



Re-Entry Guide for Emergency Managers

“Re-entry” means that workers or members of the public are approved to go into a restricted zone on a temporary basis and under controlled conditions for an essential activity. These activities may include:

- Public safety services
- Family reunification
- Livestock care
- Critical infrastructure, industrial process and utility service
- Pet retrieval/animal control

Priorities for Re-Entry

The priority activities for re-entry are:

- Life safety
- Incident stabilization
- Animal care
- Critical infrastructure, industrial process and utility service
- Recovery

The counties have the primary responsibility for implementation/coordination of re-entry.

This includes:

- Establishing locations where re-entry access control occurs.
- Coordinating and approving requests for re-entry.
- Providing briefings, dosimetry, potassium iodide (KI) and just-in-time training for people re-entering.
- Providing escorts for people re-entering as needed.

All persons re-entering an evacuated or restricted zone are considered emergency workers and are to be treated as emergency workers for exposure control and personal protection concerns.

Implementation of Re-Entry

Re-entry starts as soon as an evacuation area is established and access to the area is controlled. Re-entry will continue for an extended period of time and will include entry into the restricted area once established.

Initial Re-Entry Exposure Guidelines

| Outside Projected Plume & Upwind | Inside Projected Plume & Downwind |
|-----------------------------------------------------------|------------------------------------------------------------|
| Eight-hour stay time, or 1R (dosimeter reading) turn-back | Two-hour stay time, or 100 mR/hr (meter reading) turn-back |

Initial Re-Entry

Radiological monitoring teams will be the first people assigned to work in evacuated or restricted areas. Monitoring teams have protocols for entering evacuated or restricted areas and their own exposure control procedures.

- Access to the evacuated or restricted areas by other people will be coordinated and approved by the county radiological officer (RO).
- Re-entry into the evacuated area may be permitted for essential purposes. We recommend that people entering the evacuated area have a security escort to ensure they only go to the location indicated in the re-entry request.
- Re-entry into the evacuated area outside and upwind of the plume footprint (actual or projected) will not have radiological exposure stay-time projections, because there is no contamination there. Stay time should be based on the time needed to complete the task and should not exceed a day (eight-hour scheduled work shift). Longer stay times may be authorized on a case-by-case basis.

- Re-entry into an area inside, around or downwind of a plume footprint (actual or projected) should initially be limited to life-safety purposes. Persons entering may be escorted and should have projected stay times based on actual or projected contamination levels.
- Everyone entering an evacuated or restricted area will be considered as an emergency worker and treated as such.

Sustained Re-Entry

More refined protocols and stay-time calculations will be provided by the SEOC to the counties as more detailed contamination monitoring, sampling and analysis is completed.

- Radiological monitoring teams will be assigned to work in the evacuated or restricted areas. Monitoring teams have protocols for entering evacuated or restricted areas and their own exposure control procedures.
- Re-entry into the evacuated area may be permitted for essential purposes. We recommend that people entering the evacuated area have a security escort to ensure they only go to the location indicated in the re-entry request.
- Re-entry into the evacuated area outside the plume footprint (actual footprint based on monitoring) should not require a radiological exposure stay-time projection or a radiological escort, because there is no contamination indicated in that area. Stay time should be based on the time needed to complete the task and should not exceed a day (eight-hour scheduled work shift). Longer stay times may be authorized on a case-by-case basis.
- Re-entry into an area inside and around a plume footprint (validated by monitoring and sampling) should be permitted for essential purposes. Persons entering may be escorted and should have projected stay times based on actual contamination levels.

Considerations for the Implementation of Re-Entry Protocols

The counties must implement protocols and procedures to authorize and track temporary re-entry.

Consider the following when developing a re-entry plan:

- Designate access control points for re-entry in each county and communicate that information to the state.
- Implement a system for receiving and approving requests for re-entry and communicate that information to the state.
- Prioritize re-entry requests.
- Register all persons re-entering a restricted zone, brief them on radiation exposure and safety, and issue and train them in the use of dosimetry and KI.
- Implement a system to track stay times and doses per individual.
- Provide monitoring and decontamination services at a designated site upon completion of re-entry.
- Communicate any complicating factors in implementing a re-entry program (timeline for implementation, resource requirements, volume of requests) to the state.

NOTE: The state will provide general guidance on stay times and exposure control for re-entry by geographic area based on contamination levels as soon as detailed monitoring and sampling information is available.

Considerations for those who Re-Enter

- The counties must designate the point or points for controlled access to the contaminated area.
- Anyone who re-enters a restricted zone will be exposed to low levels of radiation. There will be no immediate ill effects as a result of this.
- Anyone re-entering will be issued and trained in the use of dosimetry. It is important this information is watched closely and recorded.
- Persons re-entering an evacuated area outside a projected plume area will be assigned a stay time for how long it is safe to stay in the restricted zone, an eight-hour shift or a maximum dose exposure of 1000 mR (turn back limit) whichever occurs first. The county must track the stay time and dose exposure limits closely.
- Persons re-entering inside a confirmed or projected plume area will be assigned a stay time for how long it is safe to stay in the restricted zone, a two-hour shift or a maximum dose exposure of 1000 mR (turn back limit) whichever occurs first.
- Those re-entering may be instructed to wear protective garments, including gloves, shoe covers, and coveralls. It is important to wear these as instructed by a radiation control specialist.
- Avoid rubbing your face with a gloved hand, eating, drinking, or smoking while within the restricted zone; these activities increase your risk of internal contamination.
- All persons leaving a restricted zone will be monitored for radiological contamination, and may need to be decontaminated before being released. Transportation to monitoring sites may be provided by the county.

Discussion questions for Re-Entry

- How are requests for re-entry received and processed?
- How does the county authorize re-entry?
- When is re-entry permitted?
- Are there any areas where re-entry is not allowed? Why?
- What are the procedures to control access to the restricted areas?
- How will you staff access control on a long term basis?
- When would the “public” be allowed to re-enter? For what purposes?
- Is there a special permit or identification for re-entry?
- How do you track dose limits for people re-entering?
- How would you control possible spread of contamination?
- Would you anticipate increased criminal activity?
- Where is decontamination and monitoring being done once the emergency worker decontamination facilities are closed?
- How do you prioritize who gets to re-enter and when?

This fact sheet is designed to augment planning for an emergency response to an incident at a nuclear generating plant; it does not supersede any plans, procedures or guidelines currently in use.