

SotonSafe Plan resume of amendments from version 5.1

Part	Section	Page	Amendment	Reference
	Front Cover		Update with new Version number and dated December 2012	Amendment
	Contents	v	Insert 5.1 Pre Visit Arrangements Amend 5.2 Alerting Procedures	Atkins Assessment
	Contents	v	Amend 6.10 Health & Safety Executive – Office for Nuclear Regulation throughout document.	Amendment
1	1.3	1-2	There are no hazardous installations which are required to comply with the Control of Major Accident Hazards Regulations 1999 within the Pre-Planned Countermeasures Zone (PCMZ). Those sites outside of the 1.5km zone but located nearby such as BP Hamble and Fawley Refinery are made aware of visits by a nuclear powered vessel.	Atkins Assessment
1	1.4	1-3	In the very unlikely event of a reactor emergency in the Port of Southampton, the general public will be advised of actions to take by the Local Authority. A Tactical Co-ordination Centre will be set up, normally at the City Depot of Southampton City Council adjacent to Dock Gate 20. Reserve locations for the TCC have been identified and if required will be decided at the time by police in consultation with Southampton City Council. The Tactical Co-ordination Centre will provide the local point for Command and Control and will use the media and a help line to issue information and advice	Atkins Assessment
1	1.4	1-4	Reference to additional plans added HIOW LRF Media Plan HIOW LRF Recovery Plan HIOW LRF Humanitarian Assistance Guidance HIOW LRF Mass Fatalities Plan ABP Landside Emergency Plan New Forest District Council Emergency Plan	Atkins Assessment
1	1.4	1-5	In the event of a reactor emergency support would be provided by neighbouring Local Authorities by mutual aid as agreed in the HIOW LRF MOU between Chief Executives. Neighbouring Local Authorities are also members of the SotonSafe Emergency Planning Group.	Atkins Assessment
1	1.5	1-5	Public Consultation Meetings Historically public consultation meetings have taken place annually and to the future meetings will be held on a needs basis.	Atkins Assessment

1	1.5	1-9	<p><u>Nuclear Vessel Movement Principles</u></p> <p>d). An authorised Admiralty Pilot and an authorised Southampton Pilot will be embarked for arrival and for departure to provide navigational and towage advice to the nuclear powered vessel's command team.</p>	Amendment
1	1.6	1-12	COUNTERMEASURE for Evacuation ERL 30 mSv (Whole body dose)	Atkins Assessment
2	2.1	2-2	(i). the pre-planning arrangements for the impending visit of a nuclear powered vessel which includes an interagency check off meeting.	Atkins Assessment
2	2.2	2-2	Within these waters all maritime vessel movements are subject to the direction of the Southampton Harbour Master who derives his authority directly from the Southampton Harbour Acts and by agreement with the Queen's Harbour Master Portsmouth.	Amendment
2	2.3	2-3	<p>The operator has undertaken an assessment of the risk associated with potential accidents through the identification of a Reference Accident. A Reference Accident is defined as the worst-case accident which, although unlikely, is realistically possible.</p> <p>In accordance with REPPiR the Reference Accident forms the basis of emergency response plans for the protection of the work force and the public who may be affected.</p> <p>The HSE/ONR have determined that an off-site emergency plan is required for the protection of the public within an area extending to a distance of not less than 1.5km from a submarine berth.</p>	Amendment
2	2.3	2-4	<p><u>Reference Accident characteristics</u></p> <ul style="list-style-type: none"> • A number of cautious assumptions are made about the radioactive material inventory and other characteristics of the reactor. • A leak occurs in the primary cooling circuit of the reactor, which cannot be isolated and is beyond the capacity of coolant make-up systems. • A series of unlikely engineering and other failures also occur. • The primary coolant leak coupled with the other failures lead to damage to the fuel within the reactor after more than 3 hours, resulting in elevated gamma radiation levels around the reactor. • The fuel damage in turn releases some radioactive material from the reactor. This is largely contained within the submarine but a 	Atkins Assessment

