

RADIOLOGICAL PROTECTION

Annex M of the Knox County Emergency Operations Plan

July 8, 2022



Contents

I. INTRODUCTION	3
II. SITUATION AND ASSUMPTIONS.....	4
III. CONCEPT OF OPERATIONS.....	5
IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES	8
V. DIRECTION AND CONTROL.....	10
VI. ADMINISTRATION AND LOGISTICS	12
VII. PLAN DEVELOPMENT AND MAINTENANCE	12
VIII. AUTHORITIES AND REFERENCES	13
IX. AUTHENTICATION.....	14
X. TABS.....	15
TAB A – RADIOLOGICAL EMERGENCY REPORTING CHECKLIST	16
TAB B – RADIOLOGICAL INCIDENT CATAGOIRES.....	17
TAB C – RADIOLOGICAL DETECTION EQUIPMENT.....	19
TAB D - INITIAL ACTIONS FOR RADIOLOGICAL INCIDENTS	20
TAB E – NOTIFICATION MATRIX FOR RADIOLOGICAL INCIDENTS	21
TAB F –RADIATION SOURCES IN KNOX COUNTY	22
APPENDIX 1 - THE OHIO PHYSICIANS RADIOLOGICAL TREATMENT GUIDE	

Primary Agencies: Knox County Emergency Management Agency

Knox County Health Department

Support Agencies: American Red Cross

Jurisdictional Executives

Local Law Enforcement

I. INTRODUCTION

A. Purpose

The purpose of this annex is to identify the aspects, concepts, organizational responsibilities, and resources that will be used to reduce the potential impact of radiological or nuclear incidents in Knox County.

B. Scope

This plan applies to all participating agencies and organizations operating within the geographic boundaries of Knox County.

C. Policy

It is the policy of Knox County to develop plans and procedures that incorporate the concepts of the National Incident Management System (NIMS), the Incident Command System (ICS) and the National Preparedness Goal.

D. Core Capabilities

This annex addresses the following Core Capability as defined in the National Preparedness Goal:

- Environmental Response, Health and Safety
- On-Scene Security, Protection and Law Enforcement
- Operational Coordination
- Public Health, Healthcare and Emergency Medical Services
- Public Information and Warning
- Situational Assessment

II. SITUATION AND ASSUMPTIONS

A. Situation

1. Radioactive materials may occasionally be discovered in scrap yards, landfills, residences, and other places in the public domain. Such unlicensed materials typically have a minimal impact to public safety.
2. There are institutions, facilities, and temporary worksites that use, store or transport licensed radioactive materials within the county. Information about such licensees in Knox County are obtained from the Ohio Department of Health, Bureau of Environmental Health and Radiation Protection and identified in **Tab F** of this annex.
3. While many types of incidents involving radioactive materials could occur, the threat of a transportation accident involving radioactive sources is the primary concern for Knox County.
 - a) A checklist of items to be reported following a radiological accident is included in **Tab A** of this annex.
 - b) Initial response guidance for incidents involving radioactive materials can be obtained in the Department of Transportation North American Emergency Response Guidebook commonly referred to as the ERG.
 - c) A decision-making guide for actions to take following a radiological incident is included in **Tab D** of this annex.
4. Knox County could be affected by a terrorism event involving radioactive or nuclear materials. Such events may include Radiological Dispersion Devices or Improvised Nuclear Devices.
 - a) The detonation of an Improvised Nuclear Device (IND) or Radiological Dispersion Device (RDD) may cause significantly larger radiological hazards than a transportation accident in which radioactive materials are involved.
 - b) It is not possible to predict the size of the incident or the specific areas that would be directly affected. The number of devices deployed by terrorists could be one or more.
 - c) Improvised Nuclear Device detonation preparedness remains a necessary activity as long as stockpiles of nuclear materials exist and the number of nations and/or terrorist organizations with sufficient technological development to produce nuclear weapons continues to grow.
 - The detonation of an Improvised Nuclear Device could yield the following:
 - Shock Wave (overpressure hazards)
 - Thermal Pulse (flash effect and fire hazards)
 - Radiation Pulse (initial gamma, beta, and alpha emission hazards)
 - Electromagnetic Pulse (damage to sensitive electronics)
 - Radioactive Fallout (radiation exposure and particle contamination hazards).

