

RICHBOROUGH ESTATES SPENCER'S WOOD

DEVELOPMENT SPECIFIC EMERGENCY PLAN for RESIDENTIAL and COMMERCIAL ACCOMMODATION

1. Overview

1.1. Introduction

- a. This is a draft of the Development Specific Emergency Plan (“DSEP”) for the Richborough Estates Spencers Wood development as part of the planning application.
- b. Spencers Wood is a proposed development site of around 420 residential houses, a primary school with two form entry capacity, Care Home, GP surgery, 1 ha of commercial space, outdoor play areas and substantial Suitable Alternative Natural Green Space (SANG) / public open spaces, with a suite of shops and office space in a local centre. The site is in the Parish of Shinfield, in the local authority district of Wokingham District Council.
- c. There are proposed to be two primary vehicular access routes to the site (both from the Basingstoke Road), and numerous additional pedestrian / cycle access points. The nearest A road is the A33 connecting to the M4 north of the site. The nearest city is Reading, which is circa 5.5 miles north.
- d. The proposed estate is presently within the Detailed Emergency Planning Zone (DEPZ) of AWE Burghfield set by West Berkshire Council but outside the Urgent Protection Action Zone (UPAZ) determined by the site operator (AWE plc). (Substantial parts of south-west Reading are equally or more proximate to the centre of the UPAZ than the Spencers Wood site but located outside the DEPZ.)
- e. Should the explosive distribution event in which a high explosive component detonates near to a plutonium component occur while the wind is blowing from the AWE site towards the proposed development site then plutonium dust will be carried across the development site. This will lead to an inhalation dose to anyone within the radioactive plume as it passes. As the site is beyond the UPAZ, the dose to anyone outside will be below 7.5 mSv (as this criterion defines the UPAZ boundary). The likelihood of this combination of accident (likelihood of event probably below 1 in 10,000 years) and the wind blowing towards the site (less than 4% for any wind speed – and only a proportion of which represents category F/G weather which is the basis for the UPAZ calculation) is less than 4 in 1,000,000 years.
- f. This puts it in the lowest likelihood band of the Community Risk Register of < 0.2% over a two-year period (<0.1% per year). This likelihood could be multiplied by 250 and still be in the low likelihood band. However, the current Off-site Emergency Plan (OSEP)

recommends sheltering of all persons within the DEPZ and states that this may be needed for up to 48 hours.

- g. This DSEP is designed to be delivered by a Management Company to support the community of this Spencers Wood development in responding to a radiation emergency at AWE Burghfield, including in the event of a shelter advisory lasting up to 48 hours.

1.2. Scope

- a. The intent of the plan is to reduce burden on the Local Authority (LA) Off-Site Emergency Plan (OSEP) by supplementing and reinforcing (and not conflicting with) LA messaging before and during an event, and providing resource and assistance to the local population as appropriate.
- b. The requirement on the LA regarding this plan is limited to granting approval of the plan under planning condition / s106 obligation, and any periodic updates to the plan, and in relation to approval of Guarantors under 1.5 below.
- c. There is no information from AWE or from the local authorities about the possibility of faults other than the “explosive distribution”. There is no LA requirement for detailed planning in respect of more severe events, as these are deemed too improbable to require detailed advance planning.
- d. This plan is intended to support the OSEP by making shelter more effective than it would otherwise, and by encouraging family, business and population resilience in an attempt to reduce any material burden that the population might otherwise be said to put on the OSEP.
- e. This plan also sets out numerous respects in which it will provide a material safety improvement over the existing situation for residents / visitors affected by a radiation emergency in a different wind direction of the AWE(B) DEPZ. Due to the relevance of wind direction, this will be well over 90% of such radiation emergencies.
- f. The scope of this plan is limited to radiation incidents arising at AWE Burghfield (AWE B) although it is recognised that it has potential value for other events such as severe weather.
- g. A Management Company (MC) is responsible for delivering this plan. Their service will be paid for by residents and business service charges. Performance of the plan is guaranteed by the Guarantor arrangements set out below. The Guarantor will hold the shares in the MC, and so have control over the delivery of the MC’s responsibilities under this plan.
- h. The plan is presented in three sections; pre-event, event and post-event.
- i. Pre-event includes:
 - a. Services pre-agreements
 - b. Assets and physical resources
 - c. Communications and information
 - d. Command and Coordination
 - e. Briefing and Training

