

Current List of Frequently Asked Questions

Updated: February 10, 2016

- 1. Question:** How can I ask a question regarding information in the manual?
Answer: Contact your FEMA Regional Assistance Committee Chairperson. The Chairperson will forward your questions to the RPM Frequently Asked Questions Committee.
- 2. Question:** When must OROs be in compliance with the current RPM?
Answer: As the RPM is now being updated every 6 months, it is suggested that OROs update their plans with the most recent version available. When FEMA conducts their biennial plan review, they will be expecting the plans to be in line with a current version of the RPM (a version within one year of the most recent version).

PART I: INTRODUCTION

- 3. Question:** On page I-4 of the RPM, “Standard Operating Guidelines” (SOG) was added to the Plans and Procedures definition, with a comment that “FEMA may review all of these documents to the extent necessary.” Does this mean that we will be required to submit all SOGs with our plans for review?
Answer: Yes, SOGs/Standard Operating Procedures (SOPs)/Implementing procedures are reviewed as part of the plan review. A comprehensive review and approval of State and local procedures (SOPs, SOGs, etc.) is both necessary and required. This position is supported not only by the fact that procedures are, by their very nature, part and parcel to overall State and local plans (i.e., they are integrally linked, as a plan without procedures to implement it is of little or no utility), but more importantly, the requirement for such reviews is clearly expressed in applicable regulation.
- 4. Question:** What provisions must be made for service animals?
Answer: The ADA states that the service animal must be permitted to accompany the individual to all areas of the facility. An individual with a service animal may not be segregated from other customers. The care or supervision of a service animal is solely the responsibility of his or her owner. You are not required to provide care or food or a special location for the animal. Service animals are discussed in the RPM solely for the awareness that a service animal may arrive in a reception center, monitoring/decontamination center, shelter, hospital, etc. FEMA REPP will not be evaluating OROs plans to handle service animals.

PART II: PLANNING GUIDANCE

- 5. Question:** In Part II of the RPM, what is the intent of the Explanation section under the check marked items related to the sub-element criterion?

Answer: FEMA added an explanation of each Evaluation Criterion based on current guidance. The intent of the explanation is an interpretation of the check marks. OROs will use this guidance or request approval of an alternative approach from their Region's RAC Chair.

6. Question: Is there a 24 hour appropriately trained capability? (A.4)

Answer: Planning Criterion A.4 states that plans/procedures shall include a reference to a roster that identifies at least two shifts of key staff. No person should be on a roster for more than one shift in a row. These personnel should be trained in accordance with Planning Criterion O.1.

7. Question: Planning Standard E.7 references the American Industrial Hygiene Association "Respiratory Protective Devices Manual of 1963". Is this still valid?

Answer: The American Industrial Hygiene Association (AIHA) has retired this document. The references to the document have been removed from the RPM; however, the Planning Standard wording will not be changed until NUREG 0654/FEMA REP 1 is updated.

8. Question: Planning guidance now requires that OROs make provisions for the monitoring and decontamination of service animals. What specific provisions are required to be included in the plan? Is simply stating in plans/procedures that service animals will be monitored and decontaminated to the same level as evacuees enough to meet the planning requirement?

Answer: Per the Explanation for J.12 on page II-92, service animals accompanying evacuees with disabilities and access/functional needs are monitored and decontaminated in accordance with the same standards and trigger/action levels for monitoring and decontamination as humans.

9. Question: Should host or receiving hospitals be evaluated for the ability to determine whether patients transferred from an EPZ hospital are contaminated, and if so, if they are able to decontaminate?

Answer: No. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires hospitals to have plans to provide for radioactive isolation and decontamination (EM.02.02.05). Additionally, Occupational Safety Health Act (OSHA) published "Best Practices for Hospital-Based First Receivers of Victims from Mass-Casualty Incidents", which outlines requirements for monitoring and decontamination for hazards including radioactive contamination. Since these other agencies place requirements on hospitals to prepare for contaminated patients, the REP Program has no need to evaluate these facilities, nor does the ORO have the responsibility to provide training or dosimetry.

This wording only applies to hospital/healthcare facilities that are evacuating because they are within the 10 mile EPZ, and the healthcare facilities receiving patients from these evacuations. It does NOT alleviate the requirements found under Planning Standard L for transport and medical care of contaminated, injured individuals, or the required Medical Services Drills under 6.d.1.

10. Question: Are ALL ORO responders to an NPP incident, including tactical responders, considered Emergency Workers and thereby covered under what is expected of Emergency Workers Exposure Control measures?

Answer: Yes. The health and safety of law enforcement /tactical responders like all emergency workers responding must be protected, thereby they are functioning under the same exposure control

measures. These measures should be accomplished without impeding or delaying the tactical response.

11. Question: Do ambulance providers who work outside of the EPZ (i.e. responding to a reception center) need to receive dosimetry?

Answer: Yes, ambulance providers should receive dosimetry in cases where these providers are picking up potentially contaminated patients at a reception center, otherwise there is concern that the providers are receiving dose that is not documented. The following wording in the RPM will be added to clarify: “Any responder assigned a mission that could result in exposure to radiation is provided dosimetry and procedures for tracking any exposure received.”

12. Question: Please clarify the training requirements listed in Planning Standard O. Planning Standard O.4 states, “The specialized initial training and periodic retraining programs shall be provided in the following categories...”. Planning Standard O.5 states “Each organization shall provide for the initial and annual retraining of personnel with emergency response responsibilities.” This could be contradictory”.