- d) Radiological Dispersion Device (RDD) detonation preparedness remains a necessary activity due to the relative ease for a terrorist to acquire materials and construct such a weapon.
- The detonation of a Radiological Dispersion Device could yield the following:
 - Contamination (localized particulate and downwind plume deposition)
 - Ionizing radiation exposure (doses likely non-lethal)
 - Public perception (panic based on lack of risk perspective)
5. Radiological incidents will require certain capabilities that are beyond the scope of resources of Knox County.
 6. Radiological instruments have been issued from the Ohio Emergency Management Agency (Ohio EMA) to Knox County Emergency Management Agency (EMA). Knox County EMA will provide such instruments to response organizations when requested. The radiological equipment Information is included in **Tab C** of this annex.
 7. Nuclear Power Plant emergency response activities are beyond the scope of this annex. Such activities are identified in the State of Ohio Emergency Preparedness Operations manual.

B. Assumptions

1. Radioactive materials discovered in scrap yards, landfills, residences, and other places in the public domain would likely pose little hazard to people or the environment. Potential hazards may include contamination and exposure.
2. Shipments of limited quantities of radioactive materials occasionally become involved in accidents and could yield a release of contents. However, the potential contamination and/or exposure hazards from such incident are assumed to be low.
3. Large quantities of radioactive materials are shipped in special containers designed to withstand severe accident conditions. Such containers can contain amounts of radioactive material that if released due to an accident, could cause serious health and safety issues over large areas due to contamination and/or exposure.
4. The detonation of an Improvised Nuclear Device may involve hundreds of thousands of casualties.
5. The detonation of a Radiological Dispersion Device may involve no or minimal casualties, but mass panic.
6. Knox County will require assistance in the development of a radiological protection system that adequately addresses preparedness, response, and recovery objectives for any radiological event affecting the county.

III. CONCEPT OF OPERATIONS

A. General Operations

1. The discovery of unlicensed radiological sources, transportation incidents, or fixed facility incidents where radiological materials are involved fall within the realm of hazardous materials emergency response.

2. A terrorism event involving radiological or nuclear materials would fall within the scope of Terrorism Annex of the Knox County Emergency Operations Plan. This annex addresses the specific concerns of nuclear or radiological terrorism events.
 - a) Peacetime terrorism preparedness should be ongoing. The principal elements include plans, procedures, training, equipping, and exercising response forces.
 - b) In the event of a serious threat of an Improvised Nuclear Device or Radiological Dispersion Device attack against the United States, the National Terrorism Advisory System (NTAS) <http://www.dhs.gov/national-terrorism-advisory-system> alerts will be utilized. Knox County will implement readiness activities according to the NTAS alert level.
 - c) If an incident involving an Improvised Nuclear Device or Radiological Dispersion Device actually occurs, the State Emergency Operations Center (SEOC) at OEMA will provide information on when state and federal-level emergency actions can be undertaken and how to minimize the radiation danger to emergency services personnel.
 - d) Knox County EMA will activate the county EOC to coordinate response activities between the local and state levels.
3. There is a need for swift, efficient, well-coordinated response from all sources; government (local/state/federal) and private (contractors & carriers) as appropriate.
4. Responders vary with each incident, depending upon the magnitude of the event, capabilities and limitations. An effective incident command structure is essential between all levels of government and must be maintained at the site and at the EOC.
 - a) Local authorities are essential to response, making initial emergency action decisions to include site/area security, evacuations, and emergency medical treatment.
 - b) State agencies may often provide advanced guidance and expertise along with the legal authority to enforce response decisions.
 - c) Private sources may also be involved in a response commitment. Industrial representatives may best understand the characteristics of specific products and equipment, along with handling techniques.
 - d) Federal resources may be necessary for large-scale incidents and/or incidents of national significance. Federal resources are coordinated through Ohio EMA.
5. The Ohio Department of Health (ODH) is the radiation protection and licensing authority in Ohio and is the primary state agency for ensuring the health and safety of people and property from radiological incidents in Ohio.
6. Ohio EMA assumes the primary coordinating role and will act as liaison for state and federal agencies.
7. The additional resources available are identified in the State of Ohio Emergency Operations Plan, Hazardous Materials Incident Annex.