- j. Event includes:
 - a. Activation of “shelter in place”
 - b. Contingencies
 - c. Monitoring
 - d. Action lists
- k. Post-event includes:
 - a. ERC/RMU available for use
 - b. Monitoring
 - c. Decontamination
 - d. Communications

1.3. Management

- a. A Management Company (MC) is appointed to develop, maintain and implement the plan while the site is within the DEPZ of AWE B.
- b. Should the site be removed from the DEPZ at any time in the future, the MC will agree with the LA which parts of this DSEP shall be maintained, it being anticipated that retention would apply to the hosting of the fixed air monitoring (subject to another party, such as the LA, wishing to take over its management), and the potential availability of the ERC/RMU, given the substantial wider benefits of these elements even where the site is outside the DEPZ.
- c. The MC will establish a staff and shift pattern that ensures at least two people (Response Coordinators 1 and 2, or RC1 and RC2) are on site 24/7 (and 365/366 days of the year); and that another member of the MC Team is available to assume the role of the Communications Liaison Officer (CLO) during an emergency.
- d. These roles can be supported by other available members of the RC Team.
- e. The MC team to have 24/7 ability to contact its appointed Radiation Protection Advisor (RPA) who can in particular advise whether its safe for RC1 and RC2 to break shelter to assist with on-site situations, taking into account (inter alia) monitoring results from the fixed air monitoring stations referred to below. If and when RC1/RC2 break a shelter advisory on RPA advice, they must don full PPE (as listed below) before venturing outside.
- f. The MC team are not “emergency workers” under REPPIR. REPPIR reg 2 defines an “emergency worker” as “any person who has a defined responding role in an operator’s emergency plan or a local authority’s off-site emergency plan, and who might be exposed to radiation as a result of a potential or actual radiation emergency”. The MC Team does not have a defined responding role under either of these plans. The MC Team will have access to its own RPA advice and would not break shelter unless advised by the RPA that it is safe and acceptable to do so.
- g. Roles and responsibilities of staff of the MC during pre-event and emergency activities are listed below.

- h. MC to ensure suitable employers' and public liability insurance is always in place in relation to the RC Team.

Table 1 MC peacetime role

Peacetime Role	Responsibility
MC pre-event activities (to prepare site for radiation emergency)	• Set up and maintenance of Emergency Coordination Centre, Emergency Refuge, food store and communications systems, as detailed within the plan. • Document the development-specific plan including periodic review (every three years or as specified in the then current version of this DSEP) in consultation with residents, on-site businesses and other persons associated with the development / emergency response (review to include searching for updates to the AWE Consequence Report and/or DEPZ boundary and/or changes in the local authority prior information). • Build relationships with residents and businesses to establish communications and interoperability. • Brief new residents and businesses as they move in, including provision of residents welcome pack, emergency leaflet and masks (such as FFP3/N95) • Ensure all training of RC Team is maintained as current. • Deliver external briefings to businesses and residents periodically, with options for in person, online or guided reading. • Be on call for responding to an emergency. • Management and maintenance of website. • Design and delivery of emergency leaflets, newsletters, posters on message-boards around the Site, and all other relevant communication elements as detailed in the plan. • Maintain / update database of vulnerable person declarations and PEPs (defined below). • Management and testing/maintenance of equipment including air monitors, ensuring suitable involvement of the MC Team's appointed RPAs. • Liaise with GP surgery and Care Home to ensure both maintain readiness for their visitors/staff, as well as readiness to assist residents of the site and beyond in the event of a radiation emergency.
MC general maintenance activities (i.e., not	• Security • Maintenance of all common areas • Waste management

related to emergency planning or response)	• Utilities management • Resident and business concierge • Collection of service charge, which shall be payable by residents/businesses to the MC (relevant terms to be contained in any land transfer/lease)
--	---

