                   |  |
|              | b.  | Test tone alert radios using Tone Alert Radio Instructions (see forms).   |  |
|              | C.  | Place Reception Center Flyers at exit doors.  |  |
|              | d.  | Review steps for SITE AREA EMERGENCY, GENERAL EMERGENCY, and RELOCATION/REENTRY/RETURN.   |  |
| 5.           |   | (find out staff names and phone numbers from Shelter Officer) and read g message to each staff member:  |  |
|              | POWER S   | REA EMERGENCY HAS BEEN DECLARED AT THE PILGRIM NUCLEAR TATION. THE EVENT OCCURRED ON (DATE) AT (TIME) LEASE REPORT TO BUILDING AND ASSIST WITH SHELTER ON." |  |

|   |         | a.  | Review Em         | nergency Public Information Calendar.                             |
|---|---------|---|-------------------|---|
| for sheltering.  (2) Assign staff member(s) to direct shelterees to assigned locations within building as they arrive.  (3) Assign a staff member to monitor tone alert radio for EAS instructions.  (3) Assign a staff member to monitor tone alert radio for EAS instructions.  (4) Review checklists of each staff position.  (5) d. Review steps for sheltering under GENERAL EMERGENCY.  (6) e. Review shelteree routing plan designated on Floor Plan of Shelter.  (7) f. Prepare building as shelter facility, posting signs (if needed) in hallways to direct shelterees to assigned areas.  (6) g. Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (7) e. Receive of distribution of Potassium lodide (KI) including posting of related signs.  (8) Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (8) Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (8) Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (9) Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (9) Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (9) Prepare for distribution of Potassium lodide (KI) including posting of related signs.  (1) Including posting of related signs.  (2) Complete actions under SITE AREA EMERGENCY.  (3) IF SHELTERING IS DIRECTED FOR DUXBURY:  (6) Line staff and direct them to implement sheltering actions.  (7) Line staff and direct them to implement sheltering actions.  (8) Line staff and direct them to implement sheltering actions.  (8) Line staff and direct them to implement sheltering actions.  (9) Line staff and direct them to implement sheltering actions.  (1) Line staff and direct them to implement sheltering actions.  (1) Line staff and direct them to implement sheltering actions.  (2) Line staff and direct them to implement sheltering actions.  (3) Line staff and direct them to implement sheltering actions. |         | b.  |                   |   |
| locations within building as they arrive. (3) Assign a staff member to monitor tone alert radio for EAS instructions.   |         |   | (1)               | •                           |
| instructions.  c. Review checklists of each staff position.  d. Review steps for sheltering under GENERAL EMERGENCY.  e. Review shelteree routing plan designated on Floor Plan of Shelter.  f. Prepare building as shelter facility, posting signs (if needed) in hallways to direct shelterees to assigned areas.  g. Prepare for distribution of Potassium lodide (KI) including posting of related signs.  6. Notify Shelter Officer at EOC when shelter is set up and ready.  1. Receive notification of emergency classification change from Shelter Officer.  2. Complete actions under SITE AREA EMERGENCY.  3. IF SHELTERING IS DIRECTED FOR DUXBURY:  a. Inform staff and direct them to implement sheltering actions.  b. Verify all windows are closed.  c. Ensure all heating, ventilation and air conditioning systems are turned off.  d. Ensure doors designated for public access are unlocked.  NOTE: If schools are in session, they are not public shelters and all   |         |   | (2)               |   |
| d. Review steps for sheltering under GENERAL EMERGENCYe. Review shelteree routing plan designated on Floor Plan of Shelterf. Prepare building as shelter facility, posting signs (if needed) in hallways to direct shelterees to assigned areasg. Prepare for distribution of Potassium lodide (KI) including posting of related signs6. Notify Shelter Officer at EOC when shelter is set up and ready.  GENERAL EMERGENCY1. Receive notification of emergency classification change from Shelter Officer2. Complete actions under SITE AREA EMERGENCY3. IF SHELTERING IS DIRECTED FOR DUXBURY: a. Inform staff and direct them to implement sheltering actionsb. Verify all windows are closed c. Ensure all heating, ventilation and air conditioning systems are turned off d. Ensure doors designated for public access are unlocked. NOTE: If schools are in session, they are not public shelters and all  |         |   | (3)               |   |
| <ul> <li>e. Review shelteree routing plan designated on Floor Plan of Shelter.</li> <li>f. Prepare building as shelter facility, posting signs (if needed) in hallways to direct shelterees to assigned areas.</li> <li>g. Prepare for distribution of Potassium lodide (KI) including posting of related signs.</li> <li>6. Notify Shelter Officer at EOC when shelter is set up and ready.</li> <li>GENERAL EMERGENCY</li> <li>1. Receive notification of emergency classification change from Shelter Officer.</li> <li>2. Complete actions under SITE AREA EMERGENCY.</li> <li>3. IF SHELTERING IS DIRECTED FOR DUXBURY:</li> <li>a. Inform staff and direct them to implement sheltering actions.</li> <li>b. Verify all windows are closed.</li> <li>c. Ensure all heating, ventilation and air conditioning systems are turned off.</li> <li>d. Ensure doors designated for public access are unlocked.</li> <li>NOTE: If schools are in session, they are not public shelters and all</li> </ul>  |         | C.  | Review che        | ecklists of each staff position.                                  |
|   |         | d.  | Review ste        | ps for sheltering under GENERAL EMERGENCY.                        |
| to direct shelterees to assigned areas. g. Prepare for distribution of Potassium Iodide (KI) including posting of related signs. 6. Notify Shelter Officer at EOC when shelter is set up and ready.  GENERAL EMERGENCY 1. Receive notification of emergency classification change from Shelter Officer. 2. Complete actions under SITE AREA EMERGENCY. 3. IF SHELTERING IS DIRECTED FOR DUXBURY:  a. Inform staff and direct them to implement sheltering actions.  b. Verify all windows are closed.  c. Ensure all heating, ventilation and air conditioning systems are turned off.  d. Ensure doors designated for public access are unlocked.  NOTE: If schools are in session, they are not public shelters and all   |         | e.  | Review she        | elteree routing plan designated on Floor Plan of Shelter.         |
| related signs.  |         | f.  |                   |   |
|   |         | g.  |                   |   |
| <ol> <li>Receive notification of emergency classification change from Shelter Officer.</li> <li>Complete actions under SITE AREA EMERGENCY.</li> <li>IF SHELTERING IS DIRECTED FOR DUXBURY:         <ul> <li>a. Inform staff and direct them to implement sheltering actions.</li> <li>b. Verify all windows are closed.</li> <li>c. Ensure all heating, ventilation and air conditioning systems are turned off.</li> <li>d. Ensure doors designated for public access are unlocked.</li> <li>NOTE: If schools are in session, they are not public shelters and all</li> </ul> </li> </ol>   | 6.      | Notify Sh                                   | nelter Officer at | EOC when shelter is set up and ready.                             |
| <ul> <li>2. Complete actions under SITE AREA EMERGENCY.</li> <li>3. IF SHELTERING IS DIRECTED FOR DUXBURY:  a. Inform staff and direct them to implement sheltering actions.  b. Verify all windows are closed.  c. Ensure all heating, ventilation and air conditioning systems are turned off.  d. Ensure doors designated for public access are unlocked.  NOTE: If schools are in session, they are not public shelters and all</li> </ul>  | GENERAL | EMERG                                       | <u>ENCY</u>       |   |
| <ul> <li>3. IF SHELTERING IS DIRECTED FOR DUXBURY:</li> <li>a. Inform staff and direct them to implement sheltering actions.</li> <li>b. Verify all windows are closed.</li> <li>c. Ensure all heating, ventilation and air conditioning systems are turned off.</li> <li>d. Ensure doors designated for public access are unlocked.</li> <li>NOTE: If schools are in session, they are not public shelters and all</li> </ul>  | 1.      | Receive                                     | notification of   | emergency classification change from Shelter Officer.             |
| <ul> <li>a. Inform staff and direct them to implement sheltering actions.</li> <li>b. Verify all windows are closed.</li> <li>c. Ensure all heating, ventilation and air conditioning systems are turned off.</li> <li>d. Ensure doors designated for public access are unlocked.</li> <li>NOTE: If schools are in session, they are not public shelters and all</li> </ul>   | 2.      | Complete actions under SITE AREA EMERGENCY. |                   |   |
| <ul> <li>b. Verify all windows are closed.</li> <li>c. Ensure all heating, ventilation and air conditioning systems are turned off.</li> <li>d. Ensure doors designated for public access are unlocked.</li> <li>NOTE: If schools are in session, they are not public shelters and all</li> </ul>   | 3.      | IF SHEL                                     | TERING IS DII     | RECTED FOR DUXBURY:   |
| c. Ensure all heating, ventilation and air conditioning systems are turned offd. Ensure doors designated for public access are unlocked.  NOTE: If schools are in session, they are not public shelters and all   |         | a.  | Inform staf       | and direct them to implement sheltering actions.                  |
| d. Ensure doors designated for public access are unlocked.  NOTE: If schools are in session, they are not public shelters and all   |         | b.  | Verify all w      | indows are closed.  |
| NOTE: If schools are in session, they are not public shelters and all   |         | C.  | Ensure all        | heating, ventilation and air conditioning systems are turned off. |
|   |         | d.  | Ensure dod        | ors designated for public access are unlocked.                    |
|   |         |   |                   |   |

|    | e. | to shelter.  |
|----|----|--|
|    | f. | Monitor tone alert radio.  |
|    | g. | Ensure outside doors remain closed except when public is entering building.  |
|    | h. | Ensure orderly entry of persons (shelterees) into the shelter and have shelterees sign in on Shelteree Sign-in Sheet (see forms).  |
|    | i. | Answer shelteree questions using Emergency Public Information Calendar.  |
|    | j. | Provide reassurance to shelterees, relaying the following message:   |
|    |    | "THERE HAS BEEN A SHELTERING PROTECTIVE ACTION DIRECTIVE ISSUED FOR THIS AREA. THIS IS A DESIGNATED EMERGENCY SHELTER. WE ARE MONITORING THE EMERGENCY ALERT SYSTEM FOR OFFICIAL INFORMATION AND INSTRUCTIONS AND WILL KEEP YOU INFORMED. PLEASE MAKE YOURSELF AS COMFORTABLE AS POSSIBLE. POTASSIUM IODIDE WILL BE AVAILABLE FOR THOSE WHO WISH TO TAKE IT. PLEASE READ POSTED NOTICE ABOUT KI BEFORE TAKING. IT IS ANTICIPATED THAT SHELTERING WILL BE NECESSARY FOR A SHORT DURATION. WE WILL ADVISE YOU AS SOON AS THE SHELTER ADVISORY IS LIFTED. THANK YOU FOR YOUR COOPERATION DURING THIS PERIOD." |
|    | k. | Instruct staff member(s)/volunteer(s) to direct shelterees to assigned locations within the building using floor plan.   |
|    | I. | Distribute Potassium lodide to those who wish to take, sign consent form, and have back of right hand marked with "K" after administration. Distribute PPE as directed and supplied by Duxbury EMD.  |
|    | m. | Ensure that shelterees remain inside building.   |
| 4. |    | heltering operations when notified by Shelter Officer in EOC that is terminated:   |
|    | a. | Inform staff that shelter advisory is over.  |
|    | b. | Advise shelterees that sheltering is terminated, relaying the following message:   |
|    |    | "THE SHELTERING PROTECTIVE ACTION DIRECTIVE HAS BEEN TERMINATED. PLEASE REPORT TO THE RECEPTION CENTER IN BRAINTREE FOR MONITORING. PICK UP A RECEPTION CENTER FLYER TO GUIDE YOU TOWARD THE RECEPTION CENTER. FLYERS ARE LOCATED AT EXIT DOORS. AS AN ADDED PRECAUTION; COVER EXPOSED SKIN. THANK YOU FOR YOUR COOPERATION DURING THE EMERGENCY."   |
|    |    |  |

|    | c.       | Assign necessary personnel to support shelter deactivation activities: |   |
|----|----------|--|---|
|    |          | (1)  | Traffic control as persons exit the building.   |
|    |          | (2)  | Assistance to special needs persons during shelter exit.  |
|    |          | (3)  | Maintenance of order.   |
|    |          | (4)  | Restoration of building to pre-emergency condition.   |
|    |          | (5)  | Collection and compilation of all Shelter Event Logs.   |
|    | d.       | Ensure she   | elter kit items are returned to source of origin.   |
|    | e.       | Release st   | aff from sheltering duties.   |
|    | f.       | Make final   | post activation survey check of building.   |
| 5. | IF EVACU | ATION IS D   | RECTED FOR DUXBURY:   |
|    | a.       | Receive in   | structions from Shelter Officer regarding evacuation directives.  |
|    | b.       | Inform staf<br>directed.   | f that sheltering advisory is over and that evacuation is   |
|    | C.       |  | elterees that sheltering is over and that evacuation has been elaying the following message:  |
|    |          | EVACUAT<br>RECEPTION<br>RECEPTION<br>AN ADDEL                          | LTERING PROTECTION ACTION HAS BEEN TERMINATED. ION HAS BEEN DIRECTED. PLEASE REPORT TO THE ON CENTER IN BRAINTREE FOR MONITORING. PICK UP A ON CENTER FLYER TO GUIDE YOU TOWARD THE ON CENTER. FLYERS ARE LOCATED AT EXIT DOOR. AS O PRECAUTION; COVER EXPOSED SKIN. THANK YOU R COOPERATION DURING THE EMERGENCY." |
|    | d.       | Assign ned   | cessary personnel to support shelter deactivation activities.   |
|    |          | (1)  | Traffic control as persons exit the building.   |
|    |          | (2)  | Assistance to special needs persons during shelter exit.  |

|        |              | (3) Maintenance of order.   |  |  |
|--------|--------------|---|--|--|
|        |              | (4) Restoration of building to pre-emergency condition.   |  |  |
|        |              | (5) Collection and compilation of all Shelter Event Logs.   |  |  |
|        | e.           | Ensure shelter kit items are returned to source of origin.  |  |  |
|        | f.           | Release staff from sheltering duties and have them report to the Reception Center.  |  |  |
|        | g.           | Make final post activation survey check of building.  |  |  |
|        | h.           | Inform Shelter Officer of termination of shelter activities, then report to the Reception Center.   |  |  |
| RELOCA | TION/REENT   | TRY/RETURN  |  |  |
| 1.     | when notifie | mergency operations and initiated Relocation/Reentry/Return activities ed by Shelter Officer that emergency is terminated. Collect the following I forward to Shelter Officer in EOC: |  |  |
|        | a.           | Shelter Event Log(s)  |  |  |
|        | b.           | Report of damage (if any) to building (record on Shelter Event Log)   |  |  |
|        | C.           | Shelteree Sign-in Sheet(s)  |  |  |
|        | d.           | Shelter Kit shortages (record on Shelter Event Log)   |  |  |
| 2.     | Ensure she   | elter deactivation activities are carried out.  |  |  |
|        | a.           | Restore building to pre-emergency condition.  |  |  |
|        | b.           | Lock up building when deactivation activities are complete.   |  |  |
|        |              |   |  |  |

# Part 2: Response Actions

# **Shelter Maintenance Supervisor**

| UNUSUA  | AL EVENT   |
|---------|--|
| 1.      | Not notified. No action required.  |
| ALERT   |  |
| 1.      | Receive notification of emergency classification from Shelter Manager.   |
| 2.      | Standby for further actions.   |
| SITE AR | EA EMERGENCY   |
| 1.      | Receive notification from Shelter Manager to prepare shelter for activation.   |
| 2.      | Open building as a public shelter when advised by Shelter Manager or other official.   |
| 3.      | If emergency occurs during hours when the building is closed, assume Shelter Manager duties when directed by the Shelter Officer in the EOC at time of notification. |
| 4.      | Close all windows.   |
| 5.      | Shut off all heating, ventilation and air conditioning systems.  |
| 6.      | Unlock doors designated for public access.   |
|         | NOTE: If schools are in session, they are not public shelters and all entrance doors should be locked.   |
| 7.      | Refer to Floor Plan of Shelter for sign location(s) and if applicable, post sign(s) directing public to designated doors.  |
| 8.      | Inform Shelter Manager when building maintenance functions necessary for sheltering are complete.  |
| GENER/  | AL EMERGENCY   |
| 1.      | Complete actions under SITE AREA EMERGENCY.  |
| 2.      | IF SHELTERING IS DIRECTED FOR DUXBURY:   |
|         | a. Move aside any items taking up needed space.  |

# Shelter Maintenance Supervisor (continued)

|        | b.          | Direct movement into shelter using Floor Plan of Shelter (part of shelter kit).   |
|--------|-------------|---|
|        | C.          | Keep outside doors closed except when public is entering the building.  |
|        | d.          | Assist Shelter Manager to ensure that persons stay inside shelter until it is safe to leave shelter.                          |
|        | e.          | Assist Shelter Manager in monitoring EAS broadcasts on tone alert radio or television/radio (if available).                   |
|        | f.          | Direct shelterees to follow directions given in the EAS broadcasts.   |
|        | g.          | After completion of duties, report to the reception center.   |
| RELOCA | TION/REEN   | <u>FRY/RETURN</u>   |
| 1.     |             | emergency operations and initiate RELOCATION/REENTRY/RETURN hen notified by the Shelter Manager that emergency is terminated. |
| 2.     | Assist Shel | ter Manager with shelter deactivation activities:   |
|        | a.          | Restore building to pre-emergency condition.  |
|        | b.          | Lock up building when deactivation activities are complete.   |

# TOWN OF DUXBURY TOW TRUCK PROVIDER STANDARD OPERATING PROCEDURE DUX-16

### **Table of Contents**

| Title Page | е                                | 1 |  |
|------------|----------------------------------|---|--|
| Table of C | Contents                         | 2 |  |
| Part 1:    | Concepts                         | 3 |  |
|            | Purpose                          | 3 |  |
|            | Concept of Operations            | 3 |  |
| Part 2:    | Response Actions                 |   |  |
|            | Tow Truck Provider Owner/Manager | 4 |  |
|            | Tow Truck Operator               | 5 |  |
|            | Forms                            |   |  |
|            | Event Log                        |   |  |

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to provide guidance to the tow truck providers in accomplishing their assigned tasks of providing tow truck resources to the Town of Duxbury.