B. National Incident Management System (NIMS)

1. Knox County has adopted the principles of NIMS and the Incident Command System (ICS). These principles are included in all planning, exercises and response activities. All incidents, regardless of type or size will be managed by an Incident Commander in accordance with the concepts of NIMS and ICS.
2. The Incident Commander (IC) will be a person from the department, organization or agency responsible to manage the incident. In most situations the IC will be from fire, law enforcement or emergency medical services, however, some incidents could require a non-emergency response agency or department to take command of the scene and designate the IC.

C. Exposure Control

1. Knox County EMA is the primary agency in the county responsible for coordinating radiological incidents. A unified command may be used based upon the type of incident. Knox County EMA will coordinate the following.
 - a) The local response will work with the ODH Radiological Emergency Response Team and the Ohio EMA through the county EOC, making appropriate radiological assessment and assigning suitable means and measures for the protection of the population, emergency workers, and property.
 - b) The distribution of radiological assessment equipment, as available.
2. Local agencies using assessment equipment will be responsible for maintaining exposure control records for personnel on a 24-hour basis.
 - a) The ERG can be used to determine initial safe zones and evacuation boundaries.
 - b) A Responder Dose Record form should be used to document dosimeter readings for each individual responder.
 - c) Recordkeeping is the responsibility of each department. A copy of the Responder Dose Rate Records shall be forwarded to the county EMA Director and County Health Commissioner for proper disposition and follow-up, if necessary.
 - d) The incident commander is responsible for ensuring that exposure rates remain as low as reasonably achievable.
3. Upon completion of emergency assignments, a record of total accumulated dosages and times of exposure will be made for emergency workers.
 - a) At a minimum, dosimeters should be read hourly. In areas where elevated exposure rates are encountered, dosimeters should be read more frequently as advised by ODH.
 - b) On-scene, each department's safety officer should record all Individual dosages.
 - c) These doses should be continually reported to the Health Department representative. The Knox County Health Department will maintain records of these readings.

- d) The dose received by each individual should be kept within the DHS and EPA guidelines for exposure limits. Rotation of emergency responders will be a consideration if estimated individual exposures are projected to exceed the established limits.
 - e) When lifesaving activities are involved, a maximum limit of 25 REM is considered acceptable. This should apply only if the exposure is incurred while directly involved in lifesaving activities and the rescuer is a volunteer who has received complete information about the risks involved.
4. U.S. EPA dose limits for whole-body exposure to radioactive materials are set as follows:

<u>Condition</u>	<u>Exposure Limit</u>
a) Non-life saving / normal events	5 REM
b) Protection of valuable property	10 REM
c) Lifesaving or protection of large populations	25 REM

D. Victim Support

1. Medical problems take priority over radiological concerns.
2. The ERG recommends that lifesaving actions and medical treatment be provided immediately.
3. Injured persons contaminated by contact with released material are not a serious hazard to health care personnel, equipment, or facilities.
4. Ensure that medical personnel are aware of the material(s) involved, take precautions to protect themselves and prevent spread of contamination.
5. The presence of other hazardous materials involved in the scene, may alter decontamination priorities.
6. Uninjured persons at the scene of a radioactive materials incident who are suspected of being contaminated will be assessed, decontaminated as necessary and transported to a receiving hospital for further medical evaluation / treatment.
7. Vehicles and other equipment will be evaluated on a case-by-case basis and decontaminated as appropriate.
8. The Incident Commander will be responsible for making decisions about appropriate decontamination methods and processes.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Hazard Assessment