			<p>small proportion may be released to the environment over the following 1-2 days.</p> <ul style="list-style-type: none"> The radioactive material would be carried downwind and would therefore present a hazard in the downwind zone only. This hazard would arise principally via inhalation initially. 	
3	3.1	3-2	<p>The organisation is commanded by a Senior Police Officer and based at the Tactical Co-ordination Centre (TCC) normally at City Depot, adjacent to Dock Gate 20, Southampton (See figure 8 page 3-10). Reserve locations for the TCC have been identified and if required will be decided at the time by police in consultation with Southampton City Council. New Forest District Council will also open their Tactical Co-ordination Centre at Appletree Court.</p>	Atkins Assessment
3	3.1	3-3	<p>Chaired by the Chief Constable and based at the Strategic Co-ordination Centre which is formed at the Police Training School, Netley. (See figure 9 page 3-11). Reserve locations for the SCC have been identified and if required will be decided at the time by police. The Chair of the group will change to the Local Authority Chief Executive post-emergency to co-ordinate remediation issues. The location may also change site at that time e.g. to Civic Offices, Southampton.</p>	Atkins Assessment
3	3.3	3-13	<p>Change to Nuclear Emergency Monitoring Team (Alverstoke). (NEMT) throughout document.</p>	Amendment
3	3.3	3-14	<p>The monitoring information is loaded onto NERIMS at EMHQ and the distances out to where sheltering and issue of PITS are required in the downwind sector are automatically calculated based on the SSILs used for Southampton. This will enable an assessment to be made on the adequacy of the automatic countermeasures that were previously implemented and to provide any additional advice as required.</p> <p>Ground monitoring is undertaken at the same time as air sampling, whilst a release is postulated or continuing, and after any release stops. Ground Monitoring results are also entered onto NERIMS at the EMHQ and will be used to facilitate decision making on a number of issues including the implementation of food bans and any remediation measures likely to be necessary during the recovery phase of the emergency.</p>	Amendment

3	3.3	3-14	<p><u>Health Physicists to the Incident Officer (ABP).</u></p> <p>The main priorities are to:</p> <ol style="list-style-type: none"> a. On arrival confirm status of the reactor emergency (OSNE, OSNE radiation hazard confirmed, OSNE release of radioactive material confirmed) and ascertain wind direction. b. Check status of countermeasures for the Exclusion Zone (EZ), Automatic Countermeasure Zone (ACMZ), the remaining Port area including any ships, clearly identifying as far as possible how many personnel may still be in the exclusion zone and ACMZ c. Gain latest monitoring information and latest technical information available on the status of the nuclear powered vessel (NPV) d. Check if any intervention activities are planned and advise on whether they are justified 	Amendment
3	3.3	3-15	<p><u>Health Physicist at the ICP</u></p> <p>In addition to the priorities for the Health Physicist to the Incident Officer, the main priorities are to:</p> <ol style="list-style-type: none"> a. Ascertain if any mitigation or lifesaving actions being considered b. Confirm the correct employees and intervention teams are available and where possible dressed, standing by and checking their equipment e.g. EPDs, communications? c. With OIC ICP, begin completing Permit to Enter forms and discuss possible interventions with the team and establish if they have any concerns. <p>Follow the intervention procedure detailed in SOTNUSAFE</p>	Amendment
3	3.3	3-15	<p><u>Dstl Health Physicist to Tactical Level (Silver)</u></p> <p>The role of the Dstl Health Physicist is to provide specialist radiation protection advice and health physics support to the MOD contingent at Silver and to provide support to the whole Silver Command team. Note Dstl are appointed as the Radiation Protection Adviser (RPA) to MOD and other organisations involved in the response may have their own RPA appointed.</p> <p>The main priorities of the Health Physicist Tactical are:</p>	Amendment