### **CONCEPT OF OPERATIONS**

### Responsibilities

- 1. Tow truck Provider Owner/Manager
  - Coordinate tow truck requirements and requests with Duxbury Public Safety Dispatcher.
  - Ensure up-to-date driver notification telephone list is available.
  - Provide 24 hour contact person and their telephone number to Duxbury Police Department.
  - Participate in additional training and program maintenance coordinated by MEMA Region II office.

### 2. Tow Truck Operator

- Provide Tow Truck service in the town of Duxbury, as assigned.
- Maintain communications throughout the emergency mission with Public Safety Dispatcher.

### Part 2: Response Actions

### Tow Truck Provider Owner/Manager

| UNUSUA       | <u>L EVENT</u>  |  |  |
|--------------|---|--|--|
| 1.           | Not notified. No action   | on required.   |  |
| <u>ALERT</u> |   |  |  |
| 1.           | Receive notification by telephone of ALERT from Public Safety Dispatcher.             |  |  |
| 2.           | Notify drivers to standby for emergency duty.   |  |  |
| 3.           | Notify Public Safety Dispatcher of standby status.                                    |  |  |
| SITE ARE     | EA OR GENERAL EME   | RGENCY   |  |
| 1.           | Receive notification of SITE AREA or GENERAL EMERGENCY from Public Safety Dispatcher. |  |  |
|              | a. Notify dri   | vers to report for emergency duty.   |  |
|              | b. Direct dri   | vers to Duxbury Police Station for.  |  |
|              | 1.  | Briefing from Shift Commander.   |  |
|              | 2.  | Dosimetry and instruction from Police Dosimetry Coordinator and PPE as directed and supplied by Duxbury EMD. |  |
|              | 3.  | Station assignment from Shift Commander.   |  |
| 2.           | Direct drivers to fill out Event Log (see forms) for every assignment.                |  |  |
| 3.           | Submit Event Logs to Police Shift Commander at end of assignment.                     |  |  |

Direct drivers to report to the Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at Erwin K. Washburn Primary School,

Carver, MA, for monitoring and dosimetry return.

\_\_\_\_ 4.

# Part 2: Response Actions

# Tow Truck Operator

| UNUSUAL      | <u>EVENT</u>  |  |  |
|--------------|---|--|--|
| 1.           | Not notified. No action required.   |  |  |
| <u>ALERT</u> |   |  |  |
| 1.           | Receive notification from Tow Truck owner to standby for emergency duty.  |  |  |
| SITE ARE     | A or GENERAL EMERGENCY  |  |  |
| 1.           | Receive notification through normal channels and immediately report for emergency duty.   |  |  |
| 2.           | Receive driving assignment.   |  |  |
| 3.           | Depart for local Police Station.  |  |  |
| 4.           | Upon arrival at the Police Station.   |  |  |
|              | a. Receive briefing from Shift Commander  |  |  |
|              | <ul> <li>Receive Dosimetry from Police Dosimetry Coordinator and PPE as<br/>directed and supplied by Duxbury EMD.</li> </ul>  |  |  |
|              | c. Receive station assignment   |  |  |
| 5.           | Return to vehicle and do a communications check with Public Safety Dispatcher.  |  |  |
| 6.           | Proceed to station assignment and await notification from Public Safety Dispatcher of vehicles or impediments to be removed.  |  |  |
| 7.           | Fill in Event Log (see forms) for every assignment.   |  |  |
| 8.           | At end of assignment, report to Regional Emergency Worker Monitoring and Decontamination Station (REWMDS) located at the Erwin K. Washburn Primary School, Carver, MA, for monitoring and dosimetry return. |  |  |

# TOWN OF DUXBURY

CAMPS

STANDARD OPERATING PROCEDURE

DUX-17

# Table of Contents

| Title Page |                       | 1 |
|------------|-----------------------|---|
| Table of C | ontents               | 2 |
| Part 1:    | Concepts              | 3 |
|            | Purpose               | 3 |
|            | Concept of Operations | 3 |
| Part 2:    | Response Actions      | 5 |
|            | Camp Director         | 5 |
|            |                       |   |

Forms

Bus Census Children Registered at Mass Care Shelters Event Log Sign-Out Sheet Student Relocation Notice Transportation Needs Worksheet

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist Directors of Children's Camps in the Town of Duxbury in accomplishing their responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). Major responsibilities of the Camp Director involve precautionary transfer, evacuation, or sheltering of children and staff.

### CONCEPT OF OPERATIONS

### Agency Responsibilities

- 1. Camp Director
  - Notify staff of emergency and protective actions.
  - Report number of buses and special vehicles needed to Special Facilities Coordinator in Duxbury EOC.
  - Assist campers with KI when directed, and mark right hand after administration.
  - Sign out any children picked up by parent/guardian.
  - Assure all campers are correctly signed out or boarded onto appropriate bus, with PPE as directed and supplied by Duxbury EMD.
  - Secure building(s) before departure.
  - Post sign indicating camp evacuation status.
  - Relocate children and supervising staff to Braintree High School/Braintree Reception Center.
  - Ensure accountability of children at Braintree High School/Braintree Reception Center.
  - Implement sheltering when requested.
  - Ensure all children, adults, and staff are sheltered.

### Related Agency Responsibilities

- 1. Transportation Officer in Duxbury EOC.
  - Coordinate provision of transportation.
- 2. Special Facilities Coordinator in Duxbury EOC.
  - Notify camp of emergency classification and protective action directives.
  - Notify Transportation Officer in Duxbury EOC of camp transportation requirements.

### Part 1: Concepts (continued)

- Confirm transportation arrivals and departures.
- Confirm registration of all persons at host location (Braintree High School).
- Confirm registration of children at the Mass Care Shelter.
- 3. Braintree Reception Center/Host Facility Manager
  - Register all incoming children and staff, and ensure they are monitored and, if required, decontaminated.
- 4. School EOC Representative
  - Notify applicable school superintendents to request that schools be opened for emergency use as Host Facilities and/or Mass Care Shelters.
  - Notify Superintendent or Principal of Braintree High School to open facility for use as a Reception Center/Host Facility.
  - Coordinate the care/tracking of camp children sent to Mass Care Shelters.
  - Verify and document Host School and Mass Care Shelter status and inform related EOC personnel.

# Camp Director

| UNUSUA       | L EVENT   |  |  |  |  |
|--------------|---|--|--|--|--|
| 1.           | Not notified. No actions required.  |  |  |  |  |
| <u>ALERT</u> |   |  |  |  |  |
| 1.           | Receive notification of emergency from Special Facilities Coordinator in EOC.   |  |  |  |  |
| 2.           | Maintain chronological log of contacts, significant events, and actions taken using Event Log (see forms).  |  |  |  |  |
| 3.           | Report number of buses and lift vans required to Special Facilities Coordinator (Phone: (781)934-7142.  |  |  |  |  |
| 4.           | Notify staff of emergency and delegate response actions as required.  |  |  |  |  |
| 5.           | Prepare an area for receiving buses/lift vans.  |  |  |  |  |
| 6.           | Identify a separate parking area for parents who may arrive to pick up children.  |  |  |  |  |
| 7.           | Inform staff that no child may leave without being signed out by parent/guardian using Sign Out Sheet (see forms).  |  |  |  |  |
| 8.           | Notify Special Facilities Coordinator when required buses/lift vans have been prestaged.  |  |  |  |  |
| 9.           | Test tone alert radio and stand by for further notification.  |  |  |  |  |
| 10.          | Ensure that KI is available and wait directive from EMD to issue to campers that have parental consent. Ensure that PPE has been distributed and supplied as directed by Duxbury EMD. |  |  |  |  |
| SITE AR      | EA EMERGENCY  |  |  |  |  |
| 1.           | Receive notification of emergency from Special Facilities Coordinator in EOC.   |  |  |  |  |
| 2.           | Complete actions under ALERT.   |  |  |  |  |
| 3.           | When notified by Special Facilities Coordinator to implement <b>PRECAUTIONARY TRANSFER:</b>   |  |  |  |  |
|              | a. Confirm Braintree High School as destination with Special Facilities Coordinator.  |  |  |  |  |
|              | b. Ensure staff explains to children that there is an emergency requiring movement out of the area.   |  |  |  |  |

# Camp Director (continued)

| c. | Remind staff to sign out children picked up by parent/guardian using Sign Out Sheet (see forms).  |  |  |  |
|----|---|--|--|--|
| d. | Assign staff members to buses and lift vans.  |  |  |  |
| e. | Secure building(s) before departure.  |  |  |  |
| f. | Release all staff not needed to complete response actions.  |  |  |  |
| g. | Post Relocation Notice (see forms) prior to departure.  |  |  |  |
|    | NOTE: Make sure the relocation maps for parents are being posted. School buses with the staff and children will enter the town of Braintree via Rt. 93 exit 6 (Rt. 37). They will proceed directly to Braintree High School parking lot, where the staff and children will be dropped off at the school's side entrance leading into the lobby where registration is set up. Parents picking up children will go directly to Braintree High School. |  |  |  |
| h. | Complete a Bus Census (see forms) for each bus/lift van as children and staff board.  |  |  |  |
| i. | Ensure all children are aboard buses/lift vans using camp attendance rosters.   |  |  |  |
| j. | Notify Special Facilities Coordinator of departure of children and supervising staff for Braintree High School.   |  |  |  |
| k. | Relocate children and supervising staff to Braintree High School.   |  |  |  |
| 1. | Supervise children during transport and at Braintree High School.   |  |  |  |

# Camp Director (continued)

|               | m.       | Ensure all children have arrived at Braintree High School, and confirm Brain High School Principal has notified School EOC Representative that all children arrived.   |  |
|---------------|----------|--|--|
|               | n.       |  | rive Host Facility (Braintree High School) Principal the Busistration purposes.  |
|               |          | es   | Once the children are registered in the lobby, they are to be scorted to their designated waiting areas. Once parents arrive hildren will then be escorted to their parents. |
|               | o.       |  | ion of parents/guardians of emergency status and location of School and request they pick up their children.   |
|               | p.       | Sign out childre forms).   | en picked up by parent/guardian using Sign Out Sheet (see  |
|               | q.       |  | aintree High School Principal with names of children not picked guardians by 8 p.m.  |
|               |          | ne   | Request Mass Care Shelter assignments and transportation (if eeded) for remaining children and staff to call centers from traintree High School Principal.                   |
|               |          | aı   | Notify the Special Facilities Coordinator of Mass Care assignments and name of individuals responsible for continued supervision (see prms).                                 |
|               | r.       | either parents, o  | as been terminated and all children have been turned over to contact Braintree High School Principal to arrange transportation rn to camp in Duxbury.                        |
|               | S.       |  | as <u>not</u> been terminated, contact Braintree High School Principal sportation for staff to the Mass Care Shelters.   |
| <b>GENERA</b> | L EMERGE | <u>NCY</u>   |  |
| 1.            |          |  | gency from Special Facilities Coordinator in EOC. If not done, EAREA EMERGENCY.  |
| 2.            |          | RING is directed to the shell result in the sh | d for <b>SUBAREA 9</b> or if notified by Special Facilities Coordinator <b>G</b> :   |
|               | a.       | Maintain chron using Event Lo  | nological log of contacts, significant events, and actions taken og (see forms).   |

# Camp Director (continued)

|    | b. | Notify staff of emergency and have them prepare building(s) for sheltering:   |  |
|----|----|---|--|
|    |    | (1) Close all windows.  |  |
|    |    | (2) Shut off all air blowers and heating, ventilation, and air conditioning systems which draw air from outside.  |  |
|    | c. | Ensure all children and staff are inside a shelter.   |  |
|    | d. | Ensure staff explain emergency actions to children and provide reassurance.   |  |
|    | e. | Notify any parent/guardian attempting to pick up children that a protective action of sheltering has been directed and request they remain indoors; sign out any children picked up using Sign Out Sheet (see forms). |  |
|    | f. | Monitor tone alert radio for Emergency Alert System EAS instructions.   |  |
| 3. |    | by Special Facilities Coordinator to implement <b>EVACUATION</b> and destination is <b>ON CENTER/HOST FACILITY:</b>   |  |
|    | a. | Confirm Braintree Reception Center/Host Facility as destination with Special Facilities Coordinator.  |  |
|    | b. | Complete actions 2 through 8 of ALERT section.  |  |
|    | c. | Complete PRECAUTIONARY TRANSFER actions d through i in Step 3 of SITE AREA EMERGENCY section.   |  |
|    | d. | Notify Special Facilities Coordinator of departure of buses/lift vans for Braintree Reception Center/Host Facility.   |  |
|    | e. | Relocate children and staff to Braintree Reception Center/Host Facility.  |  |
|    | f. | Supervise children during transport and at Braintree Reception Center/Host Facility.  |  |
|    | g. | Confirm Braintree Reception Center/Host School Manager has notified Braintree Reception Center/Host Facility Coordinator that all children have been registered.  |  |

# <u>Camp Director</u> (continued)

|    | h.             | Assign staff to accompany children through monitoring and decontamination process.                                    |
|----|----------------|---|
|    | i.             | Ensure children and staff are monitored and, if required, decontaminated.   |
|    | j.             | Ensure all children re-board buses/lift vans using previously completed Bus Census forms.                             |
|    | k.             | Relocate children and staff to Braintree High School.   |
|    | 1.             | Follow PRECAUTIONARY TRANSFER actions 1 through s in Step 3 of SITE AREA EMERGENCY section.                           |
| 4. | If notified by | y Special Facilities Coordinator to initiate <b>RECOVERY/RETURN</b> :   |
|    | a.             | Restore building(s) to pre-emergency condition.   |
|    | b.             | Inspect building(s) for damage occurred during sheltering event; report any damage to Special Facilities Coordinator. |

# TOWN OF DUXBURY PUBLIC INFORMATION STANDARD OPERATING PROCEDURE DUX-21

### **Table of Contents**

| Title Page | )                          | 1  |
|------------|----------------------------|----|
| Table of C | Contents                   | 2  |
| Part 1:    | Concepts                   | 3  |
|            | Purpose                    | 3  |
|            | Concept of Operations      | 3  |
| Part 2:    | Response Actions           | 5  |
|            | Public Information Officer | 5  |
|            | Rumor Control Officer      | 10 |

### Forms

Information Dissemination
Public Information Briefing Sheet
Recurrent Rumor Form
Rumor Control Form
Transportation Assistance Request Form

### Part 1: Concepts

### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Public Information group in accomplishing its responsibilities during an emergency at the Pilgrim Nuclear Power Station (PNPS). The Public Information Group's major responsibilities are preparing and disseminating news statements, coordinating information with the MEMA Public Information Officer, answering public concerns and inquiries, and correcting misinformation and rumors.