1. Initial radiological assessment is a responsibility of the fire department, acting in concert with other public safety agencies including the Knox County Health Department and local hospitals.
2. Ongoing assessment activities may also involve the County Engineer, City, Village, and Township representatives, and private facility representatives

3. Augmentation may be available from other sources such as:
 - a) ODH
 - b) Ohio EMA
 - c) Ohio Environmental Protection Agency (OEPA)
 - d) Public Utilities Commission of Ohio (PUCO)
 - e) Ohio National Guard (ONG)
 - f) Ohio Department of Transportation (ODOT)
 - g) Ohio State Fire Marshal (OSFM)
 - h) Ohio State Highway Patrol (OSHP)

B. Assignment of Responsibilities

1. Knox County EMA
 - a) Support preparation for response to radiological incidents.
 - b) Sponsor training courses for first responders and medical personnel.
 - c) Provide reference materials for the development of SOGs.
 - d) Ensure warning/notification actions.
 - e) Notify Ohio EMA and coordinate requests for state-level technical assistance.
 - f) Notify other response Agencies and Organizations from **Tab E** - Notification Matrix for Radiological Incidents
 - g) Coordinate outside expertise to ensure proper team make-up and capabilities are provided to response forces.
 - h) Distribute radiological assessment equipment as needed for emergency use.
 - i) Prepare damage assessment reports for submission to the OEMA.
2. Law Enforcement Agencies
 - a) Provide security at locations rendered hazardous by a radiological incident
 - b) Provide check points and road closures
 - c) Provide escorts or transport support
 - d) Assist in evacuations
 - e) Maintain evacuation routes
3. Local Fire Departments
 - a) Respond in accordance with the local hazardous materials protocols and the ERG.
 - b) Operate detection and assessment equipment.
 - c) Ensure appropriate responder training, provide internal Personal Protective Equipment (PPE) and familiarity with assessment equipment use.
4. Mutual Aid Hazardous Materials Team

Knox County does not have a hazardous material team. Should the situation require, mutual aid would be requested from an adjacent county.

- a) Advise fire, EMS, and other on-scene responders as requested.
- b) Conduct advanced containment operations on-scene.
- c) Calculate evacuation distances and plume dimensions.
- d) Organize and execute decontamination operations.

5. Public Health

- a) Identify protective actions for the public.
- b) Distribution of safety information to the public.
- c) Notify the ODH.
- d) Coordinate protective actions with the county agricultural agencies and veterinarians for food sources.
- e) Provide staffing and recommendations to the EOC.
- f) Monitor mass care population health.
- g) Monitor facility-specific environmental health and safety, including screening for contamination (e.g., radiological, nuclear, biological, or chemical), and assure any identified deficiencies are corrected. This would include shelter and access/functional needs facilities.

6. Mass Care/Sheltering

- a) Mass Care including sheltering will be handled as outlined in the Mass Care Annex of the Knox County Emergency Operations Plan.
- b) Shelters will be monitored to insure that no individual enters a shelter with radiological contamination.
- c) The shelter manager shall notify the EOC if there is a need for decontamination.

V. DIRECTION AND CONTROL

A. Emergency Operations Center

- 1. Radiological incidents in will be managed through the activated county EOC as outlined in the EOC annex.

B. On-Scene Actions

- 1. Fire department and law enforcement officials, using an incident command structure, will be the primary responders, until the arrival of special response teams. The following steps are recommended for on-scene responders at a radiological incident:
 - a) Refer to the ERG, Guide 163 for initial information on health, fire or explosion, protective clothing, evacuation, fire, spills or leaks, and first aid.
 - b) Restrict the area of the Incident
 - c) Keep the general public as far as possible/practical from the incident scene.
 - d) Keep upwind of fire/smoke to the maximum extent possible.
 - e) Downwind evacuations should be considered.