Table 2 MC emergency role

Emergency Role	Responsibility
Response Coordinator (RC) including RC1 and RC2 (MC FTE) Responsible for overall planning, activation, and coordination of response activities. RC1 person will lead the team, set priorities, make critical decisions, and ensure resources are allocated effectively. Responsible for continuously monitoring and assessing the situation both within and outside the shelter area to inform strategic decisions. Will attend to resident welfare situations during shelter period.	• Activate the shelter-in-place plan and mobilize team members, determining human resources available to support the plan. • Identify potential risks and resource needs, adjusting the response plan as circumstances change. • Seek and follow advice from MC Team’s appointed Radiation Protection Advisers. • (After plume has passed and subject to the MC Team’s radiation protection advisers’ advice) conduct house welfare visits to residents based on requirements, ensuring appropriate PPE is fitted before going outside and ensuring any food/items being delivered are covered to avoid contamination. • Maintain oversight of all activities, ensuring they align with safety protocols. • Keep a log or designate another member of the RC Team to keep a log. • Coordinate logistics, resource allocation, and track progress of all tasks prioritising as appropriate. • Monitor and analyse updates from AWE/WBC/SSC about the event (phone or media) supported by the CLO (and other available members of the RC Team). • Responsible for the health, safety, and wellbeing of the RC team.
Communications & Liaison Officer (CLO) (MC FTE)	• Coordinate communication outreach to all homes and businesses to collect information and requirements which the RC can accommodate.

Supporting the role of the Response Coordinator, this person ensures information flows smoothly between parties and coordinates support as needed. Manages communications with the sheltered community to keep them informed, reassured, and engaged. This person will disseminate key information, answer queries, and gather feedback.	• Triage questions and requests to determine if further assistance outside of RC scope is needed. • Gather information from authorities and news to maintain real-time status updates to inform the RC and team leaders. • Ensure all communication to the community is timely, accurate, and clear. • Use various channels (text, email, social media) to maintain open, regular communication. • Ensure that the helpline is being answered, and that calls are being adequately logged. • Arrange a rota for loggists, if available
---	---

1.4. Responsibilities

1.4.1. Guarantors

- The owners from time to time of any issued share in the Management Company shall be the Guarantors. It is envisaged that the Guarantor(s) will be the house builders (and their parent/holding companies) to whom tranches of residential plots are sold.
- A Guarantor must make a s106/s111 Deed in favour of the LA promising to ensure performance of the DSEP. Guarantor responsibility ceases upon actual transfer of all shares in the Management Company. Any transfer would require LA approval (not to be unreasonably withheld or delayed), so the LA is satisfied that new/remaining Guarantors are suitable to keep their promises.
- All Guarantors are responsible for performance of this DSEP, and have power (through control of the MC) to ensure discharge of those responsibilities. Such powers allow the LA to enforce compliance with this DSEP against both Guarantors and MC.

1.4.2. Management Company

- The MC is responsible for delivering all elements set out in Table 1 and detailed in the plan below.

1.4.3. School

- a. If an emergency event occurs during school hours, while the building is occupied, school management will respond under their own emergency / business continuity plan. School management will communicate with the RC team as necessary.
- b. The school will be fitted with an air management system that provides HEPA filtered air. This has health and educational advantages during “peacetime” and makes it a better shelter (in terms of reducing exposure to atmospheric plutonium) if a radioactive plume passes through. After an event, the HEPA filter could be sampled to determine whether significant activity had reached the school.

1.4.4. GP Surgery

- a. GP surgery to ensure all GP, nursing and counselling staff are briefed in advance on a radiation emergency at the site arising from AWE(B) (to include immediate response, the shelter period, and after any shelter period) via a just-in-time briefing note.
- b. In the event of a radiation emergency at AWE(B), GP surgery to make available (online, as necessary) appointments for reassurance and counselling for site residents (and thereafter for other residents of the area).
- c. In the event of an AWE(B) radiation emergency that does not contaminate the site, the GP surgery and staff to be available (online and at the GP surgery once it is able to re-open) to assist (for the benefit of all DEPZ residents/visitors) with reassurance and counselling.
- d. GP surgery staff will be available online / by phone to advise residents of the site (generally, but in particular during any shelter advisory affecting the site) who are prevented from collecting their normal medicines and/or in relation to any other medical issues.
- e. A modern surgery can contact all registered patients by multiple electronic means – therefore they can be helpful in disseminating information. Also, for individuals who have symptoms (either psychosomatic or due to a pre-existing condition) telephone / online consultations may be helpful.
- f. To ensure compliance and preparedness, jurisdiction for the MC to secure the above co-operation from the GP surgery will be incorporated via necessary contractual provisions within transfer of land or lease.
- g. Any additional reasonable costs of the GP surgery arising from these services to be paid by MC via the service charge but MC shall be entitled (as a condition of reimbursing such costs) to take appropriate assignments of the interest in recovering such expenditure from those responsible for the radiation emergency..