Answer: Training is offered annually. Periodic means that training can occur more often than annual if needed/desired.

PART III: DEMONSTRATION GUIDANCE

13. Question: Can TTXs be used in place of the typical biennial, full-participation exercise?

Answer: No. Currently, the biennial, full-participation exercise must be conducted as a modified functional exercise.

14. Question: Who keeps track of the various exercise schedules at the various Nuclear Power Plants and local OROs?

Answer: The State, as well as the FEMA Region, will be keeping a record of exercise cycles within the State, to ensure reasonable assurance.

15. Question: Can you provide additional clarification on when the 8 year exercise cycle starts and how that impacts the various OROs and/or States with multiple sites?

Answer: The first hostile action-based (HAB) exercise in which the State fully participates will start the 8 year exercise cycle for the State. The first HAB exercise at a site will start the 8 year exercise cycle for the Licensee. The only exception is that for sites licensed under Part 52, the 8 year cycle will start with the initial exercise required by Sec. IV.F.2.a. The Local ORO’s participation in the first HAB exercise will begin their 8 year exercise cycle. Local OROs will participate whenever their site, and not necessarily their State, holds its HAB exercise. For States with multiple sites, the State is encouraged to rotate their full participation among sites (when not fully participating, the State partially participates to support OROs). This procedure is the same for both exercise types and all scenario options.

All OROs within the 10-mile EPZ must demonstrate ingestion pathway (return, reentry and recovery) responsibilities once every 8 years. OROs between 10- and 50-mile EPZs, with ingestion pathway responsibilities, should also participate in the Ingestion Pathway Exercise. Those OROs

(between 10 and 50 miles) that do not fully participate in the exercise should participate in an ingestion pathway tabletop exercise or other ingestion pathway/post plume training activity at least once every 8 years. This includes States and county/locals that are affected by a site in another State and/or FEMA Region.

16. Question: When an ORO receives approval to partially participate in an exercise, is it possible for them to receive an issue?

Answer: Yes, when an ORO receives approval to partially participate in an exercise, FEMA will have an evaluator at locations where partial participation occurs. If actions taken at a location where partial participation is occurring negatively affects those fully participating, it will be subject to the same issues, ARCA's, etc as during a normal exercise evaluation. Approved partial participation must be clearly described in the extent of play agreement.

17. Question: Will FEMA be inventorying or evaluating the equipment used by mutual aid resources?

Answer: It is suggested that plans address a process of routing incoming responders to a staging area where responders can be trained and provided with the necessary equipment. However, if the incoming resources arrive with their own equipment (monitors and/or dosimetry), they will be evaluated per REPP Standards. FEMA will not inventory equipment that is not part of the REP Program. If an agency has a defined role in the REP plan, they are subject to the planning standards and RPM.

18. Question: What will FEMA evaluate against regarding Potassium Iodide (KI) for the general public? Should states use FDA or EPA guidance? If the NRC is holding the licensee to 25 R for their emergency workers, how can FEMA recommend using guidance that varies so widely?

Answer: FEMA asks that the OROs consider both the FDA and EPA guidance when developing the plans/procedures. FDA breaks down the guidance into multiple age groups. Adults over 40 yrs are recommended to take KI when a Committed Dose Equivalent (CDE) greater than 500 rem is expected. Adults 18 – 40 years are recommended to take KI when a CDE greater than 10 rem is expected. Children/minors are recommended to take KI when a CDE greater than 5 rem is expected. EPA recommends 25 rem CDE. FDA also provides guidance for the dosage. Some OROs prefer to have one number applicable to all workers and the general public and others prefer to split out the recommendations per the recommended age groups.

19. Question: Can an ORO send out protective actions or other information over social media prior to the EAS message?

Answer: Yes, OROs can use as many outlets as they feel necessary to provide information to the public, in addition to EAS messaging or primary messaging approved in the facility's design report. The social media platforms themselves will not be evaluated, just the content of the messaging. If the platform does not allow for all the elements of a message that are required, a link to the state, county website or other information outlet should be included.

20. Question: Must all medical services hospitals and transportation providers demonstrate every two years?

Answer: Criterion 6.d.1, The facility/ORO has the appropriate space, adequate resources, and trained personnel to provide transport, monitoring, decontamination, and medical services to contaminated injured individuals, requires that all hospitals listed in the plan as medical services hospitals be evaluated, with a transportation provider, every 2 years. Additional transportation providers listed in the plan may be rotated through the drills. For ambulance providers who do not participate in an evaluated drill during the two year cycle, training will be provided. This training will be documented in the ALC.

21. Question: Can FEMA do staff assistance visits to an EOC during a disaster response to evaluate criteria, if it is during an exercise year? If so, would this be documented in a separate report or included in the After Action Report?

Answer: Per the RPM page III-25, “Biennial exercise AARs may include the evaluations of drills or out-of-sequence activities (e.g., medical services or reception center drills) conducted within 60 days prior to or 30 days after the exercise date.” The Site Assist Visit during a disaster to evaluate an EOC would be considered an out-of-sequence event. If the SAV occurred beyond this time frame “FEMA issues separate drill AARs for evaluations occurring outside the specified timeframe. The FEMA Regional Administrator (or designee) transmits drill AARs to the NRC Regional Administrator within 45 days of the drill date.”

PART IV: PROGRAM ADMINISTRATION

22. Question: Where can copies of the references listed in Appendix C be found?

Answer: Copies of all references will be found on the FEMA REP Program website, eventually. In the meantime, contact your FEMA Region for copies.