### **CONCEPT OF OPERATIONS**

### Position Responsibilities

- 2. Public Information Officer (PIO)
  - Gathers current information from EOC staff and Selectmen for the MEMA Public Information Officer.
  - Completes and provides Public Information Briefing Sheets to the Rumor Control Officer and MEMA Region II.
  - Prepares and obtains Selectmen approval of news statements.
  - Provides news statements to MEMA PIO at the Joint Information Center.
  - Receives copies of EAS messages via telefax from MEMA Public Affairs Officer (PAO); provides copies to Selectmen, Emergency Management Director, and Rumor Control Officer.
  - Keeps EOC staff informed of public information activities.
  - Receives and corrects recurrent rumors.
- 2. Rumor Control Officer (RCO)
  - Answers Rumor Control telephone line.
  - Answers public concerns using Briefing Sheets, news statements, EAS messages and resource materials.
  - Provides transportation assistance requests to Special Needs Officer.
  - Identifies and forwards recurrent rumors to Public Information Officer.

# Part 1: Concepts (continued)

### Related Agency Responsibilities

- 1. Selectmen
  - Approve news statements.
- 2. Other EPZ Town Public Information Officers
  - Provide news statements to MEMA PIO at Joint Information Center.
- 3. Massachusetts Emergency Management Agency Public Information Officer (State PIO).
  - Coordinates news statements with the Towns, MDPH, the Federal Government and PNPS.
  - Answers questions from media which are specific to State and local emergency response activities.
  - Provides State emergency response information to Town Public Information Officers.

### **PNPS** 4.

- Coordinate information and news statements with MEMA Public Information Officer.
- Answer questions from the media which are specific to PNPS onsite and other Company response activities.
- Provide Joint Information Center.

# **Public Information Officer**

| UNUSUAL  | <u>EVENT</u>                                       |  |  |  |  |
|----------|--|--|--|--|--|
| 1.       | Not notified at UNUSUAL EVENT. No action required. |  |  |  |  |
| ALERT, S | ITE AREA E   | MERGENCY or GENERAL EMERGENCY  |  |  |  |
| 1.       | EMERGEN  | ial notification of ALERT, SITE AREA EMERGENCY or GENERAL CY from the Public Safety Dispatcher, and call in your estimated time of at the EOC. |  |  |  |
| 2.       | Report to th                                       | e Duxbury Emergency Operations Center (EOC).   |  |  |  |
| 3.       | Upon arriva  | l:   |  |  |  |
|          | a.   | Sign in on Staffing Board.   |  |  |  |
|          | b.   | Inform the Emergency Management Director of your presence.   |  |  |  |
|          | C.   | Receive Initial or Follow-up Notification Form from Documentation Unit Coordinator.  |  |  |  |
|          | d.   | Receive a briefing from the Emergency Management Director on the status of the emergency.  |  |  |  |
|          | e.   | Set up equipment and supplies.   |  |  |  |
|          | f.   | Notify your alternate and place on standby.  |  |  |  |
|          | g.   | Report to Radiological Liaison for dosimetry packet and PPE as directed and supplied by Duxbury EMD.   |  |  |  |
|          | h.   | Review and act on any important messages received.   |  |  |  |
|          | i.   | Send messages and keep a log of your activities.   |  |  |  |
| 4.       | Ensure all c                                       | communications are established and equipment is working properly.  |  |  |  |
|          | a.   | Fax a test telecopy message to MEMA PIO at the Joint Information Center and verify receipt of message by telephone.                            |  |  |  |
|          | b.   | Receive test telecopy from the MEMA Public Affairs Officer (PAO) at the State Emergency Operation Center (SEOC).                               |  |  |  |
|          | C.   | Perform a test call on the Rumor Control line.   |  |  |  |

| 5. | Maintain communications and information flow among Selectmen, Rumor Control Officer, and Emergency Management Director. |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 6. |   | sly monitor and collect information on EOC activities and Selectmen omplete a Public Information Briefing Sheet (see forms), or a portion of <a href="Mailto:NEVER">:NEVER</a> : |  |  |  |  |
|    | a.  | An EOC briefing is conducted.  |  |  |  |  |
|    | b.  | There is an emergency classification change.   |  |  |  |  |
|    | c.  | There are new Protective Action Directives.  |  |  |  |  |
|    | d.  | EMD recommends distribution /administration of KI to schools and shelters.   |  |  |  |  |
|    | e.  | There are significant activities by an EOC department.   |  |  |  |  |
|    | f.  | A local news statement has been/is to be issued via Comcast Cable ComAlert Network.  |  |  |  |  |
| 7. |   | copy of Public Information Briefing Sheets to Emergency Management review for completeness and accuracy.   |  |  |  |  |
|    | a.  | Provide copy to Emergency Management Director after corrections and approval.  |  |  |  |  |
| 8. |   | atest Public Information Briefing Sheets and additional information to the e Officer at MEMA Region II.  |  |  |  |  |
| 9. | Prepare th  | e Duxbury portion of a joint news statement:   |  |  |  |  |
|    | a.  | Prioritize newsworthy items from latest Public Information Briefing Sheets for news statements, including:   |  |  |  |  |
|    |   | (1) Selectmen's actions.   |  |  |  |  |
|    |   | (2) Response agencies' actions.  |  |  |  |  |
|    |   | (3) Rumor Control telephone number.  |  |  |  |  |
|    |   | (4) Special Needs telephone number.  |  |  |  |  |
|    | b.  | Utilize the Information Dissemination Chart (see forms) for guidance on important items to include in news statements.   |  |  |  |  |
|    | C.  | Develop Duxbury portion of a joint news statement.   |  |  |  |  |

|     | d.                        | _ d. Obtain initialed approval from the Chairman or designated Board of Selectmen representative. |   |  |
|-----|---------------------------|---|---|--|
|     | IF:                       |   | THEN:   |  |
|     | Correction                | s from Selectmen  | - Incorporate changes.  |  |
|     |                           |   | - Review new draft news statement.  |  |
|     |                           |   | <ul> <li>Obtain Selectmen corrections and/or approval on revised news statement.</li> </ul>   |  |
|     | No Correct                | tions/Approval-   | Relay Selectmen approval to Rumor Control Officer.  |  |
|     |                           |   | - Post finalized news release in EOC.   |  |
| 10. | Telecopy a                |   | n to MEMA Public Information Officer at the Joint   |  |
|     | a.                        | Provide clarification of  | information to MEMA PIO, if requested.  |  |
| 11. | Receive fir               | nalized MEMA news stat  | tements from PIO at the Joint Information Center.   |  |
| 12. | Provide Br<br>Officer (RC |   | ements and status updates to the Rumor Control  |  |
| 13. |                           |   | via telefax from MEMA Public Affairs Officer at ccuracy regarding Duxbury emergency response. |  |
|     | a.                        | Provide copies to Eme   | ergency Management Director and Selectmen.  |  |
|     | b.                        | Provide copies to Rum   | nor Control Officer.  |  |
| 14. |                           | e Rumor Control operation   | on and provide assistance to the Rumor Control  |  |
|     | a.                        | Receive Rumor Contro<br>assistance is needed.   | ol Form (see forms) from Rumor Control Officer if   |  |
|     | b.                        | Utilize EOC staff and Sportion of Rumor Cont  | Selectmen to complete Public Information Officer trol Form, Section B.                        |  |
|     | c.                        | Return Form to Rumor  | r Control Officer.  |  |
| 15. | Receive re                | ecurrent rumors from Rui  | mor Control Officer:  |  |
|     | a.                        | Receive Recurrent Ru  | mor Form (see forms) from Rumor Control Officer.  |  |

|                     | b.                   | Complete corrective ac                         | ctions | s section on Recurrent Rumor Form.   |
|---------------------|----------------------|--|--------|--|
|                     | C.                   | Prepare a corrective no                        | ews    | statement, if one is needed.   |
|                     | d.                   | Obtain Selectmen appliat the Joint Information |        | and telecopy news statement to MEMA PIO nter.  |
| 16.                 |                      | ws broadcasts are monitoncerning Duxbury.      | ored   | . Notify the MEMA PIO of misinformation  |
|                     | IF:                  |  |        | THEN:  |
|                     | Misinforma           | ation is reported                              | -      | Determine appropriate corrective action based on the severity of the error:  |
|                     |                      |  |        | <ul> <li>Prepare a corrective news statement,<br/>obtain Selectmen approval and telecopy<br/>to MEMA PIO;</li> </ul> |
|                     |                      |  |        | or   |
|                     |                      |  |        | <ul> <li>Include corrective information in next<br/>news statement.</li> </ul>                                       |
| 17.                 | Repeat the emergency |  | priat  | e until de-escalation or termination of the  |
| RELOCA <sup>-</sup> | ΓΙΟΝ/REEN            | TRY/RETURN                                     |        |  |
| 1.                  |                      | otification of RELOCATIC<br>ent Director.      | ON/R   | EENTRY/RETURN phase from Emergency   |
| 2.                  | Participate          | in the Town RELOCATI                           | ON/I   | REENTRY/RETURN Committee.  |
|                     | a.                   | Provide status update                          | on p   | ublic information to the Committee.  |
|                     | b.                   |  |        | public information can be used to promote areas, including dissemination of clear                                    |
|                     | c.                   | Determine public inform                        | matic  | on activities within the plan of action.   |
| 3.                  | Continue a           | all Public Information Offi                    | cer f  | unctions.  |
|                     | a.                   |  | and    | mong the Selectmen, Emergency<br>Rumor Control Officer including completing<br>Sheets.                               |
|                     | b.                   | Continue to provide inf                        | forma  | ation and assistance to Rumor Control Officer.   |

|    | c. Obtain Selectmen approval of all news statements.  |
|----|---|
|    | d. Continue to provide MEMA Public Information Officer with correction of recurrent misinformation.   |
| 4. | Upon notification from Emergency Management Director of termination of RELOCATION/REENTRY/RETURN phase, return the area to normal operations. |
| 5. | Collect and provide to Emergency Management Director all logs, forms and other paperwork used in the emergency.                               |

# Rumor Control Officer

| <u>UNUSUAI</u> | <u>L EVENT</u>  |  |  |  |
|----------------|---|--|--|--|
| 1.             | Not notified at UNUSUAL EVENT. No action required.  |  |  |  |
| ALERT, S       | ITE AREA E  | MERGENCY or GENERAL EMERGENCY  |  |  |
| 1.             | Receive initial notification of ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY from the Public Safety Dispatcher, and call in your estimated time of arrival (ETA). |  |  |  |
| 2.             | Report to the   | ne Duxbury Emergency Operations Center (EOC).  |  |  |
| 3.             | Upon arriva   | al:  |  |  |
|                | a.  | Sign in on Staffing Board.   |  |  |
|                | b.  | Inform the Emergency Management Director of your presence.   |  |  |
|                | C.  | Receive a briefing from the Emergency Management Director on the status of the emergency.                                    |  |  |
|                | d.  | Set up equipment and supplies.   |  |  |
|                | e.  | Notify your alternate and place on standby.  |  |  |
|                | f.  | Report to Radiological Liaison for dosimetry packet and PPE as directed and supplied by Duxbury EMD.                         |  |  |
|                | g.  | Review and act on any important messages received.   |  |  |
|                | h.  | Send messages and log all your activities.   |  |  |
| 4.             |   | nd review Public Information Briefing Sheets (see forms), news statements updates from the Public Information Officer (PIO). |  |  |
| 5.             | Receive and review EAS messages from the Public Information Officer.  |  |  |  |
| 6.             | Answer the Rumor Control telephone line as follows:   |  |  |  |
|                | "This is<br>Preparedne  | with the Town of Duxbury Office of Emergency ess. How can I assist you?"   |  |  |
|                | a.  | Log each call and complete the Rumor Control Form, Section A (see forms).  |  |  |

# Rumor Control Officer (continued)

| IF:   | THEN:  |
|---|--|
| Media calls are received  | <ul> <li>Direct media to go to Joint Information<br/>Center or to call the PNPS media telephone<br/>number [see Emergency Telephone<br/>Directory (ETD)].</li> </ul>   |
| Questions not specific to the<br>Town of Duxbury are received               | <ul> <li>Refer caller to appropriate Rumor<br/>Control number utilizing the Emergency<br/>Telephone Director (ETD).</li> </ul>   |
| Transportation Assistance is requested                                      | <ul> <li>Complete a Transportation Assistance<br/>Request Form (see forms).</li> <li>Forward the Form to the Special Needs<br/>Officer by either hand-carrying it or attaching<br/>it to a Message Form.</li> </ul>  |
| Information concerning questions or rumors specific to Duxbury are received | <ul> <li>Respond to caller's request for information using:         <ul> <li>existing Briefing Sheets,</li> <li>news statements,</li> <li>EAS messages,</li> <li>resource materials (binder).</li> </ul> </li> <li>If information is unavailable or unknown, tell caller you will return the call and request Public Information Officer to complete Section B of Rumor Control Form.</li> <li>Return call with correct information, completing Section C of Rumor Control Form.</li> <li>Advise caller to listen to the radio or TV for current information.</li> </ul> |

NOTE: Do not speculate with caller. Only use information from approved sources.

# Rumor Control Officer (continued)

| 7.      | Review collected Rumor Control Forms periodically for recurrent rumors. If recurrent rumors are identified:                                   |  |  |
|---------|---|--|--|
|         | a. Complete Recurrent Rumor Form (see forms).   |  |  |
|         | b. Provide Form to Public Information Officer.  |  |  |
| 8.      | Repeat the above actions until de-escalation or termination of the emergency.   |  |  |
| RELOCAT | TION/REENTRY/RETURN   |  |  |
| 1.      | Receive notification of RELOCATION/REENTRY/RETURN phase from Emergency Management Director.   |  |  |
| 2.      | Continue to answer Rumor Control line.  |  |  |
|         | a. Obtain unavailable information.  |  |  |
|         | b. Answer caller's questions.   |  |  |
|         | c. Identify recurrent rumors.   |  |  |
| 3.      | Upon notification from Emergency Management Director of termination of RELOCATION/REENTRY/RETURN phase, return the area to normal operations. |  |  |
| 4.      | Collect and provide to Emergency Management Director all logs, forms and other paperwork used in the emergency.                               |  |  |

# TOWN OF DUXBURY DOCUMENTATION UNIT STANDARD OPERATING PROCEDURE DUX-24

### Table of Contents

| Title Page | 9                              | 1  |
|------------|--------------------------------|----|
| Table of C | Contents                       | 2  |
| Part 1:    | Concepts                       | 3  |
|            | Purpose                        | 3  |
|            | Concept of Operations          | 3  |
| Part 2:    | Response Actions               | 5  |
|            | Documentation Unit Coordinator | 5  |
|            | Message Runner                 | 8  |
|            | Status Board Keeper            | 10 |
|            | Forms                          |    |

Message Center Log Form Message Form Message Handling Flow Chart Status Board Keeper Log Form

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist Documentation Unit personnel in accomplishing their responsibilities during an emergency at the Pilgrim Nuclear Power Station. The major responsibility of Documentation Unit personnel is the documentation and distribution of messages originating within or received by the Emergency Operations Center (EOC).

### CONCEPT OF OPERATIONS

### Agency Responsibilities

- **Documentation Unit Coordinator** 
  - Supervise Documentation Unit personnel.
  - Review message for completeness and priority.
  - Assign message control numbers to messages.
  - Record Messages on Message Center Log Form.
  - Retain Copy of each message.

### 2. Message Runner

- Distribute messages to EOC staff.
- Make copies of messages.
- Assist Documentation Unit Coordinator, as requested.
- 3. Status Board Keeper
  - Maintain assigned status board.
  - Assist Documentation Unit Coordinator, as requested.

### Part 1: Concepts

# Related Agency Responsibilities

- 1. **Emergency Management Agency** 
  - Provide equipment, facilities, and supplies for Documentation Unit operations.
- 2. **Communications Officer** 
  - Coordinate message distribution within the Communications Center.
- 3. **EOC Staff** 
  - Complete Message Form for all messages/responses.
  - Take prompt and effective action on all requests.
  - Record messages on Individual Log Form.