			<ul style="list-style-type: none"> a. On arrival, obtain latest information regarding status of reactor incident/accident and category (e.g. RSA, ONSE etc), status of countermeasures for Shelter/PITs, latest technical information from Technical Advisory Support Group (TASG), TRAMS readings and contamination monitoring results from NEMT/NERIMS and the Wind direction. b. Establish contact with Dstl Health Physicists at Bronze and Gold to identify key priorities. c. Liaise with the MOD Senior Representative (MCA Liaison Officer) regarding: the likelihood of an off-site radiological hazard occurring, current monitoring results and adequacy of current countermeasures, monitoring status and the capability to deliver the Gold/STAC monitoring strategy, status of any intervention tasks. d. Provide RPA advice to MOD essential workers including teams supporting issue of PITs. 	
3	3.3	3-19	<p><u>Duties of the Health Physicist to the MCA at Strategic (Gold) level include:</u></p> <p>The primary role of the Dstl Health Physicist at Gold is to provide specialist radiation protection advice and health physicist specialist support to the MCA and his team and to MOD responders. The secondary role is to provide information and support to the all agency response team. Note the all agency response team will have statutory and executive responsibilities and Dstl should be deferring to these agencies after MOD issues have been raised.</p> <p>The main priorities of the Health Physicist Tactical are:</p> <ul style="list-style-type: none"> a. On arrival, make contact with the MCA and his team and identify the MCA's key strategic priorities for MOD as the Lead Government Department, obtain latest information regarding status of reactor incident/accident and category (e.g. RSA, ONSE etc), status of countermeasures for Shelter/PITs, latest technical information from Technical Advisory Support Group (TASG), TRAMS readings and contamination monitoring results from NEMT/NERIMS and the Wind direction. b. Establish contact with Dstl Health Physicists at Bronze and Silver. c. Provide support to 42 Geo with the generation of maps or monitoring plots d. Agree with the MCA the frequency for any meeting and discussions. Normally one HP supports the MCA and his team directly and the second HP supports the STAC and RWG. 	Amendment

			<p>e. Attend STAC meetings and report back any key issues to the MCA.</p> <p>f. If there are sufficient resources attend the RWG meetings but the priority is to support the STAC.</p> <p>g. Brief the MCA or his Staff Officer just prior to attendance at STAC on any strategic issues including: Current monitoring results, adequacy of Current countermeasures, monitoring status and the capability to deliver the Gold/STAC monitoring strategy, RPA advice for MOD personnel.</p> <p>h. Liaise with MOD HQ NARO to inform of any key issues for consideration.</p> <p>i. Ensure Operations Log on NERIMS is kept up to date with details of significant events relevant to the accident.</p>	
3	3.3	3-23	<ul style="list-style-type: none"> Advise Defra on any need for an Exemption Order under the Environmental Permitting (England & Wales) Regulations 2010 (as amended) to facilitate the efficient management and disposal of radioactive wastes. 	Amendment
4	4.2	4-2	<p>From a communications and information context, the priority should be to invoke the HIOW LRF Major Incident Media Plan which utilises all means of communication including social media to provide information to the public and establish a Communication and Information Cell (CIC) at the Tactical Co-ordination Centre immediately.</p>	Atkins Assessment
4	4.2	4-3	<p>Provision of Information to the Public</p> <p>There is a requirement under REPPIR 2001 for Local Authorities to provide information to the public in the event of a radiation emergency. This information is shown at paragraph 4.3. and could be used to inform the public beyond the Pre-planned countermeasures zone if necessary. Existing media statements could be issued to the media for the public in the extendibility zone.</p>	Atkins Assessment
4	4.2	4.3	<p><u>Termination of the off-site emergency arrangements</u></p> <p>The Strategic Co-ordinating Group will consider the timing and method of terminating the off-site emergency arrangements, including the content of final statements to the media.</p>	Atkins Assessment