- f) Perform necessary lifesaving measures
- g) Using appropriate personal protective equipment (PPE), remove exposed or injured persons from the contaminated area to a safe area.
- h) Ensure proper decontamination procedures are followed to reduce exposure and limit the spread of contaminants.
- i) Physicians and/or hospitals shall be notified that patients have been exposed to radiation and may potentially be contaminated.
 - This information is to be relayed by the transporting service or local public safety agency.
 - The Ohio Physicians Radiological Treatment Guide is located in Appendix 1.

C. Firefighting

1. All potentially contaminated material should be handled with mechanical means, and using protective gear (gloves, suits, air packs, etc.) in order to avoid contact with or inhalation of radioactive materials.
2. Tools used at the scene should be treated as “contaminated” until they have been evaluated and decontaminated if necessary.
3. Clothing should be contained in marked bags and held in an isolated area until such time as it can be safely addressed.
4. With fires, two potential hazards may exist regarding nuclides: destroyed packaging materials containing the radioactive material, and the off gas of the sources. Although the possibility of either event is remote, it is important that departmental plans and training consider them.

D. Notifications

1. Notifications should be made immediately following the discovery of a radiological or nuclear incident as outlined in **Tab E** of this annex.

E. Radiological Assessment

1. Detection and assessment operations should be conducted at any suspected radiological incident.
2. Advanced capability can be provided by the ODH, Ohio National Guard's Civil Support Team, or the Public Utilities Commission of Ohio.
3. Use care to contain runoff from decontamination operations with direction and support from Ohio EPA.
4. Applying make-up, eating, drinking, smoking or chewing tobacco or gum in the incident area should be prohibited.

F. Decontamination

1. ODH will provide information on and oversight of decontamination efforts beyond initial decontamination.
2. Radiological assessment should follow each decontamination procedure to determine if further action is required.

VI. ADMINISTRATION AND LOGISTICS

A. Training and Exercises

1. Radiological Awareness, Operations & Technician training can be requested, from the U.S Department of Homeland Security's Office of Domestic Preparedness Program.
2. Annual refresher training will be encouraged for those who have previously completed radiological courses.
3. Exercises dealing with radiological incidents may be developed at the request of any response agency or at the discretion of the Knox County EMA.
4. The Radiation Emergency Assistance Center/Training Site (REAC/TS) serves as resource to provide radiation training to local hospitals.

B. Equipment

1. Radiological assessment equipment is located at the Knox County EMA.
2. Structural firefighting protective clothing and some other personal protective equipment may not be disposable and must be subject to decontamination or outright replacement.

VII. PLAN DEVELOPMENT AND MAINTENANCE

- A. Primary organizations listed in this annex are responsible for reviewing it and submitting new, or updated information to the Knox County EMA Director, based upon assessments of exercises, actual events, or changes in governmental structure, assignments, or offices.
- B. Organizations with radiological protection duties are responsible for maintaining their own Standard Operating Guidelines, mutual aid agreements, 24-hour recall personnel rosters, and resource listings.
- C. The Knox County EMA Director is responsible for printing and distribution of changes, revisions, and updates to this annex to all affected departments, agencies and organizations.

VIII. AUTHORITIES AND REFERENCES

A. Authorities

1. 29 CFR 1910.120
2. National Fire Protection Association (NFPA) 472 and 473
3. ORC 5502.