# **Documentation Unit Coordinator**

| <u>UNUSUA</u> | <u>L EVENT</u>                                     |  |              |   |  |
|---------------|--|--|--------------|---|--|
| 1.            | Not notified at UNUSUAL EVENT. No action required. |  |              |   |  |
| ALERT, S      | SITE AREA E  | MERGENCY   | or GENER     | AL EMERGENCY  |  |
| 1.            |  | Receive notification from Public Safety Dispatcher, and call in your estimated time of arrival at the EOC by dialing the number on your pager. |              |   |  |
|               | a.   | Sign in on Staffing Board.   |              |   |  |
|               | b.   | Inform Eme   | rgency Man   | agement Director of your presence.                          |  |
|               | C.   | Receive a b status of the  |              | the Emergency Management Director on the y.                 |  |
|               | d.   |  |              | cal Officer for dosimetry packet and PPE as by Duxbury EMD. |  |
|               | e.   | Notify your a  | alternate an | d place on standby.   |  |
|               | f.   | Review and   | act on any   | important messages.   |  |
| 2.            | Ensure Documentation Unit activation.              |  |              |   |  |
|               | a.   | Set up Docu  | umentation   | Unit.   |  |
|               | b.   | Inventory Do   | ocumentatio  | on Unit supplies:   |  |
|               |  |  | <u>Item</u>  |   |  |
|               |  | (1)  | Message F    | Forms (see form)  |  |
|               |  | (2)  | Individual L | ∟og Forms   |  |
|               |  | (3)  | Black Pens   | S   |  |
|               |  | (4)  | In/Out trays | S   |  |
|               |  | (5)  | Manila fold  | lers  |  |
|               | C.   | Determine a  | adequacy of  | f staffing:   |  |
|               |  | <u>Position</u>  |              | Number Personnel Required                                   |  |
|               |  | Documentat   |              | 1 primary/1 alternate                                       |  |
|               |  | Coordinator<br>Message Ru<br>Status Boar   | unner        | 2 primary/1 alternate<br>1 primary/1 alternate              |  |

# <u>Documentation Unit Coordinator</u> (continued)

| 3. | If documer | ntation unit p           | personnel have not arrived:  |
|----|------------|--------------------------|--|
|    | a.         | Assume th                | neir duties.   |
|    | b.         | Activate a               | Iternate personnel as needed.  |
| 4. | Handle all | messages <u>p</u>        | promptly (This is extremely important).  |
|    | a.         | Handle all               | "urgents" on a first priority basis.   |
|    | b.         | Check me first.          | ssage times on messages, and handle on the basis of oldest   |
|    | C.         | If you have<br>your abse | e to leave your station, assign a runner to documentation unit in nce.   |
| 5. | message    | will have all            | steps when you receive a new message: (Note: A new I four copies of the message form still attached, and will number assigned). See Message Handling Flow Chart (see   |
|    | a.         | Assign the               | e next consecutive message number.   |
|    | b.         |                          | message number on the Message Form (see forms) in the thand corner.  |
|    | C.         | Log the model follows:   | essage on the Message Center Log Form (see forms) as   |
|    |            | (1)                      | Under <b>MESSAGE</b> #, enter numbers consecutively.   |
|    |            | (2)                      | Under <b>TIME LOGGED</b> , record current time using military time (24 hour clock; e.g. not 3:00 p.m., but 1500).  |
|    |            | (3)                      | Under <b>MESSAGE</b> , the description should identify the primary subject matter.   |
|    |            | (4)                      | Under <b>MESSAGE TO</b> , enter the position or name of the person addressed.  |
|    |            | (5)                      | Under <b>MESSAGE FROM</b> enter the name first, and then, the title of the person who sent the message.  |
|    |            | (6)                      | Under <b>ACTION COMPLETED</b> , fill in at this time <u>only if no response</u> is required. (Note: If there is <u>no response required</u> , enter the current time as in <b>"TIME LOGGED"</b> . If a <u>response is required</u> , this column would <u>not</u> be completed at this time. |

### Take the bottom copy ("Message Control") and place it face down in the d. appropriate (urgent or routine) Message Center Tray. Place the remaining copies in the "out" basket, or hand them to the e. message runner for distribution. When you receive a message that is a "response" (Note: It will already have a 6. message number. Also, there will only be two copies of the message form): Locate the entry of the original message in the Message Log Form. a. In the column titled "Action Completed," enter the current time. Again, b. use the 24 hour clock (military time). Take the bottom copy and place it in the appropriate Message Center \_\_\_ C. Trav. \_\_\_\_ d. Place the top copy in the "out" basket; or hand it to a message runner for distribution to the original sender. 7. It is important to review your log on a regular basis: \_ a. Look for all items that do <u>not</u> have an entry in the Action Completed" column. If the item has been open for an extended period: b. \_\_\_\_(1) Check the Message Center Tray to determine if the message is urgent or routine. If the item is urgent, have a runner photocopy the message. \_\_\_(2) Make a note on the photocopy: "Request has been pending for minutes," and deliver the photocopy to the Emergency Management Director for follow up. \_\_\_(3) If the item is routine, photocopy the message. Make a note

Documentation Unit Coordinator (continued)

on the photocopy, "Request has been pending for

Message Runner to deliver as time allows.

minutes. Place the photocopy in the "Out" basket for the

# Message Runner

| <u>UNUSUAI</u> | L EVENT   |  |  |  |  |
|----------------|---|--|--|--|--|
| 1.             | Not notified at UNUSUAL EVENT. No actions required.   |  |  |  |  |
| ALERT, S       | SITE AREA E   | EMERGENCY or GENERAL EMERGENCY   |  |  |  |
| 1.             | When notified by the Emergency Management Director, report to the EOC:                                      |  |  |  |  |
|                | a.  | Sign in on Staffing Board.   |  |  |  |
|                | b.  | Inform Documentation Unit Coordinator of your presence.  |  |  |  |
|                | C.  | Receive a briefing from Documentation Unit Coordinator.  |  |  |  |
|                | d.  | Report to the Radiological Officer for dosimetry packet and PPE as directed and supplied by Duxbury EMD. |  |  |  |
|                | e.  | Notify your alternate and place on standby.  |  |  |  |
|                | f.  | Review and act on any important messages.  |  |  |  |
| 2.             | If Documer  | ntation Unit Coordinator has not arrived:  |  |  |  |
|                | a.  | Inform Emergency Management Director.  |  |  |  |
|                | b.  | Assume duties by implementing Documentation Unit Coordinator checklist.                                  |  |  |  |
| 3.             |   | ssages (see Message Handling Flow Chart - see forms) from the following umentation Unit Coordinator:     |  |  |  |
|                | a.  | EOC staff "OUT" trays.   |  |  |  |
|                | b.  | Communications Officer's "OUT" tray.   |  |  |  |
| 4.             | Place "Urgent" messages on top before delivering a stack of messages to the Documentation Unit Coordinator. |  |  |  |  |
| 5.             | Deliver me  | ssages from the Documentation Unit Coordinator "OUT" tray as follows:                                    |  |  |  |

# Message Runner (Cont.)

| <u>If</u>  | Then  |  |
|--|-------|--|
| The message does NOT - require a response                            | Check | Info Copies (Line 8) to determine if you need photocopies. If "(status board): "yes" is checked, be sure to make a photocopy for Status Board Keeper.          |
|  | -     | Distribute bottom copy to "Receiver."  |
|  | -     | Distribute Info Copies. You may use the second "message control" copy as an Info Copy when there is no response required.                                      |
|  | -     | Distribute the remaining copy (ies) to the Sender.   |
| The initial message requires a response.                             | -     | Check "Info Copies" (Line 8) to determine if you need photocopies. If "(status board): "yes" is checked, be sure to make a photocopy for Status Board Keeper.  |
|  | -     | Distribute 3 copies to the receiver (line 5).  |
|  | -     | Distribute Info Copies.  |
| The initial message <u>and</u> the response are on the message form. | -     | Check "Info Copies" (line 13) to determine if you need photocopies. If "(status board): "yes" is checked, be sure to make a photocopy for Status Board Keeper. |
|  | -     | Distribute the remaining copy of the form to the person who initiated the message (line 6).  |
|  | -     | Distribute any Info Copies.  |
|  | -     | Deliver to agency indicated as "To:" on Line 5.  |
|  | -     | Deliver extra copies.  |

# Status Board Keeper

| <u>UNUSUAI</u> | <u>L EVENT</u>   |  |  |
|----------------|--|--|--|
| 1.             | Not notified   | d at UNUSUAL EVENT. No actions required.   |  |
| ALERT, S       | ITE AREA E   | EMERGENCY or GENERAL EMERGENCY   |  |
| 1.             | When notif   | ied by Emergency Management Director, report to the EOC.   |  |
|                | a.   | Sign in on Staffing Board.   |  |
|                | b.   | Inform Documentation Unit Coordinator of your presence.  |  |
|                | C.   | Receive briefing on the status of the emergency from Documentation Unit Coordinator.                     |  |
|                | d.   | Report to the Radiological Officer for dosimetry packet and PPE as directed and supplied by Duxbury EMD. |  |
|                | e.   | Notify your alternate and place on standby.  |  |
|                | f.   | Review and act on any important messages.  |  |
| 2.             | Retrieve m<br>Room.  | nessages from your "IN" tray for posting on status boards in Operations                                  |  |
| 3.             |  | ock for Status Board on Message Form is checked, document message in ard Keeper Log Form. (see form)     |  |
| 4.             | Post messages on status boards in a timely fashion. Summarize long messages. |  |  |
| 5.             | When state   | us board is full, complete the following:  |  |
|                | a.   | Verify that messages are on the Status Board Keeper Log Form.  |  |
|                | b.   | Erase entire status board.   |  |
|                | C.   | Provide copies of the Status Board Keeper Log Form to the EM Director for distribution to staff.         |  |
|                | d.   | Enter new information.   |  |
| 6.             | Retain posted messages on file.  |  |  |
| 7.             | Assist Doc   | umentation Unit Coordinator as needed.   |  |

# TOWN OF DUXBURY SIREN SYSTEM SIREN ACTIVATION STANDARD OPERATING PROCEDURE DUX-25

# **Table of Contents**

| Title Pag | ge  | 1   |
|-----------|---|-----|
| Table of  | Contents  | 2   |
| Part 1:   | Concepts  | 3   |
|           | Purpose   | 3   |
|           | Concept of Operations   | 3   |
| Part 2:   | Response Actions  | 4   |
|           | Siren Activation for Pilgrim Nuclear Power Station (PNPS) Emergency                 | 4   |
|           | Siren Cancellation (False Activation)   | 6   |
|           | Siren Public Address Activation for Other Non-Pilgrim Emergency (All Sirens)        | 7   |
|           | Siren Public Address Activation for Other Non-Pilgrim Emergency (Individual Sirens) | . 8 |
|           | Siren Test  | 9   |
|           | Forms:  |     |
|           |   |     |

Siren Report Form

### Part 1: Concepts

### **PURPOSE**

This Standard Operating Procedure (SOP) was prepared to assist the Duxbury Police Department with activating, clearing, testing, and documenting use of the sirens in Duxbury that are part of the Prompt Alert and Notification System (PANS) for an emergency at the Pilgrim Nuclear Power Station (PNPS).

### **CONCEPT OF OPERATIONS**

### Agency Responsibilities

- 1. Police EOC Representative
  - Direct Police Alarm Operators to activate Duxbury sirens as backup to SEOC if directed by MEMA.
  - Establish order of delegation of authority to direct activation of sirens in his/her absence.
- 2. Police Shift Commander
  - Direct Police Alarm Operators to activate Duxbury sirens as backup to SEOC if directed by MEMA as delegated by Police EOC Representative.
- 3. Police Alarm Operator
  - Activate Duxbury sirens in Steady Tone and/or Public Address mode as directed as backup to SEOC if directed by MEMA.
- 4. **Duxbury Police Department** 
  - Provide siren activation time if EOC is not activated.

### Support Agency Responsibilities

- 1. **PNPS** 
  - Provide timely notification to Town, State, and Federal organizations.
  - Provide backup siren activation support.
- 2. Massachusetts Emergency Management Agency (MEMA)
  - Provide siren activation time(s) to State and local organizations.
  - Provide primary siren activation.

# Police Alarm Operator

# Siren Activation for Pilgrim Nuclear Power Station (PNPS) Emergency

| UNUSUA  | <u>L EVENT</u>  |  |  |  |  |
|---------|---|--|--|--|--|
| 1.      | No action required.   |  |  |  |  |
| ALERT/S | ITE AREA EMERGENCY and/or GENERAL EMERGENCY   |  |  |  |  |
| 1.      | Receive notification to activate all sirens from Police EOC Representative or Shift Commander as backup to SEOC if directed by MEMA.                        |  |  |  |  |
|         | a. Record date and time of notification:  |  |  |  |  |
|         | b. Record the name and title of person contacting you:  |  |  |  |  |
|         | c. Enter the time the sirens are to be activated:   |  |  |  |  |
|         | d. Check your clock against caller's clock and make necessary adjustment.   |  |  |  |  |
|         | e. Return the notification call to verify its accuracy, and record the time:  |  |  |  |  |
| 2.      | Activate all sirens in accordance with section 1.0 (a) and (b) of the "Posted Operating Instructions".  |  |  |  |  |
|         | sirens fail to activate, contact MEMA Headquarters at 1-800-982-6846 or the tation Emergency Operations Facility at 508-732-6600 for activation assistance. |  |  |  |  |
| 3.      | Retrieve information on overall siren activation and interpret siren status in accordance with sections 2.0 and 3.0 of the "Posted Operating Instructions". |  |  |  |  |
| 4.      | Document on Siren Report Form.  |  |  |  |  |
| 5.      | Notify Shift Commander.   |  |  |  |  |
| 6.      | De-activate control panel and shutdown computer.  |  |  |  |  |
|         | a. Shutdown the computer in accordance with sections 5.0 of the "Posted Operating Instructions".  |  |  |  |  |
|         | b. Turn the control panel <u>KEY SWITCH</u> on the PNPS console to the left or OFF position.  |  |  |  |  |

# Police Alarm Operator

# Siren Cancellation (False Activation)

| 1. | Receive notification of false siren activation.   |   |  |
|----|---|---|--|
|    | a.  | Record date and time of notification:                                     |  |
|    | b.  | Record location(s) of activated siren(s):                                 |  |
|    |   |   |  |
|    |   |   |  |
| 2. | Cancel fal<br>Instruction   | se activation in accordance with section 1.0 of the "Posted Operating ns. |  |
| 3. | If the above sequence fails to silence any siren, report the problem immediately to PNPS at (508) 830-8228 and provide the following information: |   |  |
|    | a.  | Town name   |  |
|    | b.  | Siren number and location   |  |
|    | C.  | Callback number and contact name  |  |
| 4. | Notify Shift  | ft Commander.   |  |
| 5. | De-activate control panel by turning the <u>KEY SWITCH</u> on the PNPS console to the left or OFF position.                                       |   |  |

# Police Alarm Operator

# Siren Public Address Activation for Other Non-Pilgrim Emergency (All Sirens)

| 1. | Receive | notification to activate all sirens.   |
|----|---------|--|
|    | a.      | Record date and time of notification:  |
|    | b.      | Record the name and title of person contacting you:  |
|    |         |  |
|    | c.      | Enter the time the sirens are to be activated:   |
|    | d.      | Check your clock against caller's clock and make any necessary adjustments.  |
|    | e.      | Record the message to be broadcast over the sirens. Read the message back to the person contacting you to ensure its accuracy. |
|    |         |  |
|    |         |  |
|    |         |  |
|    |         |  |
|    |         |  |
|    |         |  |
|    |         |  |
|    |         |  |
|    |         |  |
|    | f.      | Return the notification call to verify its accuracy,   |
|    |         | and record the time:   |

#### Activate the Public Address function on all sirens at the designated time in accordance with section 4.0 of the "Posted Operating Instructions". \_\_\_\_2. \_\_\_\_ 3. Document on Siren Report Form. Notify Shift Commander. \_\_\_\_ 4. De-activate control panel by turning the KEY SWITCH on the PNPS console to the \_\_\_\_ 5. left or OFF position.

Siren Public Address for Other Non-Pilgrim Emergency (All Sirens) (continued)

#### Part 2: Response Actions

#### Police Alarm Operator

#### Siren Public Address Activation for Other Non-Pilgrim Emergency (Individual Sirens)

| 1. | Receive r | notification to activate individual sirens.   |  |  |
|----|-----------|---|--|--|
|    | a.        | Record date and time of notification:   |  |  |
|    | b.        | Record the name and title of person contacting you:   |  |  |
|    | c.        | Enter the time the sirens are to be activated:  |  |  |
|    | NOTE:     | Refer to the Siren Address List in Section 6.0 of the "Posted Operating Instructions" to determine the 3 digit addresses (site numbers[s]). |  |  |
|    | d.        | Enter the site number(s):   |  |  |
|    | e.        | Check your clock against caller's clock and make any necessary adjustments.   |  |  |
|    | f.        | Record the message to be broadcast over the sirens. Read the message back to the person contacting you to ensure its accuracy.              |  |  |
|    |           |   |  |  |
|    |           |   |  |  |
|    |           |   |  |  |
|    | g.        | Return the notification call to verify its accuracy, and record the   |  |  |
|    |           | time:   |  |  |
| 2. |           | ate the Public Address function on the appropriate sirens in accordance with an 4.0 of the "Posted Operating Instructions".                 |  |  |
| 3. | Docu      | ment on Siren Report Form.  |  |  |
| 4. | Notify    | Shift Commander   |  |  |
| 5. |           | De-activate control panel by turning the <u>KEY SWITCH</u> on the PNPS console to the left or OFF position.                                 |  |  |

#### Part 2: Response Actions

#### Police Alarm Operator

Siren Test

\_\_\_\_\_1. Perform the siren test in accordance with the procedure provided by PNPS.