5	5.1	5-1	Pre Visit Check Off Meeting Before the arrival of the NPV at the Port of Southampton an interagency check off meeting is held to ensure all agencies are aware and prepared for the visit and to consider pre visit training & briefing of staff, availability of key response staff by agency, and to ensure key facilities & support equipment is available etc.	Atkins Assessment
5	5.4	5-7	7. The Nuclear Emergency Monitoring Team (Alverstoke) (NEMT (A)) will commence surveys in the immediate area of the potential hazard in accordance with established monitoring protocols.	Amendment
6	6.1	6-1	Emergency exposures are not exposures to personnel as a direct result of the radiation emergency. These exposures are covered by Regulation 23 of the Ionising Radiations Regulations 1999.	Amendment
6	6.3	6-6	Contaminated vehicles within the Automatic Countermeasures Zone (ACMZ) will remain within the 500m cordon and advice and guidance will be sought with regard to decontamination. The Government Decontamination Service (GDS) can be contacted 24/7 and will be able to provide necessary advice and guidance if required.	Atkins Assessment
6	6.4	6-7	If the PED alarms then HFRS staff must take two PIT's, put on the particulate respirator (if not already in BA) and evacuate to the holding area. The fact that the their PED has alarmed must be reported to the HFRS Liaison Officer in the ICC, who should in turn notify the IO (ABP) and the HFRS Tactical Commander at Silver.	Amendment
6	6.5	6-11	Emergency Exposure The maximum dose for life saving operations where the casualty cannot be immediately removed from the area of high dose rate or contamination is 100 mSv; all ambulance staff can volunteer to be exposed to this level provided that they have been fully briefed and understand the implications. NHS Emergency Planning Guidance – The Ambulance Service Guidance on dealing with radiological incidents and emergencies issued 23/03/2010.	Atkins Assessment
6	6.4	6-8	It may be permissible for informed volunteer male fire-fighters from Hampshire Fire & Rescue Service to be exposed to a dose of up to 100 mSv for life saving operations or to maintain critical infrastructure . The authorisation for the disapplication of dose limits (i.e. allowing	Atkins Assessment

			emergency exposure to take place) must be given by an officer or manager within the Fire and Rescue Service who has received appropriate training. Female fire-fighters will not be subjected to any radiation exposures. <i>Fire and Rescue Service Operational Guidance – Generic Risk Assessments 5.5 – Incidents involving Radiation dated January 2011.</i>	
6	6.7	6-13	<p>Insert new section</p> <p><u>Radiation Monitoring Unit</u></p> <p>In the event of a radiation emergency, there may be a requirement to establish a Radiation Monitoring Unit (RMU) to undertake radiation monitoring of the public.</p> <p>The H&IOW Plan for the Establishment and Operation of a Radiation Monitoring Unit is an Operational Plan for long term monitoring of the population affected by an incident. An RMU is used to determine levels of radioactive contamination in or on people and any subsequent requirement for decontamination. It will also inform decisions regarding the need for any medical interventions for persons contaminated with radioactive material.</p> <p>The plan forms part of the emergency planning arrangements of the Thames Valley and Hampshire & Isle of Wight Local Resilience Forums and will be used in conjunction with those arrangements.</p> <p>The coordination of the monitoring of people in general (apart from at site specific locations) is the responsibility of the NHS.</p> <p>Coordination of resources is carried out in accordance with a monitoring strategy agreed at the Strategic Coordinating Group (SCG) passed via the Scientific and Technical Advice Cell (STAC). This coordination and monitoring strategy depends upon on the source of the radiation, the type of event and the number of people affected.</p>	Amendment
6	6.10	6-16	<p><u>Health & Safety Executive – Office for Nuclear Regulation</u></p> <p>All references to NII changed to ONR</p>	Amendment

7	7.10	7-8	<p>There are seven walk routes identified within the 1.5km Pre-Planned Countermeasures Zone as follows:</p> <p>Walk routes 1- 3 - Central Southampton Walk routes 4 - 6 – Woolston & Weston Walk route 7 - Hythe</p> <p><i>NB. An up to date list of roads within these areas to which PITs are distributed is contained in the PITs distribution plan and is not reproduced here in the main plan as the routes are amended on a regular basis taking into account building development in these areas.</i></p>	Foxwater 12
8	8.3	8-2	m). Associated British Ports (ABP)	Amendment
App2	1.5	A2-3	In the unlikely event of a submarine reactor emergency occurring, the MoD Head Quarters Nuclear Emergency Response Organisation (MOD HQ NERO) would fulfil this requirement for cross government co-operation by convening the Scientific Advisory Group for Emergencies (SAGE).	Amendment
App 4	App 4	A4-1 to A4-10	<p><u>Public Information Leaflet</u></p> <p>A copy of the public information leaflet provided to all households within the Pre-Planned Countermeasures Zone (PCMZ). This is the area within 1.5km (0.9 miles) radius of the berth.</p> <p>Insert latest version of the public information leaflet July 2012 to July 2015.</p>	Amendment
App 6	App 6.1	A6-2	A recovery strategy may well be more effective if it is developed in consultation with the affected population. This will be achieved by using existing mechanisms to consult with recognised Community Associations or Community Groups in the affected area.	Atkins Assessment