B. References

1. National Council of Radiation Protection (NCRP) – Report #138 (Terrorism Incidents Involving Radioactive Materials)
2. US EPA – Report #400 (Protective Limits)
3. North American Emergency Response Guidebook
4. CPG 2-1, Radiological Defense Preparedness, Sep 1989
5. Application of Protective Action Guides for Radiological Dispersion Devices and Improvised Nuclear Device Incidents, 2006.
6. Target Capabilities List, Homeland Security
7. The Ohio Physicians Radiological Treatment Guide, April 2022

IX. AUTHENTICATION

President,
Knox County Board of Commissioners

Date

Safety Officer,
Knox Community Hospital

Date

Director,
Knox County Emergency Management Agency

Date

President,
Knox County Fire and EMS Chiefs Association

Date

Health Commissioner,
Knox County Health Department

Date

Sheriff,
Knox County Sheriff's Office

Date

X. TABS

Tab A – Radiological Emergency Reporting Checklist

Tab B - Radiological Incident Categories

Tab C - Radiological Equipment Record

Tab D - Initial Actions Flowchart

Tab E – Notification Matrix

Tab F – Radioactive Sources in Knox County

TAB A – RADIOLOGICAL EMERGENCY REPORTING CHECKLIST

- A. If radiological materials are involved, or suspected to be involved in any incident, ensure that notifications are made to:
1. Local emergency response forces (fire, law, EMS, and hospital)
 2. Ohio Department of Health (614)722-7221
 3. Ohio Emergency Management Agency, Watch Office 614.799.6500
- B. Below is a guideline for information to be transmitted when requesting assistance or reporting a radiological incident to the proper authority.
1. Identify the fact that you are calling about a radioactive materials incident.
 2. Location and brief nature of the incident, including description of package(s).
 3. Injured victims? Yes / No
 - a. Injured victim(s) suspected to be contaminated or exposed?
 4. Evidence of release of radioactive material(s)?
 5. Evidence of any other hazardous materials involved?
 6. Carrier and shipper and/or consignee.
 7. Terrain and weather.
 8. Personnel and equipment on the scene and actions under way.
 9. Your name and call back phone number.
 10. If readily available from shipping papers, labels, or package markings, the following will be of value (do not delay your call for assistance to obtain this information, you can always call back).
 - a) Shipper's name
 - b) Radioisotope(s)
 - c) Number of curies
 - d) White I, Yellow II, or Yellow III Labels
 - e) Transport Improvised Nuclear Weapon ex (TI) of package(s)
 - f) Physical and chemical form
 - g) Package identification (specification Type A or B, certification number, exemption number, etc.)
 11. If emergency responders have radiation survey meters and have been properly trained in their use, indicate types of instruments used and readings obtained. (do not delay communications to get this information)

TAB B – RADIOLOGICAL INCIDENT CATAGOIRES

Category	Description	Example
1a	A minor radiological event occurring in the public domain, not immediately associated with a radioactive materials licensee, with no radiation fields in excess of 100 mrem/hr at 30 cm.	Pipe scale discovered in a scrapyard; I-131 discovered in a landfill, or other radioactive material discovered at a non-licensee's private residence or historic material at a formerly utilized site.
1b	A radiological event occurring in the public domain, not immediately associated with a radioactive materials licensee, with radiation fields greater than 100 mrem/hr at 30 cm, but no activation of a component of the State's Emergency Operations Plan.	An unshielded Cs-137 sealed source discovered at a scrap yard.
2a	A radiological event involving a radioactive materials licensee with minor public or worker health consequences.	Events involving a licensee such as: Lost, damaged, or irretrievable source; Minor overexposure; Minor injury with contamination; Equipment failure; Fire, tornado; or other minor events involving the licensee's facility
2b	An event involving a radioactive materials licensee with significant public or worker health consequences.	Events similar to category 2a except with significant public or worker health consequences – usually involving larger quantities of radioactive material or less control by licensee.
3a	A radiological event involving Hazardous Material resulting in the activation of a component the State's Emergency Operations Plan.	Any Category 1, 2a, or 2b event that becomes elevated to the point where State's Emergency Operations Plan is activated.
3b	A radiological event involving a Nuclear Power Plant resulting in the activation of a component the State's Emergency Operations Plan.	An event involving: Davis-Besse Nuclear Power Station Perry Nuclear Power Plant