# TOWN OF DUXBURY BAY PATH/DUXBURY HOUSE NURSING HOME STANDARD OPERATING PROCEDURE DUX-40

#### **Table of Contents**

| Title Page | e                                     | 1  |  |  |
|------------|---------------------------------------|----|--|--|
| _          |                                       |    |  |  |
| lable of ( | Contents                              |    |  |  |
| Part 1:    | Concepts                              | ∠  |  |  |
|            | Purpose                               | 2  |  |  |
|            | Concept of Operations                 | 2  |  |  |
| Part 2:    | Response Actions                      |    |  |  |
|            | Administrator/Alternate Administrator | 7  |  |  |
|            | Director of Nursing or Designee       | 14 |  |  |
|            | Maintenance Supervisor                | 19 |  |  |
|            | Food Services Supervisor              | 22 |  |  |
|            | Dosimetry Coordinator Checklist       | 25 |  |  |
|            |                                       |    |  |  |

#### Forms

Dosimetry Coordinator Kit Inventory Sheet
Dosimetry Instruction Briefing Card
Dosimetry Log
Emergency Call List
Emergency Worker Exposure (EWE) Form
Host Facility Information Form
Notice of Relocation
Regulatory Guide 8-13 Acknowledgment Form
Relocation Staff Assignments
Resident Pickup Release Form
Resident Roster/Relocation Assignment

#### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Bay Path/ Duxbury House Nursing Home during an emergency at the Pilgrim Nuclear Power Station (PNPS). This procedure assigns administrative and staff responsibilities to control emergency response activities in providing for resident care, facility maintenance, and coordination with other emergency response support agencies.

#### **CONCEPT OF OPERATIONS**

#### Nursing Home Staff Responsibilities

- 1. Administrator/Alternate Administrator
  - Establish and maintain communications with the Duxbury Special Facilities Coordinator, Facility Personnel, and the Host Facility.
  - Direct nursing home emergency response.
  - Ensure adequate staffing and equipment for emergency conditions.
  - Maintain current resident census, transportation requirements, and staffing needs.
  - Determine resource deficiencies and report unmet needs to the Special Facilities Coordinator in the Duxbury EOC.
  - Direct implementation of protective actions.
  - Upon termination of the emergency, coordinate the return of the facility to normal operations.
  - Document the emergency management effort on a date-time log until normal operations are restored.

- In the absence of the Administrator or Alternate Administrator, assume responsibility for the emergency response.
- Assign tasks to nursing and volunteer personnel.
- Prepare resident census reports, the classification of residents for transport, and the coordination of the resident care.
- Determine resource deficiencies and inform the Administrator.

#### Part 1: Concepts (continued)

- Ensure residents and their records are prepared for sheltering or evacuation.
- Implement protective actions as directed by the Administrator.
- Ensure accountability of residents during implementation of protective action.
- Assist the Administrator in preparing for return.
- Act as Dosimetry Coordinator.

#### 3. Maintenance Supervisor

- Maintain a safe building environment.
- Conduct facility resource inventory as directed by the Administrators.
- Prepare building for sheltering or evacuation.
- Assist nursing staff with resident handling.
- Provide vehicle and building access control.
- Prepare building for return.

#### 4. Food Services Supervisor

- Provide support to the Administrator in implementing emergency response actions.
- Prepare nursing home for sheltering by ensuring an adequate supply of foodstuffs.

#### Related Agency Responsibilities

- 1. Special Facilities Coordinator
  - Notify nursing home Administrator of the emergency at PNPS.
  - Address nursing home resource requirements.
  - Coordinate identified requirements with the Transportation Officer.
  - Inform nursing home Administrator of the availability of transportation resources.

#### Part 1: Concepts (continued)

- Coordinate availability of host facility resources with MEMA Region II Special Facility Coordinator.
- Coordinate KI and Dosimetry issued with Radiological Officer and Nursing Home Dosimetry Coordinator. Coordinate issuance of PPE as directed and supplied by Duxbury EMD.
- Receive results of dosimetry readings and report to Radiological Officer.

#### 2. **Transportation Providers**

Provide transportation assistance to nursing homes in accordance with Massachusetts Emergency Management Agency (MEMA) Region II's and Duxbury's Transportation Officer's requests.

#### 3. Host Facility

- Maintain communications with the nursing home Administrators.
- Prepare host nursing home for designated number of residents.
- Receive evacuated residents.
- Assist in preparation of residents for departure in return.

#### Part 2: Response Actions

#### Nursing Home Administrator/Alternate Administrator

| UNUSUAL      | <u>LEVENT</u>   |   |  |  |
|--------------|---|---|--|--|
| 1.           | Not notifie   | d of an UNUSUAL EVENT. No action required.  |  |  |
| <u>ALERT</u> |   |   |  |  |
| 1.           | Receive no  | otification from the Duxbury Special Facilities Coordinator.  |  |  |
| 2.           | Perform notifications in accordance with Emergency Call List (see forms).   |   |  |  |
|              | a.  | Read Agency Notification Form.  |  |  |
|              | b.  | Record time of notification.  |  |  |
| 3.           | Test Tone   | Alert Radio.  |  |  |
| 4.           | Cancel Sp   | ecial Activities  |  |  |
| 5.           | Brief Director of Nursing, Personnel, Maintenance Supervisor, and Food Services Supervisor.   |   |  |  |
|              | a.  | Provide procedural checklists.  |  |  |
|              | b.  | Determine level of staffing for Inventory Checklist (see forms).                                      |  |  |
|              | C.  | Determine resident conditions and transportation requirements on Inventory Checklist (see forms).     |  |  |
| 6.           | Notify host   | facility in accordance with Host Facility Information Form (see forms).                               |  |  |
| 7.           | Report transportation and staff resource requirements from Inventory Checklist and host facility resource assessment from Host Facility Information Form to Special Facilities Coordinator. |   |  |  |
| 8.           |   | tor of Nursing determine staff to remain with residents whose transfer ife threatening.               |  |  |
|              | a.  | Verify an adequate supply of dosimetry KI and PPE as directed and supplied by Duxbury EMD is on hand. |  |  |
| SITE ARE     | A EMERGE  | ENCY  |  |  |
| 1.           | Receive no  | otification of SITE AREA EMERGENCY through:   |  |  |

|     | a.                  | Telephone call from Duxbury Special Facilities Coordinator and  |
|-----|---------------------|---|
|     | b.                  | Activation of Tone Alert Radio.   |
| 2.  | Complete a          | appropriate actions under ALERT.  |
|     |                     | (1) Record on Agency Notification Form.   |
| 3.  |                     | ty administrators, owners, and staff of the SITE AREA EMERGENCY, rgency Call List (see forms).                                |
| 4.  |                     | partment heads to assess emergency staffing requirements and to call in staff, as needed.                                     |
| 5.  | Notify host         | facility of SITE AREA EMERGENCY classification.   |
|     | a.                  | Report categories of residents to Host Facility Administrator from Inventory Checklist (see forms).                           |
|     | b.                  | Reserve available beds for nursing home residents.  |
|     | c.                  | Verify host facility staff and resident resources on Host Facility Information Form.  |
| 6.  | Cancel speresponse. | ecial activities (e.g. trips, visitation, etc.) unless consistent with emergency  |
| 7.  |                     | tification of residents whose medical status would permit temporary o family custody.   |
| 8.  | Update res          | ident census and transportation requirements on Inventory Checklist with theads.  |
| 9.  | Update inv          | entory of needed staff, supplies, vehicles, and equipment required for actions.   |
|     | a.                  | Authorize discharge of residents to family care whenever possible.  |
| 10. |                     | ident and inventory information for the Special Facilities Coordinator, esource shortfalls or needs from Inventory Checklist: |
|     | a.                  | Number of residents and transportation requirements from inventory checklist.   |
|     | b.                  | Additional staff requirements.  |

|     | C.           | Insufficient host facility bed space.   |  |  |
|-----|--------------|---|--|--|
| 11. | Prepare fa   | cility for possible sheltering.   |  |  |
|     | a.           | Ensure that medication carts contain a supply of residents' medication.   |  |  |
|     | b.           | Ensure kitchen is stocked with a supply of canned foods, fruits and juices, disposable plates, cups and utensils.   |  |  |
|     | c.           | Direct Maintenance Supervisor to:   |  |  |
|     |              | (1) Test emergency lighting/emergency generator systems.  |  |  |
|     |              | (2) Inventory and replenish housekeeping supplies.  |  |  |
|     | d.           | Update with Director of Nursing the roster of staff to remain with residents that cannot be evacuated as appropriate.   |  |  |
| 12. | Direct staff | to prepare facility for possible evacuation at GENERAL EMERGENCY.   |  |  |
|     | a.           | Ensure preparation of abbreviated resident transfer forms providing personal data, diagnosis, medications, etc.   |  |  |
|     | b.           | Ensure placement of identification bracelets or identification/name tags on all residents, as applicable.   |  |  |
|     | C.           | Ensure preparation of an adequate supply of medication.   |  |  |
|     | d.           | Direct assembly of equipment (e.g., portable oxygen apparatus, resident restraints, etc.) at the appropriate nursing stations.                                    |  |  |
|     | e.           | Direct identification of residents too ill to be transported.   |  |  |
|     | f.           | Ensure assignment of staff to care for residents that cannot be moved.  |  |  |
|     | g.           | Complete Resident Roster/Relocation Assignment (see forms).   |  |  |
|     | h.           | Verify an adequate supply of Dosimetry KI and PPE as directed and supplied by Duxbury EMD is on hand. Complete Resident Roster/Relocation Assignment (see forms). |  |  |
| 13. |              | plemental Host Facility Assignment if necessary from Special Facilities or and record on Host Facility Information Form (see forms).                              |  |  |
|     | a.           | Call host facility administrator and verify resident spaces.  |  |  |

| 14.            | Request consolidation of nursing units in order to reduce staffing requirements, and dismiss nonessential staff. |                           |   |  |
|----------------|--|---------------------------|---|--|
| 15.            | Update Health EOC Representative of changes in census and resource requirements.                                 |                           |   |  |
| 16.            | Monitor To   | ne Alert Rad              | io or one of the following EAS stations.  |  |
|                |  | Fre                       | quency  |  |
|                |  | 98.5<br>99.7<br>95.9      | 00 AM<br>5 FM<br>1 FM<br>9 FM<br>30 AM  |  |
| 17.            | Await furthe   | er instruction            | os.   |  |
| <u>GENERAL</u> | _EMERGEN   | <u>ICY</u>                |   |  |
| 1.             | Receive notification of GENERAL EMERGENCY from Health EOC Representative and Tone Alert Radio.                   |                           |   |  |
| 2.             | Complete appropriate actions under SITE AREA EMERGENCY.  |                           |   |  |
|                | a.   | Verify avail for evacuat  | ability of transportation, personnel, and host facility resources tion.                           |  |
|                | b.   | Report time               | e needed to implement protective actions.   |  |
| 3.             | Notify all D   | irectors of G             | ENERAL EMERGENCY.   |  |
| 4.             | Notify host facility administrator of GENERAL EMERGENCY classification.  |                           |   |  |
| 5.             | IF SHELTERING OF DUXBURY IS DIRECTED:  |                           |   |  |
|                | a.   | Notify depa               | artment heads.  |  |
|                | b.   | Terminate a               | all outside activity.   |  |
|                | c.   | Instruct sta<br>building: | ff to coordinate with the Maintenance Supervisor to secure  |  |
|                |  | (1)                       | Close all doors, windows and remain indoors. <u>DO NOT LOCK FIRE DOORS</u> .                      |  |
|                |  | (2)                       | Turn off all air conditioners, fans or other ventilation systems which draw air from the outside. |  |

#### Nursing Home Administrator/Alternate Administrator (continued) \_\_\_\_ d. Contact Food Services Supervisor and request status of food and kitchen supplies. \_\_\_\_ e. Suspend further release of residents to family care. f. Prepare for temporary operations with staff on hand. Notify host facility administrator that sheltering is in process. \_\_\_\_ g. Maintain communication with Special Facilities Coordinator. \_\_\_\_ h. \_\_\_\_ i. Upon notification from the Special Facilities Coordinator, instruct all personnel to terminate sheltering activities. IF EVACUATION OF DUXBURY IS DIRECTED: 6. Instruct staff to verify the roster of residents and required mode of \_\_\_\_ a. transportation on Inventory Checklist. Contact Special Facilities Coordinator to: b. (1) Update census and resource requirements. \_\_\_\_(2) Confirm the dispatch and estimate arrival time of required transportation resources. Notify host facility administrator of the evacuation recommendation and \_\_\_ c. transfer schedule. Verify resident spaces. \_\_\_\_(1) \_\_\_ d. Assign staff to provide external traffic control. \_\_\_\_ e. Designate assembly points and vehicle staging areas. Assembly Point Vehicles \_\_\_\_ f. In anticipation of vehicle arrival, at assembly points gather:

of transportation.

Transfer forms

\_\_\_\_(1)

(2)

Residents and their essential belongings by required mode

#### Nursing Home Administrator/Alternate Administrator (continued) \_\_\_\_(3) Medical charts \_\_\_(4) Medications \_\_\_\_(5) Medical support equipment Assign staff to remain with residents who cannot be moved. \_\_\_\_ g. \_\_\_\_(1) Designate a head staff person to supervise facility operations and maintain contact with the Special Facilities Coordinator. \_\_\_\_(2) Instruct staff to implement sheltering protective actions. When notified by the Special Facilities Coordinator, receive \_\_\_(3) KI from Dosimetry Coordinator and Administer to staff and residents. Distribute PPE as directed and supplied by Duxbury EMD. \_\_\_\_(4) Assist in monitoring dosimetry equipment as directed by Dosimetry Coordinator. h. Prepare for departure: Ensure sufficient staff and emergency workers are assigned \_\_\_\_(1) for vehicle boarding. \_\_\_(2) Monitor vehicle boarding to ensure accountability of residents and accompanying staff. \_\_\_\_(3) Ensure drivers have evacuation route maps. \_\_\_\_(4) Send sufficient staff to establish temporary administrative headquarters at host facility. Inform Special Facilities Coordinator of vehicle arrival and readiness for i. departure. Upon acknowledgment of Special Facilities Coordinator, \_\_\_\_(1) begin evacuation to host facility.

Ensure with department heads that facility is secure:

Lock record files/cabinets.

Secure residents' personal valuables.

\_\_\_\_ j.

\_\_\_\_(1)

\_\_\_\_(2)

#### Nursing Home Administrator/Alternate Administrator (continued) \_\_\_\_(3) Lock medicine cabinets. \_\_\_\_(4) Shutdown non-essential mechanical and electrical systems. Post Notice of Relocation (see forms) with directional maps \_\_\_\_(5) on front door. Notify Special Facilities Coordinator of evacuation of facility. \_\_\_\_(6) \_\_\_\_(7) Empty facility of remaining personnel and secure. \_\_\_\_ k. Report to host facility. \_\_\_ I. Set up temporary headquarters at host facility. Monitor care of residents. \_\_\_\_(1) \_\_\_\_(2) Schedule staff coverage in coordination with host facility. \_\_\_\_(3) Release excess staff maintaining a record of future whereabouts on Relocation Staff Assignment roster (see forms). Report evacuee arrivals at host facility to Special Facilities Coordinator. m. Ensure families are notified of residents whereabouts. \_\_\_\_ n. \_\_\_\_ 0. Maintain contact with Special Facilities Coordinator. If appropriate, maintain contact with staff remaining at the facility. \_\_\_\_ p. RELOCATION/REENTRY/RETURN Receive notification of authorization for return from Special Facilities Coordinator.

Brief nursing home and Host Facility personnel of return action.

Obtain resource requirement information for return on Inventory Checklist.

Report additional resource requests to Special Facilities Coordinator.