1.4.5. Care home

- a. The Care Home will have a minimum staffing level to deliver the day-to-day care for their users, this should be sufficient to manage an AWE Radiation Emergency for Care Home residents/visitors.
- b. The Care Home will have an AWE Radiation Emergency Procedure / Business Continuity Plan which, in summary, will ensure that there is a land line registered with the AWE

alerting system and ensure that all staff are aware of the potential for an AWE Radiation Emergency and will recognise the alert if they hear it.

- c. The plan is likely to include:
 - Staff receiving the alert will quickly bring it to the attention of all staff on site.
 - The building will be sealed (doors and windows shut) with portable space heaters / fans / standalone air-conditioning units distributed within the Care Home as necessary. However, the Care Home's air-conditioning units will take in air from the east side of the building and be fitted with appropriate filters such that it is not anticipated they will be required to be shut off during a radiation emergency, at any rate beyond a short period after the initial plume has passed.
 - A discreet roll call will be undertaken to account for all who should be on site.
 - Communications from LA/AWE will be monitored for updates.
 - Incoming staff, deliveries and visitors will be contacted to prevent them entering the area.
 - People in the building will be advised to stay until the shelter advisory is rescinded.
 - Anyone who is determined to leave will be provided with a face mask and advised to wear it.
 - All staff will be aware of this policy, and it will be tested and updated periodically.
 - In the event of an AWE(B) radiation emergency that does not contaminate the site, the Care Home staff to be available (online) to assist (for the benefit of all DEPZ residents/visitors) with reassurance and counselling.
- h. To ensure compliance and preparedness, jurisdiction will be incorporated via necessary contractual provisions within transfer of land or lease.
- i. Any additional reasonable costs arising from these services to be paid by MC via the service charge but MC shall be entitled (as a condition of reimbursing such costs) to take appropriate assignments of the interest in recovering such expenditure from those responsible for the radiation emergency..

2. Pre-Event

2.1. Pre-Event Principles

- a. This section focuses on the preparation of resources, assets, people, communications, information, command and coordination, and training, to ensure the site is prepared to respond to a radiation emergency.
- b. MC is responsible for building relationships with partners, preparing resources, service agreements and contingency strategies.
- c. MC is responsible for preparing assets and physical resources for delivering the plan.

- d. Building designs are to be optimised, during the course of any reserved matters applications , to facilitate effective implementation of the plan.

2.2. Assets and Physical Resources

2.2.1. Masks

- a. All businesses to have face masks ready and accessible, provided by the MC.
- b. Face masks to be distributed to homes on moving into residence and periodically by the MC with the suggestion that they are kept in a safe place in case of need.
- c. Masks in open spaces can be stored in lockers against, for example, wall of outdoor play area changing rooms, which people can “break to enter”.

2.2.2. Emergency Coordination Centre (ECC)

- a. In peacetime, the ECC operates as a management office for the MC in the local centre.
- b. The ECC should be designed to allow the MC to coordinate the space and facilitate for meetings if required. It is the coordination centre of site wide communications including the public address/siren system, high speed internet (to manage the website and online communications), two-way radio, and landlines to households.
- c. Facilities include sleeping accommodation (for the designated overnight RC1 and RC2), shower facilities with set up to include chambers for decontamination, storeroom for PPE and change of clothes (which RC1/RC2 need to bring on commencing shift – or each RC Team member leaves in place on a general basis) and storeroom for food and other emergency supplies
- d. Equipment and resources needed include PPE, computers, cables, torches, pens and paper etc, battery packs, charging cables, phone, two-way radio and mobile air monitoring units/personal air samplers. Also needed are medical facilities to discharge the responsibilities of the RC Team set out below, including a first aid kit and defibrillator (which can be installed on an outside wall near the ECC and available to the public).
- e. A separate room, next to the ECC which can also be accessed separately, will have a dual use of a meeting space/reception during peacetime, and emergency refuge for visitors on site. More information in 2.2.3.

2.2.3. Emergency Refuge Room

- a. A room adjacent to the ECC within the local centre will be designated as an “emergency refuge”, being able to take in visitors to the SANG at the time of alert who would otherwise be unable to make shelter or evacuate in any other way.
- b. This room will have a suitable plan for accommodating drop-in users and will be signposted. It will have domestic power supply, accessible WiFi, a TV with connectivity to

news channels, with USB/C outlets, phone chargers, lighting, sink and tap with mains drinking water.