		Beaver Valley Power Station
3c	A radiological event involving a Transportation Accident resulting in the activation of a component the State's Emergency Operations Plan.	Transport vehicle accident involving: Spent fuel, HLW, DUF6, Nuclear Weapon (Involving SST or transport aircraft resulting in contamination or low order detonation only, no high order detonation)
3d	A radiological event involving a criminal contamination or exposure in the public domain resulting in the activation of a component the State's Emergency Operations Plan.	Radiological Dispersal Device Radiological Exposure Device
4	Nuclear Weapon Detonation	
5	Hospital Assistance Request	Radiation Emergency Assistance Center/Training Site (REAC/TS) provides beneficial assistance twenty-four hours each day. General Info: 865-576-3131 Emergency: 865-576-1005

TAB C – RADIOLOGICAL DETECTION EQUIPMENT

1. EQUIPMENT PROCUREMENT

- a. The Ohio Emergency Management Agency (OEMA) supplies radiological detection equipment to all Ohio counties. The equipment is issued to Knox County Emergency Management Agency for distribution to response organizations when requested. Knox County EMA is responsible for tracking these instruments when deployed.

2. EQUIPMENT MAINTENANCE AND CALIBRATION

- a. The Ohio EMA operates the Radiological Instrumentation Maintenance and Calibration facility in Columbus. This facility serves to maintain and calibrate the radiological detection equipment supplied to Knox County.
- b. Periodically, OEMA personnel will contact Knox County EMA and make arrangements to exchange instruments for the purpose of maintenance and calibration. Knox County EMA is responsible for tracking the instruments and bringing them to a central location for exchange. The instruments are exchanged one-for-one unless prior arrangements are made.
- c. OEMA can also service equipment from other sources. For further information, contact the facility at (614) 688-3363.

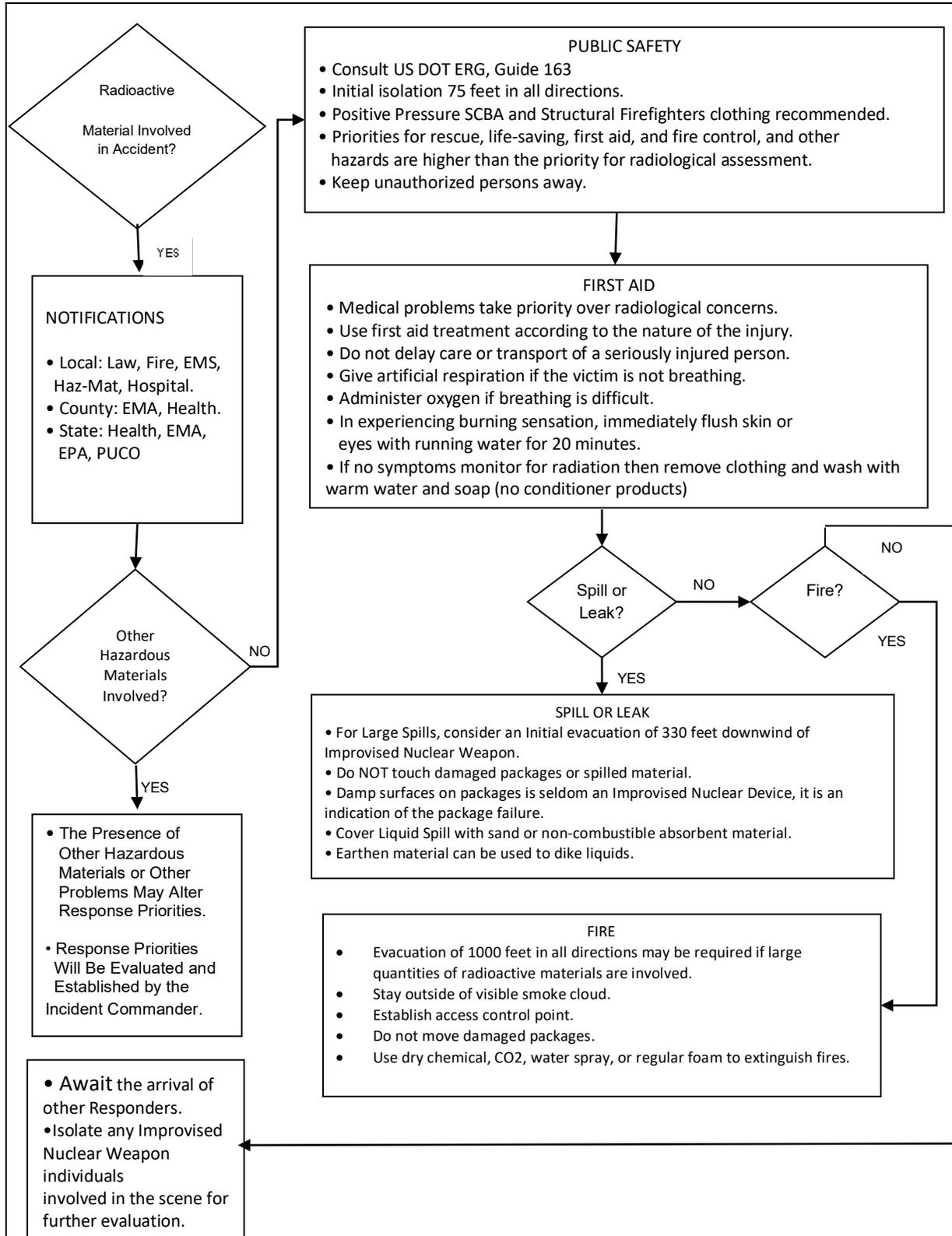
INSTRUMENT TYPE	QUANTITY	SERIAL NUMBER	CALIBRATION DATE	LOCATION	CONTACT
CDV-777-1	12	On file at Ohio EMA	On file at Ohio EMA	Knox County EMA	Mark Maxwell 740-393-6772
CDV-718	1	On file at Ohio EMA	On file at Ohio EMA	Knox County EMA	Mark Maxwell 740-393-6772