1.

2.

\_\_\_\_ 3.

4.

| _ 5. | Request Maintenance Supervisor to prepare the building for occupancy.                    |                                 |  |
|------|--|---------------------------------|--|
| _6.  | Instruct staff to return residents to nursing home.                                      |                                 |  |
| 7.   | Report return to nursing home to the Special Facilities Coordinator.                     |                                 |  |
| _ 8. | Gather records of emergency activities and submit to the Special Facilities Coordinator: |                                 |  |
|      | a.   | Your log.                       |  |
|      | b.   | Message Forms.                  |  |
|      | C.   | Procedure and associated forms. |  |

#### Part 2: Response Actions

| UNUSUA       | L EVENT                              |  |  |
|--------------|--------------------------------------|--|--|
| 1.           | Not notifie                          | d of an UNUSUAL EVENT. No action required.   |  |
| <u>ALERT</u> |                                      |  |  |
| 1.           | Receive n                            | otification of ALERT from Administrator/Alternate Administrator.                       |  |
| 2.           | Attend briefing with Administrators. |  |  |
|              | a.                                   | Review Standard Operating Procedure in preparation for escalation of emergency.        |  |
| 3.           | Notify off-                          | duty nursing staff of emergency classification.  |  |
|              | a.                                   | Document notification on Emergency Call List (see forms).                              |  |
| 4.           | Complete                             | Inventory Checklist. (see forms).  |  |
|              | a.                                   | Report results to Administrator.   |  |
| 5.           | Assist Adr                           | ninistrator to determine staff to remain with residents whose transfer would eatening. |  |
| 6.           | Act as Dos                           | simetry Coordinator and implement Dosimetry Coordinator Checklist.                     |  |
| 7.           | Await furth                          | ner instructions from Administrator.   |  |
| SITE ARI     | EA EMERGE                            | <u>ENCY</u>  |  |
| 1.           | Receive n                            | otification of SITE AREA EMERGENCY from Administrator.                                 |  |
| 2.           | Complete                             | appropriate actions under ALERT.   |  |
| 3.           | Brief nursi                          | ng staff of emergency classification.  |  |
| 4.           | Update fac<br>Administra             | cility resource information on Inventory Checklist (see forms) and report to ators.    |  |
| 5.           | Mobilize a appropriat                | dditional off-duty nursing personnel on Emergency Call List (see forms) as e.          |  |

# <u>Director of Nursing or Designee</u>

| 6.            | Supervise  | discharge of residents to family custody.   |  |  |
|---------------|--|---|--|--|
|               | a.   | Direct nursing staff to identify residents who may be discharged to family custody.   |  |  |
|               | b.   | Contact families to pick up residents identified as being appropriate for discharge.  |  |  |
|               | C.   | Complete Resident Pickup Release Form (see forms).  |  |  |
|               | d.   | Submit completed Resident Pickup Release Form to Administrator for approval.  |  |  |
| 6.            | Prepare fa   | acility for possible sheltering at GENERAL EMERGENCY.   |  |  |
|               | a.   | Ensure that medication carts contain a supply of residents' medication.   |  |  |
| 7.            | Prepare fa   | acility for possible evacuation at GENERAL EMERGENCY.   |  |  |
|               | a.   | Prepare abbreviated resident transfer forms providing personal data, diagnosis, medications, etc.   |  |  |
|               | b.   | Place identification bracelets or identification/name tags on all residents, as applicable.   |  |  |
|               | c.   | Prepare an adequate supply of medication.   |  |  |
|               | d.<br>e.   | Assemble equipment (e.g., portable oxygen apparatus, resident restraints, etc.) at the appropriate nursing stations. Review roster of staff to remain with residents that cannot be moved in the event of evacuation. |  |  |
| 8.            | Review St  | andard Operating Procedure for GENERAL EMERGENCY classification.  |  |  |
| 9.            | Await further instructions.                                    |   |  |  |
| <u>GENERA</u> | L EMERGE   | <u>NCY</u>  |  |  |
| 1.            | Receive notification of GENERAL EMERGENCY from Administrators. |   |  |  |
| 2.            | Complete   | appropriate actions under SITE AREA EMERGENCY.  |  |  |
| 3.            | Brief staff of GENERAL EMERGENCY classification.               |   |  |  |

| 4. | Update census and resource requirements and report to Administrators.                                    |                          |   |  |
|----|--|--------------------------|---|--|
| 5. | Assign tasks to staff and supplemental emergency workers.  |                          |   |  |
| 6. | Maintain communications with the Administrators in awaiting direction to implement protective action(s). |                          |   |  |
| 7. | <u>IF SHELTI</u>   | ERING OF D               | DUXBURY IS DIRECTED:  |  |
|    | a.   | Notify on-               | duty and off-duty staff of SHELTERING DIRECTIVE.  |  |
|    | b.   | Terminate                | all outside activity.   |  |
|    | C.   | Assist Mai               | ntenance Supervisor by instructing staff to:  |  |
|    |  | (1)                      | Close all doors, windows and remain indoors. <u>DO NOT LOCK FIRE DOORS</u> .                      |  |
|    |  | (2)                      | Turn off all air conditioners, fans or other ventilation systems which draw air from the outside. |  |
|    | d.   | Suspend r                | esident discharge until further notice.   |  |
|    | e.   | Plan main                | tenance of resident services with available staff.  |  |
|    | f.   | Inform Adr               | ministrators of sheltering activity.  |  |
|    | g.   | Upon notif<br>sheltering | ication from the Administrators, instruct staff to terminate actions.                             |  |
| 8. | <u>IF EVACU</u>  | ATION OF D               | DUXBURY IS DIRECTED:  |  |
|    | a.   | Notify staff             | f of EVACUATION DIRECTIVE.  |  |
|    | b.   | Verify tran              | sportation requirements on the Inventory Checklist.   |  |
|    | c.   | Contact A                | dministrators to report:  |  |
|    |  | (1)                      | Additional staff and vehicle resource requirements.   |  |

| d. | Establish assembly points and vehicle staging areas. |   |  |  |  |
|----|--|---|--|--|--|
|    | Assembly   | Point <u>Vehicles</u>   |  |  |  |
|    |  |   |  |  |  |
|    |  |   |  |  |  |
| e. | In anticipa  | tion of vehicle arrival, at predesignated points, assemble:   |  |  |  |
|    | (1)  | Residents and their essential belongings identified by required mode of transportation.                 |  |  |  |
|    | (2)  | Resident Roster/Relocation Assignment (see forms) forms assigning host facility                         |  |  |  |
|    | (3)  | Medical charts  |  |  |  |
|    | (4)  | Medications   |  |  |  |
|    | (5)  | Medical support equipment   |  |  |  |
| f. | Prepare fo   | r departure:  |  |  |  |
|    | (1)  | Direct staff and emergency workers to begin resident boarding of vehicles.                              |  |  |  |
|    | (2)  | Monitor vehicle boarding to ensure accountability of residents and accompanying staff.                  |  |  |  |
|    | (3)  | Provide driver with map and directions to host facility (see forms).                                    |  |  |  |
| g. | Ensure sta   | aff who remain with residents whose transfer would be life g:   |  |  |  |
|    | (1)  | Implement sheltering protective actions (Refer to Step 7).  |  |  |  |
|    | (2)  | Issue dosimetry. Distribute PPE as directed and supplied by Duxbury EMD.                                |  |  |  |
|    | (3)  | Report dosimetry as instructed on Emergency Worker Exposure Form.                                       |  |  |  |
|    | (4)  | Upon recommendation by the Duxbury Special Facilities Coordinator, administer KI to staff and residents |  |  |  |

|         | h.                     | Upon direction from the Administrators, begin evacuation to host facility.                     |
|---------|------------------------|--|
|         | i.                     | Report to host facility.   |
|         | j.                     | Assist the Administrators in setting up temporary headquarters.                                |
|         |                        | (1) Arrange for staff coverage.  |
|         |                        | (2) Assist host facility staff in caring for residents.  |
|         | k.                     | Perform accountability on evacuee arrivals at host facility.                                   |
|         | l.                     | Notify families of residents' whereabouts.   |
| RELOCAT | ΓΙΟΝ/REEN <sup>-</sup> | TRY/RETURN   |
| 1.      |                        | orization for return report resource requirements from Inventory Checklist trator (see forms). |
| 2.      | Upon direc             | tion from the Administrator prepare for departure:   |
|         | a.                     | Direct staff and emergency workers to assist residents in boarding vehicles.                   |
|         | b.                     | Monitor vehicle boarding to ensure accountability of residents and staff.                      |
| 3.      | Upon direc             | tion from the Administrator, return to nursing home.   |
| 4.      | Submit logs            | s, procedures and associated forms to Administrator.   |

#### Part 2: Response Actions

#### Maintenance Supervisor

| <u>UNU</u>  | SUAL      | <u>EVENT</u>   |
|-------------|-----------|--|
|             | 1.        | Not notified of an UNUSUAL EVENT. No action required.  |
| <u>ALEF</u> | <u>RT</u> |  |
|             | 1.        | Receive ALERT notification from the Administrator.   |
|             | 2.        | Brief staff of emergency classification.   |
|             | 3.        | Report availability of vehicles and maintenance staff resources to Administrator on Inventory Checklist (see forms). |
|             | 4.        | Review Standard Operating Procedure in preparation for escalation of emergency.                                      |
|             | 5.        | Await further instruction.   |
| SITE        | ARE       | A EMERGENCY  |
|             | 1.        | Receive SITE AREA EMERGENCY notification from the Administrator.   |
|             | 2.        | If at home when notified, report to Nursing Home.  |
|             | 3.        | Brief maintenance staff of emergency classification.   |
|             | 4.        | Update inventory of vehicles and maintenance staff resources on Inventory Checklist.                                 |
|             | 5.        | Assess number of staff needed to assist in emergency response.   |
|             | 6.        | Perform additional notifications of supplemental staff as appropriate.   |
|             | 7.        | Report resource inventory results to the Administrator.  |
|             | 8.        | Review Standard Operating Procedure in preparation for escalation of emergency.                                      |
|             | 9.        | Await further instructions.  |
| <u>GENI</u> | ERAL      | <u>EMERGENCY</u>   |
|             | 1.        | Receive GENERAL EMERGENCY notification from the Administrator.   |
|             | 2.        | Brief staff of emergency classification.   |
|             | 3.        | Terminate outside maintenance activities.  |

# Maintenance Supervisor (continued)

| 4. | Implement | Implement protective actions as directed by the Administrator.  |  |  |  |  |  |
|----|-----------|---|--|--|--|--|--|
| 5. | IF SHELTI | ERING OF DUXBURY IS DIRECTED:   |  |  |  |  |  |
|    | a.        | Instruct staff to close all doors and windows. <u>DO NOT LOCK FIRE DOORS</u> .  |  |  |  |  |  |
|    | b.        | Turn off all air conditioners, fans or other ventilation systems which draw air from outside.   |  |  |  |  |  |
|    | C.        | Seal major cracks and openings.   |  |  |  |  |  |
|    | d.        | Ensure enough supplies to accommodate sheltering.   |  |  |  |  |  |
|    | e.        | Upon termination of the sheltering return building to normal operations.  |  |  |  |  |  |
| 6. | IF EVACU  | ATION DUXBURY IS DIRECTED:  |  |  |  |  |  |
|    | a.        | Ensure that staff remaining with residents whose transfer would be life threatening:  |  |  |  |  |  |
|    |           | (1) Implement sheltering protective actions (Refer to Step 5).  |  |  |  |  |  |
|    |           | (2) Receive Dosimetry and PPE as directed and supplied by Duxbury EMD.  |  |  |  |  |  |
|    |           | (3) Report dosimetry as instructed on Emergency Worker Exposure Form.   |  |  |  |  |  |
|    |           | (4) Upon recommendation from the Duxbury Special Facilities Coordinator (via Dosimetry Coordinator) take KI when instructed to do so. |  |  |  |  |  |
|    | b.        | Assign staff to direct vehicles to pre-designated loading areas.  |  |  |  |  |  |
|    |           | <u>Vehicle Location</u> <u>Staff Assigned</u>   |  |  |  |  |  |
|    |           |   |  |  |  |  |  |
|    |           |   |  |  |  |  |  |
|    | C.        | Assist nursing staff with resident handling.  |  |  |  |  |  |
|    | d.        | Shut down ventilation systems.  |  |  |  |  |  |
|    | e.        | Shut down unnecessary electrical/mechanical systems (During winter months, heating systems should be reduced to minimum levels).      |  |  |  |  |  |
|    | f.        | Post Notice of Relocation with directional maps on front door (see forms)   |  |  |  |  |  |

#### Maintenance Supervisor (continued)

|                     | g.         | Lock and secure building.  |  |  |  |  |
|---------------------|------------|--|--|--|--|--|
|                     | h.         | Report to Administrator when building is secure.                               |  |  |  |  |
|                     | i.         | Report to host facility or remain on standby as assigned by the Administrator. |  |  |  |  |
|                     | j.         | Report whereabouts to the Administrator and maintain contact.                  |  |  |  |  |
| RELOCA <sup>-</sup> | TION/REEN  | TRY/RETURN   |  |  |  |  |
| 1.                  | Report bac | Report back when instructed by the Administrator.                              |  |  |  |  |
| 2.                  | Contact ne | cessary maintenance staff and have them report to the facility.                |  |  |  |  |
| 3.                  | Return the | building to normal operations.   |  |  |  |  |
| 4.                  | Inform the | Administrator when the building is ready for reoccupation.                     |  |  |  |  |
| 5.                  | Submit log | s, procedures and associated forms to Administrator upon completion of         |  |  |  |  |

#### Part 2: Response Actions

#### Food Services Supervisor

| <u>UNU</u>  | SUAL      | <u>. EVENT</u>   |
|-------------|-----------|--|
|             | 1.        | Not notified of an UNUSUAL EVENT. No action required.                            |
| <u>ALEF</u> | <u>RT</u> |  |
|             | 1.        | Receive notification from the Administrator.                                     |
|             | 2.        | Brief food services staff on the situation.                                      |
|             | 3.        | Review Standard Operating Procedure in the event of escalation of the emergency. |
|             | 4.        | Await further instruction.   |
| SITE        | ARE       | A EMERGENCY  |
|             | 1.        | Receive SITE AREA EMERGENCY notification from the Administrator.                 |
|             | 2.        | If at home when notified, report to Nursing Home.                                |
|             | 3.        | Obtain briefing from the Administrator.  |
|             | 4.        | Brief food services personnel on emergency status and procedures.                |
|             | 5.        | Stock kitchen with canned goods and disposable plates, cups and utensils.        |
|             | 6.        | Complete applicable portions of the Inventory Checklist (see forms).             |
|             | 7.        | Review Standard Operating Procedures in the event of emergency escalation.       |
|             | 8.        | Await further instructions from the Administrator.                               |
| <u>GEN</u>  | ERAL      | . EMERGENCY  |
|             | 1.        | Receive notification of GENERAL EMERGENCY from the Administrator.                |
|             | 2.        | Brief food services personnel on the emergency status and procedures.            |

# Food Services Supervisor (continued)

| 3. | <u>if shelte</u> | SHELTERING OF DUXBURY IS DIRECTED: |   |  |  |  |
|----|------------------|------------------------------------|---|--|--|--|
|    | a.               |                                    | od services personnel to close all windows and doors in the d cafeteria areas of the facility. DO NOT LOCK FIRE                   |  |  |  |
|    | b.               | Turn off air air from ou           | conditioners, fans and other ventilation systems which draw tside.  |  |  |  |
|    | C.               | Seal any m                         | najor cracks or openings in the kitchen or cafeteria area.  |  |  |  |
|    | d.               | Continue o                         | perations with staff available.   |  |  |  |
|    |                  | (1)                                | Cancel shift changes for as long as the sheltering advisory is in effect.   |  |  |  |
|    |                  | (2)                                | Notify off-duty food services personnel not to report for work, but remain on stand by until further notice.                      |  |  |  |
|    | e.               | Report she                         | eltering activities status to the Administrator.  |  |  |  |
|    | f.               | Prepare m cups and u               | eals using canned foods, fruits and juices, disposable plates, itensils.  |  |  |  |
|    | g.               | Upon term                          | ination of the sheltering directive, return to normal operations  |  |  |  |
| 4. | IF EVACU         | ATION DUX                          | BURY IS DIRECTED:   |  |  |  |
|    | a.               | Ensure that                        | at staff remaining with residents whose transfer would be life g.   |  |  |  |
|    |                  | (1)                                | Implement sheltering protective actions (Refer to Step 3).  |  |  |  |
|    |                  | (2)                                | Receive dosimetry and PPE as directed and supplied by Duxbury EMD.  |  |  |  |
|    |                  | (3)                                | Report dosimetry as instructed on Emergency Worker Exposure Form.   |  |  |  |
|    |                  | (4)                                | Upon recommendation from the Duxbury Special Facilities Coordinator (via Dosimetry Coordinator) take KI when instructed to do so. |  |  |  |
|    | b.               |                                    | services personnel on the emergency status, and prepare do for transport to host facility.  |  |  |  |
|    | c.               | Release no                         | on-essential personnel.   |  |  |  |
|    | d.               |                                    | any feeding functions necessary before evacuation of the  |  |  |  |