- c. It can be accessed from outside as well as by the ECC but with separate (well-sealed) access doors. MC can automatically unlock the door during an event.
- d. It will facilitate a place of safety and refuge for people caught in the open at the time of the emergency alarm. Services include provision of food and drink for those sheltering, welfare (basic needs) including a safe space to sit or lie down, and assistance (practical and emotional support). It will be covered by CCTV for safety reasons.
- e. In peacetime it can be used as a meeting or briefing room for the MC or residents. No items of value or of a confidential nature to be left in this room.

2.2.4. Air Monitors

- a. It is estimated that three fixed air monitors (one in the northwest of the site, one in the southwest of the site and one on the roof of the local centre) will be required to ensure that a plume impacting the site is detected. They would have air inlets facing towards the centre of the UPAZ. This is due to the narrowness of the initial plume in F/G weather conditions, and the fact that only 1% of the DEPZ would be contaminated.
- b. The make and specifications, including power and data transfer connections, siting and security, and management arrangements, to be approved by the LA. The intent is for the devices to be managed by the MC. MC (with advice from its appointed Radiation Protection Adviser) to be responsible for management and maintenance and renewal of the equipment (including testing, calibration and periodic changing of filters).
- c. The fixed air monitor on the roof of the local centre to be configured / built into the design of the building such that filters could be removed, replaced and inspected without leaving the building.
- d. The air samplers would be designed to be capable of detecting levels of plutonium corresponding to doses in the 0.1 mSv range over the duration of plume transit allowing a reasonably accurate dose reconstruction for people in the area at the time provided they are initiated before the plume arrives. (A system would be set up so that they became operational automatically upon the alert/notification of a radiation emergency). The fixed air samplers are to be configured and maintained so as to (i) take background measurements at periodic intervals, and (ii) to commence monitoring upon receipt of the AWE emergency alert, and (iii) to transmit in real-time the measured results to the MC team and the MC's appointed Radiation Protection Advisers (and the same facility could be included for the LA, and the Strategic Control Group coordinating the overarching emergency response – if they wished to receive the same).
- e. Air sampling is primarily related to the volumetric flow rate of air that can be pulled through the sampler. In this case, the emphasis is on the collection of respirable, particulate aerosol. This aerosol will typically have an activity median aerodynamic

diameter in the range of 1 to 10 microns. For plutonium oxide particles, this corresponds to a physical diameter in the range 0.3 to 3.0 microns. Particles in this size range can readily be monitored.

- f. Static air samplers are illustrated by those available from Thermo Scientific (<https://tools.thermofisher.com/content/sfs/brochures/D20786~.pdf>). These use Mass Flow Control (MFC) and are capable of 24-hour continuous measurement of PM-2.5 or PM-10 for indoor or outdoor sampling. They feature a high-speed motor, durable all-weather shelter and ruggedized electronic components for accurate sampling. Flow rates are about 40 standard cubic feet per minute, i.e. about 1 m³ per minute, or fifty times a typical respiration rate.
- g. The air-sampling equipment might be used routinely for air quality measurements. The air-sampling and alpha-spectrometry equipment could be used on a regular basis to allow the local community to assess the level of routine releases of alpha-emitting radionuclides from AWE Burghfield.
- h. The MC will also be equipped with a portable alpha air monitor (such as the Model 334A – Alpha Air Monitor <https://www.pycko.co.uk/wp-content/uploads/2020/06/Model-334A-V1.pdf>) which could be taken with them if they leave their building for any reason, including conducting welfare visits to residents.
- i. Equipment to be installed, managed and maintained by MC, with automatic reporting capability remotely to MC devices, supervised by appointed RPA. Financial cost to be paid by the MC, reimbursed via service charge.

2.2.5. On Site PA/Siren System

- a. A public address and siren system installed site wide is required to communicate with people who are out in the SANG or on the streets including alerting to an emergency, updates or providing other necessary information. This system is controlled from the ECC by the RC.

2.2.6. Telecommunications

- a. All properties on site will have landlines and phones, which can receive the alert call from the local authority, unless/until some alternative alerting system is required by the LA.
- b. All properties to be fitted with high-speed internet access.
- c. The ECC will have an agreed number of two-way radios stored on site.