3. Equipment Descriptions

- a. CDV-777-1 this is a shelter monitor radiation kit. The units are stored with the batteries removed. The kit contains a radiological dosimeter, dosimeter charger, dosimeter pens, radiological meters, headphones, and straps. The units are calibration and ready for use.
- b. CDV-718 Monitor operates over much wider range of radiation levels than the CDV-777-1. The CD-V-718 is rugged and can easily be mounted in vehicles

TAB D - INITIAL ACTIONS FOR RADIOLOGICAL INCIDENTS

These actions are intended to be guidance for *initial* actions trained 1st responders. Actions beyond the initial response phase will be evaluated and determined by the Incident Commander.



TAB E – NOTIFICATION MATRIX FOR RADIOLOGICAL INCIDENTS

Local Law, Fire, EMS	9-1-1
American Red Cross (Tim Callahan)	(614) 869-7120
Knox Community Hospital	(740) 393-9714
Knox County Emergency Management (EMA)	(740) 393-6772
Knox County Health Department	(740) 392-2200
Ohio Department of Health	(614) 722-7221
Ohio Emergency Management Agency	(614) 799-6500
Ohio National Guard, 52nd CST	(614) 336-6597
Ohio Environmental Protection Agency	(800) 282-9378
Public Utilities Commission of Ohio	(614) 644-5479
Radiation Emergency Assistance (REAC/TS)	(865) 576-1005
National Response Center *(if RQ is involved)	(800) 424-8802

TAB F –RADIATION SOURCES IN KNOX COUNTY

For Public Distribution

Secured Document Notice

Tab F of the Radiological Annex of the Knox County Emergency Operations plan is a secure document and contains confidential and or privileged information. The unauthorized use, disclosure, or distribution is strictly prohibited. To obtain specific information concerning facility data and hazard analysis, contact the Knox County Office Homeland Security and Emergency Management at 740-393-6772.