#### Food Services Supervisor (continued)

|                     | e.   | Assign staff to support resident care at the host facility.                       |  |  |  |  |
|---------------------|--|---|--|--|--|--|
|                     | f.   | Obtain relocation assignment information for all food services staff.             |  |  |  |  |
|                     | g.   | Report status to the Administrator.   |  |  |  |  |
|                     | h.   | Evacuate the facility, securing the kitchen area.                                 |  |  |  |  |
|                     |  | (1) Turn off all equipment.   |  |  |  |  |
|                     |  | (2) Lock supply areas.  |  |  |  |  |
|                     | i.   | Maintain communications with the Administrator for the duration of the emergency. |  |  |  |  |
| RELOCA <sup>-</sup> | ΓΙΟΝ/REEN <sup>-</sup>   | <u>TRY/RETURN</u>   |  |  |  |  |
| 1.                  | Receive no   | otification from the Administrator.   |  |  |  |  |
| 2.                  | When direction of the contraction of the contractio | cted, return to the facility and assist maintenance personnel in preparing ons.   |  |  |  |  |
| 3.                  | Inspect foo operations.  | d supplies and kitchen area to ensure their soundness for continuation of         |  |  |  |  |
| 4.                  | Upon comp<br>Administrat   | oletion of duties, submit logs, procedures and associated forms to tor.           |  |  |  |  |

#### Part 2: Response Actions

#### **Dosimetry Coordinator**

| UNUSUAL      | <u>EVENT</u>   |   |  |  |  |  |  |  |  |
|--------------|--|---|--|--|--|--|--|--|--|
| 1.           | Not notified.  | No actions required.  |  |  |  |  |  |  |  |
| <u>ALERT</u> |  |   |  |  |  |  |  |  |  |
| 1.           | Receive not  | Receive notification of ALERT from the Administrator.   |  |  |  |  |  |  |  |
| 2.           | needed to s  | sufficient numbers of dosimetry and KI for maximum number of staff tay behind for patients who cannot be moved as well as PPE as directed by Duxbury EMD. |  |  |  |  |  |  |  |
| 3.           |  | e Dosimetry Coordinator Kit (inventory sheet located in kit, see forms). th EOC Representative of any missing items.                                      |  |  |  |  |  |  |  |
| 4.           | Prepare and  | d submit Control Dosimetry Life Records (DLRs).   |  |  |  |  |  |  |  |
|              | a.   | Record storage location and current date on the back of all Control DLR envelopes.  |  |  |  |  |  |  |  |
|              | b.   | Place all Control DLR envelopes in the lead storage container and hold for pick up by Duxbury Radiological Officer or designee.                           |  |  |  |  |  |  |  |
| 5.           | Inspect the  | spect the Potassium Iodide (KI) in kit:   |  |  |  |  |  |  |  |
|              | a.   | _ a. Check the expiration date.   |  |  |  |  |  |  |  |
|              | b.   | b. Check the container condition.   |  |  |  |  |  |  |  |
|              | c. Inventory available KI and report shortages to Health EOC Representative. |   |  |  |  |  |  |  |  |
| 6.           | Prepare dos  | simeter charger for use per instructions on the charger case.   |  |  |  |  |  |  |  |
| 7.           | Zero the dire  | Zero the direct-reading dosimeters (DRD) using the dosimeter charger.   |  |  |  |  |  |  |  |
| 8.           |  | Prepare as many Dosimetry Packets as needed for distribution to staff that will remain with residents whose transfer would be life-threatening.           |  |  |  |  |  |  |  |
|              | a.   | Obtain the following items for each dosimetry packet:   |  |  |  |  |  |  |  |
|              |  | (1) Low-Range (0-200 mR) Direct-Reading Dosimeter (DRD)   |  |  |  |  |  |  |  |
|              |  | (2) Mid-Range (0-20R) DRD   |  |  |  |  |  |  |  |
|              | (3) Dosimetry Life Record (DLR)  |   |  |  |  |  |  |  |  |

|          |             | (4)                       | Emergency Worker Exposure (EWE) Form                                       |
|----------|-------------|---------------------------|--|
|          |             | (5)                       | One sealable plastic bag   |
|          |             | (6)                       | Neck chain   |
|          |             | (7)                       | One 130 mg KI tablet   |
|          |             | (8)                       | One KI instruction sheet   |
|          |             | (9)                       | Dosimetry Instruction Briefing Card  |
|          | b.          |                           | lay's date and serial number of each of the dosimeters on the (see forms). |
|          |             | (1)                       | Low-Range (0-200 mR) (DRD)   |
|          |             | (2)                       | Mid-Range (0-20R) (DRD)  |
|          |             | (3)                       | DLR  |
|          | c.          | Place all ite             | ems in the plastic bag.  |
| 9.       | Maintain a  | log of your a             | activities.  |
| 10.      | Stand by fo | or further ins            | tructions.   |
| SITE ARE | EA EMERGE   | <u>INCY</u>               |  |
| 1.       | Receive no  | otification of            | SITE AREA EMERGENCY from Administrator.                                    |
| 2.       | Complete a  | appropriate a             | actions under ALERT.   |
| 3.       | Review the  | quantity of               | dosimetry and KI required.   |
|          | a.          | Update nui<br>threatening | mber of residents to remain whose transfer would be life-                  |
|          | b.          | Update nu                 | mber of staff to remain with residents.                                    |
| 4.       | If needed,  | obtain additi             | onal dosimetry and KI from the Duxbury EOC.                                |
| 5.       | Prepare ac  | dditional dosi            | metry packets as needed for distribution to staff.                         |
| 6.       | Await furth | er instruction            | ns from Administrator.   |

| GENERAL | _ EMERGEN   | <u>ICY</u>  |                                   |   |  |  |  |
|---------|-------------|---|-----------------------------------|---|--|--|--|
| 1.      | Receive no  | Receive notification of General Emergency from Administrator. |                                   |   |  |  |  |
| 2.      | Complete a  | actions under   | SITE AREA E                       | MERGENCY which have not been completed.   |  |  |  |
| 3.      | Maintain co |   | ns with Adminis                   | strator while awaiting direction to implement   |  |  |  |
| 4.      | IF SHELTE   | RING OF DU  | JXBURY IS DII                     | RECTED:   |  |  |  |
|         | a.          | Assist staff<br>LOCK FIRE                                     |                                   | ors and windows as appropriate. <u>DO NOT</u>   |  |  |  |
|         | b.          | Turn off all air from out                                     |                                   | s, fans or other ventilation systems which draw   |  |  |  |
| 5.      | IF EVACUA   | ATION OF DI   | <u>UXBURY IS DI</u>               | RECTED:   |  |  |  |
|         | a.          |   | osimetry Pack<br>sfer would be li | ets to staff who will remain with residents fe-threatening.                                     |  |  |  |
|         |             | (1)   | Obtain Dosim                      | etry Log from Dosimetry Kit (see forms).  |  |  |  |
|         |             | (2)   |                                   | metry packet to each remaining staff member.<br>ncy worker name from each EWE Form onto<br>Log. |  |  |  |
|         |             | (3)   |                                   | nales to read and sign Regulatory Guide 8.13 lent Form (see forms).                             |  |  |  |
|         |             | (4)   |                                   | nembers to inventory their dosimetry packets. should contain each of the following (show e).    |  |  |  |
|         |             |   | (a)                               | Low-Range (0-200 mR) (DRD)  |  |  |  |
|         |             |   | (b)                               | Mid-Range (0-20R) DRD   |  |  |  |
|         |             |   | (c)                               | DLR   |  |  |  |
|         |             |   | (d)                               | EWE Form  |  |  |  |
|         |             |   | (e)                               | Neck chain  |  |  |  |
|         |             |   | (f)                               | One 130 mg. KI tablet   |  |  |  |

|  |                        | (g)              | One KI instruction sheet   |
|--|------------------------|------------------|--|
|  |                        | (h)              | Dosimetry Instruction Briefing Card  |
|  | (5)                    |                  | taff member to complete the personal the top of the EWE Form.  |
|  | (6)                    |                  | staff member to verify the dosimetry serial orded on the EWE Form.   |
|  | (7)                    |                  | uals to record the current reading of each of the appropriate "Initial" block of the EWE                           |
|  | (8)                    |                  | ndividual to wear dosimetry on the upper ng dosimetry neck chain near center of chest.                             |
|  | (9)                    |                  | structions and information on the Dosimetry iefing Card with all individuals.                                      |
|  | (10)                   | Monitoring an    | f of the Regional Emergency Worker of Decontamination Station (REWMDS) win K. Washburn Primary School, Carver, MA. |
| b.   | Remind sta otherwise d |                  | read all DRDs every 15 minutes unless  |
| c.   |                        |                  | ely notify you when their direct-reading<br>ngs of 100mR, 175mR or each 1Rem                                       |
| d.   | Record the readings ar |                  | propriate block of the Dosimetry Log as  |
| e.   |                        |                  | eports to the Town Health EOC nistrator on an hourly basis.  |
| f.   | Take the ap            | propriate action | on for the following doses:  |
| If the staff member is a the DRD Reading of: | approaching            |                  | Then inform the Special Facilities Coordinator Administrator that worker must be:                                  |
| 175 mR without notice revised DRD limit.     | of MPDH                |                  | <ul> <li>Relieved of duty and directed to the<br/>REWMDS</li> </ul>  |

| DDD through alder a stablish and her MDDLL at |                       |                                    | -OR-   |
|---|-----------------------|------------------------------------|--|
| DRD thresholds estab time of emergency.       | lished by ML          |                                    | Authorized by MDPH (through MEMA Region II RL) to exceed the respective limit                                |
|   |                       |                                    |  |
| DRD life-saving limit e at time of emergency. | stablished by         | y MDPH -                           | Relieved of duty and directed to the REWMDS  |
|   |                       |                                    | -OR-   |
|   |                       | -                                  | Authorized by MDPH (through MEMA Region II RL) for a life-saving dose and issue a high-range (0-200R) DRD.   |
| g.  | Decontami             | nation Station (F                  | nal Emergency Worker Monitoring and EWMDS) located at Erwin K. Washburn A, when any of the following occurs: |
|   | a.                    | Mission is com                     | pleted.  |
|   | b.                    | Dosimetry is lo                    | st or damaged.   |
|   | C.                    | Maximum pern                       | nissible dose is reached.  |
| h.  |                       | llowing actions i<br>ds taking KI: | f MDPH (through MEMA Region II RL)   |
|   | (1)                   | Record the tim                     | e and specific recommendation.   |
|   | (2)                   | Distribute KI to                   | each remaining resident as appropriate.  |
|   | (3)                   |                                    | embers take KI and to record time and date forms, and record information onto each ls.                       |
|   | (4)                   | If any resident perform the fol    | or staff member reports adverse effects to KI, owing:  |
|   |                       | Arrang                             | e for a doctor as soon as practical.   |
|   |                       |                                    | the Special Facilities Coordinator of all diside effects.  |
| i.  | Provide exprequested. | oosure informati                   | on to the Special Facilities Coordinator, as   |

# \_\_\_\_\_j. Discuss any abnormal readings with the Special Facilities Coordinator. RELOCATION/REENTRY/RETURN \_\_\_\_\_1. After the emergency has terminated: \_\_\_\_\_a. Direct staff members to the REWMDS for monitoring and to drop off their dosimetry and EWE Forms. \_\_\_\_b. Send the Dosimetry Log, paperwork and unused Dosimetry to the REWMDS for monitoring.

# TOWN OF DUXBURY GROUP FACILITY AT NORTH HILL STANDARD OPERATING PROCEDURE DUX-43

#### **Table of Contents**

| Title Page | 9                     | 1 |
|------------|-----------------------|---|
| _          | Contents              |   |
| Part 1:    | Concepts              | 3 |
|            | Purpose               | 3 |
|            | Concept of Operations | 3 |
| Part 2:    | Response Actions      | 6 |
|            | Residence Manager     | 6 |
|            |                       |   |

#### Forms

Client Pickup Release Form Client Roster/Relocation Assignment Emergency Personnel Call List Host Facility Information Form Relocation Staff Assignments

#### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist the Massachusetts Department of Mental Retardation (MDMR) and its Community Residence (Group Facility at North Hill) during an emergency at the Pilgrim Nuclear Power Station (PNPS). This procedure assigns administrative and staff responsibilities to direct emergency response activities in providing for resident care, facility maintenance, and coordination with other emergency response support agencies.

#### **CONCEPT OF OPERATIONS**

#### Staff Responsibilities

- 1. Residence Manager
  - In the absence of the Program Director, assume responsibility for the emergency response in accordance with predetermined chain-of-command.
  - Assign tasks to staff.
  - Prepare client census reports, the classification of clients for transport, and the coordination of the client care.
  - Determine resource deficiencies and inform Duxbury Special Facilities Coordinator and Program Director as appropriate.
  - Ensure residents and their Emergency Packets are prepared for evacuation.
  - Implement protective actions as directed by the Duxbury Special Facilities Coordinator.
  - Ensure accountability of residents during implementation of protective action.
  - Receive direction from Duxbury Special Facilities Coordinator and Program Director in preparing for return.

#### Related Agency Responsibilities

#### 1. Program Directors

- Establish communications with the Regional Director, other Program Directors, Residence Manager(s), and Town Special Facilities Coordinator(s) as appropriate.
- Coordinate residence emergency response.
- Evaluate staffing and equipment for emergency conditions.
- Maintain client census, transportation requirements, and staffing needs.
- Determine resource deficiencies and report unmet needs to the Regional Director, other Program Director(s), or Town Special Facilities Coordinator(s), as appropriate.
- Coordinate with Residence Managers, other Program Directors, Regional Director, and Town Special Facilities Coordinator(s), as appropriate, to arrange for host facilities.
- Direct implementation of protective actions as recommended by the Town Special Facilities Coordinator.
- Upon termination of the emergency, coordinate the return of residence(s) to normal operations.
- Document the emergency management effort on a log form until normal operations are restored.

#### 2. Special Facilities Coordinator (Town of Duxbury)

- Notify Residence Manager of the emergency at PNPS.
- Address facility resource requirements.
- Coordinate identified requirements with Town Transportation Officer.
- Coordinate availability of host facility resources with MEMA Region II Special Facilities Coordinator.

#### 3. Transportation Officer (Town of Duxbury)

Provide transportation assistance to facilities in accordance with MEMA Region II/town Transportation Officer plans/procedures.

## 4. Host Facility

- Maintain communications with Program Director, or Residence Manager.
- Prepare host facility for designated number of clients.
- Receive evacuated clients in accordance with MA Department of Mental Retardation (MDMR) plans/procedures.
- Assist in preparation of residents for departure and in return to host facility.

## Part 2: Response Actions

## Residence Managers

| <u>UNUSUAL</u> | <u>EVENT</u>   |  |
|----------------|--|--|
| 1.             | Not notified of an UNUSUAL EVENT. No action required.  |  |
| <u>ALERT</u>   |  |  |
| 1.             | Receive notification from Duxbury Special Facilities Coordinator                                 |  |
| 2.             | Perform notifications in accordance with Emergency Personnel Call List (see forms)               |  |
| 3.             | Test Tone Alert Radio.   |  |
| 4.             | Brief staff.   |  |
|                | a. Determine level of staffing.  |  |
|                | b. Determine residents' condition, location and transportation requirements                      |  |
| 5.             | Determine host facility from Program Director.   |  |
| 6.             | Notify host facility in accordance with Host Facility Information Form (see forms).              |  |
| 7.             | Report transportation and staff resource to Special Facilities Coordinator and Program Director. |  |
| SITE ARE       | A EMERGENCY  |  |

| 1. | Receive notification of SITE AREA EMERGENCY: |   |  |
|----|--|---|--|
| 2. | Complete                                     | e appropriate actions under ALERT.                                  |  |
|    | a.   | Receive telephone call from Duxbury Special Facilities Coordinator. |  |
|    | h  | Monitor activation of Tone Alert Radio                              |  |

### Residence Managers (continued) Perform additional notifications to staff in accordance with Emergency Personnel Call 3. List (see forms). Contact any day programs that residents are attending. a. Report categories of residents to Host Facility Administrator from b. Inventory Checklist (see forms). Reserve available beds for residents. \_\_\_\_ C. Verify host facility staff and residents resources on Host Facility \_\_\_\_ d. Information Form (see forms). Cancel special activities (e.g. trips, visitation, etc.) unless consistent with emergency 4. response. Update residents census and transportation requirements on Inventory Checklist (see 5. Client Pickup Release Form). \_\_\_\_6. Update inventory of needed staff, supplies, vehicles, and equipment required for protective actions (see forms). Direct identification of residents whose status would permit temporary discharge to 7. family custody. Authorize discharge of residents to family care if applicable (see Client a. Pickup Release Form). Update residents and inventory information for Program Director indicating resource 8. shortfalls or needs from Inventory Checklist (see forms): Update number of residents and transportation requirements from a. inventory checklist.

