

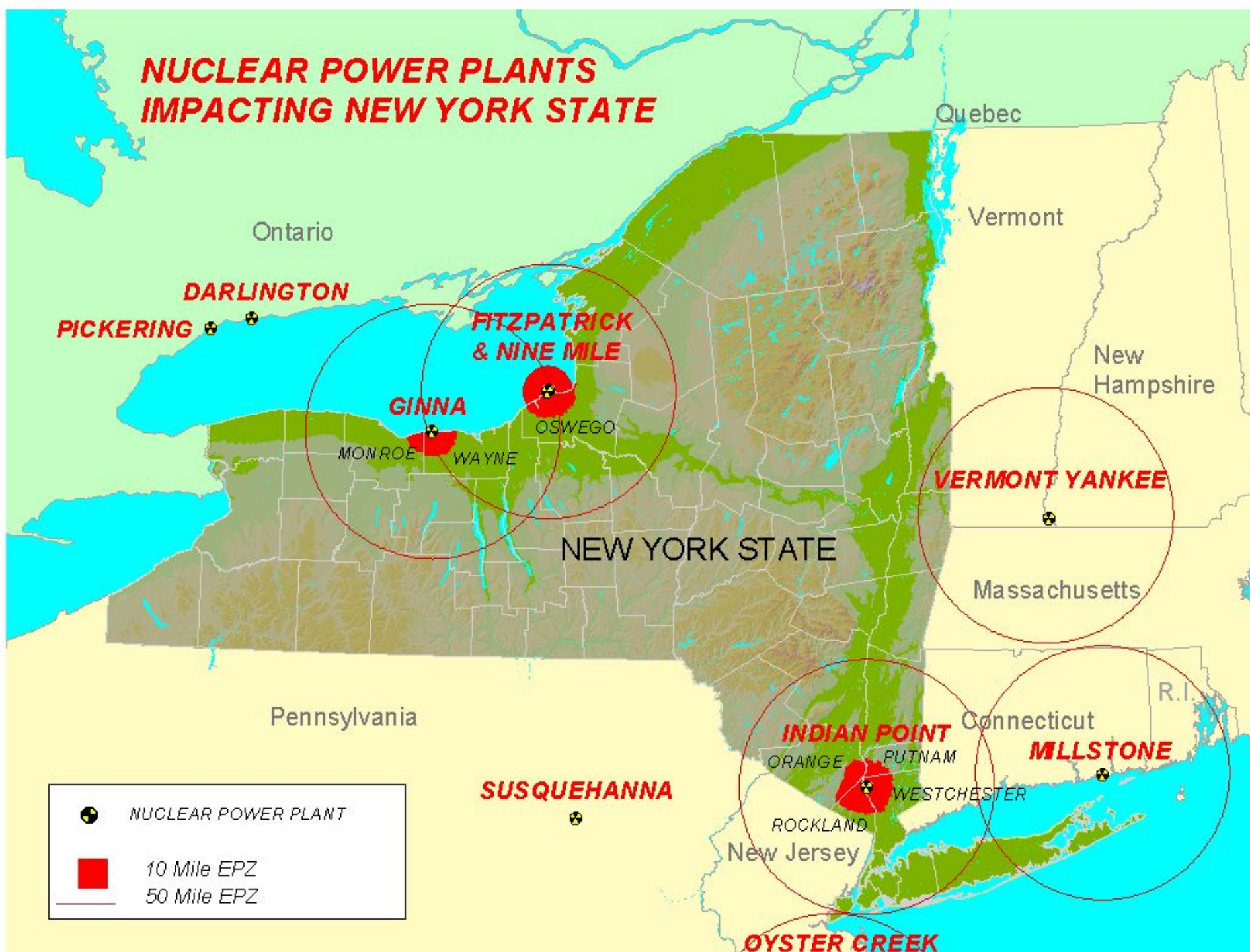


Issues in Planning for Potassium Iodide Distribution NY State Perspective

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NUCLEAR POWER PLANTS IMPACTING NEW YORK STATE



KI Distribution in New York State

- Previously KI only distributed to emergency workers and captive populations
- Changed KI distribution policy to general public in 2001
- Based on FDA recommendations
- Careful evaluation of risk and benefits with assistance from Radiological Health Advisory Committee - Considered data post-Chernobyl and experience in Poland
- Committee recommended change in policy – benefit outweighed risk

Changing the KI Policy Not an Easy Task

- Convened multi-disciplinary, multi-agency team
 - State and Local Health and Emergency Management, State Education, Board of Pharmacy, Utilities
- Developed criteria for when to recommend KI
- Team focused on implementation, outreach and education and communication issues
 - Members of the Public
 - Schools and Day Care Centers
 - Workers
 - Physicians

Some Implementation Issues

Schools and Day Care Centers

- At the time, KI only available in 130 mg tablets
 - Required letter from Health Commissioner to State Education and Office of Children and Family Services Commissioners advising OK during emergency to use one 130 mg dose
- Children doses not available
 - Liquid KI not available
 - Instructions for pill crushing and mixing had to be included in message
- Needed approval for non-nurses to dispense in school settings
- “Opt out” forms for schools

Who is Responsible for Decisions Related to Distribution of KI?

- NY is a “home rule” state --- Counties make decisions
- State Health – Lead Agency for radiological emergency response recommended change in State KI Policy
- Agreement from all seven counties in 10 mile EPZ to participate
- State obtained KI from NRC and distributed to counties
- Counties developed their own distribution plan
- Different counties used different distribution approaches

When to take KI

Emergency Workers

- Upon declaration of a General Emergency
- Workers located in 10 Mile EPZ

When to take KI

Schools and Day Care Centers

- Upon declaration of ***Site Area Emergency*** – schools in “keyhole” (2 miles around, 5 miles downwind) are instructed to evacuate* and ***take***** KI with them (on the buses or other means of transportation)

* As a precautionary action

**Distinction between “take” and “ingest”

When is KI Recommended

General Public:

- Upon declaration of a **General Emergency**
- Tied to evacuation decision
 - People advised to **evacuate, take** KI with them if they have it, but told **not to delay evacuation**
 - KI available at Reception Centers
- Also recommend take KI if shelter-in-place due to difficulty in evacuation

New York State Plans for KI Distribution

- Pre- and post- distribution of KI
- Pre-distributed to counties in the 10-mile EPZ
 - Schools, day care centers, general public, county
- Distribution by Counties include: “KI days”; local grocery/pharmacy; county offices
- Distribution included fact sheets (low reading level, high reading level, school, physicians)
- Low reading level fact sheets translated to multiple languages

Why Some States Do not Pre-Distribute KI

- Cost of implementation (not just for the state but for the local counties)
- Low population densities and short evacuation times for their EPZ's,
- Concern that people may incur increased radiation dose from a radioactive plume if they assume that KI will protect them from all isotopes
- Difficulty experienced by other states in maintaining and tracking doses of KI previously distributed.
- States that opted out of the KI distribution can still request KI from the Strategic National Stockpile or other emergency response caches in their states.

Lessons Learned from the Fukushima Accident

- Public Information is Key
 - Need for education of general public and the media of what KI is and is not good for
 - It is not an anti-radiation pill***
 - When is recommended to take
 - Non nuclear power plant states still need to have KI information on their web sites





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