Update additional staff requirements.

Prepare facility for possible sheltering.

\_\_\_\_ b.

9.

|         | a. Inventory and replenish housekeeping supplies.   |  |  |
|---------|---|--|--|
| 10.     | Direct staff to prepare facility for possible evacuation at GENERAL EMERGENCY.                              |  |  |
|         | a. Ensure preparation of Emergency Packets.   |  |  |
|         | b. Ensure preparation of an adequate supply of medication.  |  |  |
|         | c. Verify assistance with other Residence Managers.   |  |  |
| 11.     | Verify Host Facility Assignment with Program Director (see "Relocation Staff Assignments").                 |  |  |
|         | a. Call host facility administrator and verify resident spaces.   |  |  |
| 12.     | Dismiss nonessential staff as appropriate.  |  |  |
| 13.     | Update Program Director of changes in census and resource requirements.                                     |  |  |
| 14.     | Monitor Tone Alert Radio or one of the following EAS stations.  |  |  |
|         | <u>Frequency</u>  |  |  |
|         | 1390 AM<br>98.5 FM<br>99.1 FM<br>95.9 FM<br>10.30 AM  |  |  |
| 15.     | Await further instructions.   |  |  |
| GENERAL | . EMERGENCY   |  |  |
| 1.      | Receive notification of GENERAL EMERGENCY from Duxbury Special Facilities Coordinator and Tone Alert Radio. |  |  |
| 2.      | Complete appropriate actions under SITE AREA EMERGENCY.   |  |  |
|         | a. Verify availability of transportation, personnel, and host facility resources for evacuation.            |  |  |

| 3. | Notify staff of GENERAL EMERGENCY.                                      |   |   |  |
|----|---|---|---|--|
| 4. | Notify host facility administrator of GENERAL EMERGENCY classification. |   |   |  |
| 5. | IF SHELTE   | IF SHELTERING OF RESIDENCE SUBAREA (9) IS DIRECTED: |   |  |
|    | a.  | Terminate a   | Il outside activity.  |  |
|    | b.  | Instruct staff                                      | to secure building:   |  |
|    |   |   | Close all doors, windows and remain indoors. DO NOT LOCK FIRE DOORS.                                  |  |
|    |   |   | Turn off all air conditioners, fans or other ventilation systems which draw air from the outside.     |  |
|    | c.  | Prepare for   | extended operations with staff on hand.   |  |
|    | d.  | Maintain cor<br>Program Dir                         | mmunication with Duxbury Special Facilities Coordinator and ector.                                    |  |
|    | e.  |   | ation from the Duxbury Special Facilities Coordinator, instruct I to terminate sheltering activities. |  |
| 6. | IF EVACUA   | ATION OF RE   | SIDENCE SUBAREA (9) IS DIRECTED:  |  |
|    | a.  |   | to verify the roster of clients and required mode of on on Inventory Checklist.                       |  |
|    | b.  | Contact Prog  | gram Director to:   |  |
|    |   | (1)   | Update census and resource requirements.  |  |
|    |   |   | Confirm the dispatch and estimate arrival time of required transportation resources.                  |  |
|    | C.  | Notify host fa                                      | acility administrator of the evacuation recommendation and edule.                                     |  |
|    |   | (1)   | Verify residents spaces.  |  |

#### While vehicle is getting prepared, gather: d. Residents and their essential belonging. \_\_\_\_(1) \_\_\_\_(2) **Emergency Packets** \_\_\_\_ e. Prepare for departure: \_\_\_\_(1) Monitor vehicle loading to ensure accountability of clients and accompanying staff. \_\_\_\_(2) Ensure drivers have evacuation route maps. Send sufficient staff to establish temporary administrative \_\_\_\_(3) headquarters at host facility. f. Inform Program Director of vehicle readiness for departure. Upon acknowledgment of Program Director, begin \_\_\_\_(1) evacuation to host facility. Ensure that facility is secured: \_\_\_\_ g. \_\_\_\_(1) Lock record files/cabinets. \_\_\_\_(2) Secure residents personal valuables. Shutdown non-essential mechanical and electrical systems. \_\_\_\_(3) \_\_\_\_(4) Post Notice of Relocation on the front door. \_\_\_\_(5) Notify Program Director of evacuation of facility. Empty facility of remaining personnel and secure. \_\_\_\_(6) h. Report to host facility. Set up temporary headquarters at host facility. i. \_\_\_\_(1) Monitor care of residents. Schedule staff coverage in coordination with host facility. \_\_\_(2) \_\_\_\_(3) Release excess staff maintaining a record of future whereabouts.

|               | Residence Managers (continued)  |  |  |
|---------------|---|--|--|
|               | j. Report evacuee arrivals at host facility to Program Director.                              |  |  |
|               | k. Ensure families are notified of residents whereabouts.                                     |  |  |
|               | I. Maintain contact with Program Director.  |  |  |
| <u>RETURN</u> |   |  |  |
| 1.            | Receive notification of authorization for return from Duxbury Special Facilities Coordinator. |  |  |
| 2.            | Brief residence and Host Facility personnel of return action.                                 |  |  |
| 3.            | Report additional resource requests to Program Director.                                      |  |  |
| 4.            | Return with staff and residents to residence.   |  |  |
| 5.            | Report return to residence to Program Director.   |  |  |
| 6.            | Gather records of emergency activities and submit to Duxbury Emergency Management Director:   |  |  |
|               | a. Your log forms.  |  |  |
|               | b. Message Forms.   |  |  |

TOWN OF DUXBURY

GROUP FACILITY AT CORDWOOD PATH

STANDARD OPERATING PROCEDURE

DUX-44

## **Table of Contents**

| Title Page | Je                    | 1 |
|------------|-----------------------|---|
| Table of 0 | Contents              | 2 |
| Part 1:    | Concepts              | 3 |
|            | Purpose               | 3 |
|            | Concept of Operations | 3 |
| Part 2:    | Response Actions      | 6 |
|            | Residence Manager     | 6 |
|            | Forms                 |   |

Client Pickup Release Form Client Roster/Relocation Assignment Emergency Personnel Call List Host Facility Information Form Relocation Staff Assignments

#### Part 1: Concepts

#### PURPOSE

This Standard Operating Procedure (SOP) was prepared to assist Cordwood Path during an emergency at the Pilgrim Nuclear Power Station (PNPS). This procedure assigns administrative and staff responsibilities to direct emergency response activities in providing for resident care, facility maintenance, and coordination with other emergency response support agencies.

#### **CONCEPT OF OPERATIONS**

#### Staff Responsibilities

- 1. Residence Manager
  - In the absence of the Program Director, assume responsibility for the emergency response in accordance with predetermined chain-of-command.
  - Assign tasks to staff.
  - Prepare client census reports, the classification of clients for transport, and the coordination of the client care.
  - Determine resource deficiencies and inform Duxbury Special Facilities Coordinator and Program Director as appropriate.
  - Ensure residents and their Emergency Packets are prepared for evacuation.
  - Implement protective actions as directed by the Duxbury Special Facilities Coordinator.
  - Ensure accountability of residents during implementation of protective action.
  - Receive direction from Duxbury Special Facilities Coordinator and Program Director in preparing for return.

#### Related Agency Responsibilities

#### 1. Program Directors

- Establish communications with the Regional Director, other Program Directors, Residence Manager(s), and Town Special Facilities Coordinator(s) as appropriate.
- Coordinate residence emergency response.
- Evaluate staffing and equipment for emergency conditions.
- Maintain client census, transportation requirements, and staffing needs.
- Determine resource deficiencies and report unmet needs to the Regional Director, other Program Director(s), or Town Special Facilities Coordinator(s), as appropriate.
- Coordinate with Residence Managers, other Program Directors, Regional Director, and Town Special Facilities Coordinator(s), as appropriate, to arrange for host facilities.
- Direct implementation of protective actions as recommended by the Town Special Facilities Coordinator.
- Upon termination of the emergency, coordinate the return of residence(s) to normal operations.
- Document the emergency management effort on a log form until normal operations are restored.

#### 2. Special Facilities Coordinator (Town of Duxbury)

- Notify Residence Manager of the emergency at PNPS.
- Address facility resource requirements.
- Coordinate identified requirements with Town Transportation Officer.
- Coordinate availability of host facility resources with MEMA Region II Special Facilities Coordinator.

#### 3. Transportation Officer (Town of Duxbury)

Provide transportation assistance to facilities in accordance with MEMA Region II/town Transportation Officer plans/procedures.

#### 4. Host Facility

- Maintain communications with Program Director, or Residence Manager.
- Prepare host facility for designated number of clients.
- Receive evacuated clients in accordance with MA Department of Mental Retardation (MDMR) plans/procedures.
- Assist in preparation of residents for departure and in return to host facility.

## Part 2: Response Actions

## Residence Managers

# <u>UNUSUAL EVENT</u>

| 1.           | Not notified of an UNUSUAL EVENT. No action required.  |  |  |
|--------------|--|--|--|
| <u>ALERT</u> |  |  |  |
| 1.           | Receive notification from Duxbury Special Facilities Coordinator                                 |  |  |
| 2.           | Perform notifications in accordance with Emergency Personnel Call List (see forms).              |  |  |
| 3.           | Test Tone Alert Radio.   |  |  |
| 4.           | Brief staff.   |  |  |
|              | a. Determine level of staffing.  |  |  |
|              | b. Determine residents' condition, location and transportation requirements.                     |  |  |
| 5.           | Determine host facility from Program Director.   |  |  |
| 6.           | Notify host facility in accordance with Host Facility Information Form (see forms).              |  |  |
| 7.           | Report transportation and staff resource to Special Facilities Coordinator and Program Director. |  |  |
| SITE ARE     | EA EMERGENCY   |  |  |
| 1.           | Receive notification of SITE AREA EMERGENCY:   |  |  |
| 2.           | Complete appropriate actions under ALERT.  |  |  |
|              | a. Receive telephone call from Duxbury Special Facilities Coordinator.                           |  |  |
|              | b. Monitor activation of Tone Alert Radio.   |  |  |

### Residence Managers (continued) Perform additional notifications to staff in accordance with Emergency Personnel Call 3. List (see forms). Contact any day programs that residents are attending. a. Report categories of residents to Host Facility Administrator from b. Inventory Checklist (see forms). Reserve available beds for residents. \_\_\_\_ C. Verify host facility staff and residents resources on Host Facility \_\_\_\_ d. Information Form (see forms). Cancel special activities (e.g. trips, visitation, etc.) unless consistent with emergency 4. response. Update residents census and transportation requirements on Inventory Checklist (see 5. Client Pickup Release Form). \_\_\_\_6. Update inventory of needed staff, supplies, vehicles, and equipment required for protective actions (see forms). Direct identification of residents whose status would permit temporary discharge to 7. family custody. Authorize discharge of residents to family care if applicable (see Client a. Pickup Release Form). Update residents and inventory information for Program Director indicating resource 8. shortfalls or needs from Inventory Checklist (see forms): Update number of residents and transportation requirements from a. inventory checklist.

Update additional staff requirements.

Prepare facility for possible sheltering.

\_\_\_\_ b.

9.

|                | a. Inventory and replenish housekeeping supplies.   |  |  |
|----------------|---|--|--|
| 10.            | Direct staff to prepare facility for possible evacuation at GENERAL EMERGENCY.                              |  |  |
|                | a. Ensure preparation of Emergency Packets.   |  |  |
|                | b. Ensure preparation of an adequate supply of medication.  |  |  |
|                | c. Verify assistance with other Residence Managers.   |  |  |
| 11.            | Verify Host Facility Assignment with Program Director (see "Relocation Staff Assignments").                 |  |  |
|                | a. Call host facility administrator and verify resident spaces.   |  |  |
| 12.            | Dismiss nonessential staff as appropriate.  |  |  |
| 13.            | Update Program Director of changes in census and resource requirements.                                     |  |  |
| 14.            | Monitor Tone Alert Radio or one of the following EAS stations.  |  |  |
|                | <u>Frequency</u>  |  |  |
|                | 1390 AM<br>98.5 FM<br>99.1 FM<br>95.9 FM<br>1030 AM   |  |  |
| 15.            | Await further instructions.   |  |  |
| <u>GENERAL</u> | . EMERGENCY   |  |  |
| 1.             | Receive notification of GENERAL EMERGENCY from Duxbury Special Facilities Coordinator and Tone Alert Radio. |  |  |
| 2.             | Complete appropriate actions under SITE AREA EMERGENCY.   |  |  |
|                | a. Verify availability of transportation, personnel, and host facility resources for evacuation.            |  |  |

| 3. | Notify staff of GENERAL EMERGENCY.                                      |   |  |  |
|----|---|---|--|--|
| 4. | Notify host facility administrator of GENERAL EMERGENCY classification. |   |  |  |
| 5. | IF SHELTE   | HELTERING OF RESIDENCE SUBAREA (9) IS DIRECTED:   |  |  |
|    | a.  | Terminate all outside activity.   |  |  |
|    | b.  | Instruct staff to secure building:  |  |  |
|    |   | (1) Close all doors, windows and remain indoors. <u>DO NOT LOCK FIRE DOORS</u> .  |  |  |
|    |   | (2) Turn off all air conditioners, fans or other ventilation systems which draw air from the outside.                         |  |  |
|    | c.  | Prepare for extended operations with staff on hand.   |  |  |
|    | d.  | Maintain communication with Duxbury Special Facilities Coordinator and Program Director.                                      |  |  |
|    | e.  | Upon notification from the Duxbury Special Facilities Coordinator, instruct all personnel to terminate sheltering activities. |  |  |
| 6. | IF EVACU  | ATION OF RESIDENCE SUBAREA (9) IS DIRECTED:   |  |  |
|    | a.  | Instruct staff to verify the roster of clients and required mode of transportation on Inventory Checklist.                    |  |  |
|    | b.  | Contact Program Director to:  |  |  |
|    |   | (1) Update census and resource requirements.  |  |  |
|    |   | (2) Confirm the dispatch and estimate arrival time of required transportation resources.                                      |  |  |
|    | C.  | Notify host facility administrator of the evacuation recommendation and transfer schedule.                                    |  |  |
|    |   | (1) Verify residents spaces.  |  |  |

### While vehicle is getting prepared, gather: d. Residents and their essential belonging. \_\_\_\_(1) \_\_\_\_(2) **Emergency Packets** \_\_\_\_ e. Prepare for departure: \_\_\_\_(1) Monitor vehicle loading to ensure accountability of clients and accompanying staff. \_\_\_\_(2) Ensure drivers have evacuation route maps. Send sufficient staff to establish temporary administrative \_\_\_\_(3) headquarters at host facility. f. Inform Program Director of vehicle readiness for departure. Upon acknowledgment of Program Director, begin \_\_\_\_(1) evacuation to host facility. Ensure that facility is secured: \_\_\_\_ g. \_\_\_\_(1) Lock record files/cabinets. \_\_\_\_(2) Secure residents personal valuables. Shutdown non-essential mechanical and electrical systems. \_\_\_\_(3) \_\_\_\_(4) Post Notice of Relocation on the front door. \_\_\_\_(5) Notify Program Director of evacuation of facility. Empty facility of remaining personnel and secure. \_\_\_\_(6) h. Report to host facility. Set up temporary headquarters at host facility. i. \_\_\_\_(1) Monitor care of residents. Schedule staff coverage in coordination with host facility. \_\_\_(2) \_\_\_\_(3) Release excess staff maintaining a record of future

Residence Managers (continued)

whereabouts.

|               | Residence Managers (continued)  |  |  |
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