2.2.7. Food and Supplies

- a. The food and supplies store in the ECC will be replenished biannually with essential non-perishable food supplies as well as first aid and other medical equipment, personal health and baby supplies (e.g., baby formula, nappies, wipes etc). The food and supplies hub should store enough to support the emergency needs of residents on site (but who have

been advised to make advance preparations, with the overwhelming majority assumed to have done so) over a 48-hour duration.

2.2.8. Personal Protective Equipment

- b. The following are suggestions of PPE that the MC team to have available in preparation for an emergency.
- Tyvek or Similar Disposable Coveralls - these suits offer basic protection against contamination and can be easily discarded after use. (Decision for release for use to be discussed with LA / Radiation Protection Advisers).
 - Masks such as FFP3/N95 for example Fold Flat Individually Wrapped Mask <https://www.protectivemasksdirect.co.uk/protective-masks/ffp3-masks-respirators>
 - Gloves – single use disposal (Nitrile or Neoprene Gloves) (Use multiple layers with blue inner)
 - Safety Goggles – to protect against particulate matter that could reach the eyes.
 - Overshoes – for if anyone has to go outside before the area has been declared free of ground contamination. (Teach overshoe protocols)
 - Portable Decontamination Kits - hand and foot washing stations or decontamination wipes to help responders clean off surface contamination after working in affected areas.
 - Radiation barrier techniques – Step over barrier with polyethene on floor either side, bin bags to dispose of used PPE.
 - Mild Detergent or Decontamination Solution - safe, non-corrosive cleansers are effective for removing contaminants from PPE.
 - Soft Brushes and Cloths - use for scrubbing surfaces gently to avoid damaging PPE or irritating skin.
 - Absorbent Mats or Trays: Place these at exit points to catch any residual contamination.
 - Instructional Guides and Training Resources - clear protocols and guides for how to use, dispose of, or clean each item, as well as when to change or remove PPE.

2.2.9. Traffic & Transport

- a. MC to ensure, insofar as reasonably practicable, vehicle access routes to both the ECC and Emergency Rest Centre to be kept clear during an event, with parking directly outside double step free access doors.
- b. The RC must always have access to an on-site vehicle while on site and during shift, likely to consist of an electric-powered van owned by the MC and used for its “peacetime” tasks.

- c. With vehicles unlikely to be greatly contaminated outside heavy contamination zone, a safety protocol such as using a new plastic sheet to sit on when driving and new gloves and overshoes each time the vehicle is used can control risk of contamination.

2.3. Communications & Information

- c. The following assets for disseminating information to residents and businesses and communicating with them is outlined. All the below information can be highlighted and signposted in a welcome pack for when residents and businesses first move into the site.

2.3.1. Emergency Leaflet

- a. The MC will design an emergency leaflet for residents which complements and supplements (and does not conflict with) the LA emergency handbook and can be provided on moving in to residence, as part of a residents/business welcome pack, or available at any stage within the MC offices for any resident on site to take.
- b. This will have critical information on what preparatory steps to take, what actions to take during emergency, the LA OSEP helpline and MC helpline, and where to go for further information (URL and QR code for website).
- c. It will include instructions on contingencies such as if residents choose to self-evacuate, will not be on site during an emergency, or what actions visitors on site must take.
- d. This is particularly helpful if a resident is not IT literate, or cannot access the internet, as it suffices as a backup hard copy of baseline information that businesses and residents can reach for in the event of emergency.

2.3.2. MC Helpline

- a. MC will have a dedicated telephone number for residents and businesses in the community to call primarily to identify on-site emergencies during a shelter period and to redirect MC team to address requests which it is in their remit to deliver.
- b. This number will be listed beside LA helpline to reiterate to residents on which number to call depending on their needs.

2.3.3. Website

- a. MC will set up, manage and maintain a website for the community to use as a resource of accurate information and updates during an emergency, as well as a hub for residents and businesses to load Personal Emergency Plan profiles to provide the RC team with accurate information as to any vulnerabilities or non-emergency support needed during an event, or what support can be offered.
- b. LA helpline and MC helpline to be listed.
- c. MC to ensure all information is current and encouraging residents and businesses to complete and update their profiles and personal emergency plans.

- d. Information broadcast on the website will link or be reshared from the Strategic Coordination Centre (SCC). This can be automated.
- e. Information about radiation emergencies for residents to learn accurate information and show latest instructions and current status i.e. “Shelter in place”. This information will complement and reinforce what is listed on LA website to ensure accuracy.
- f. Information capturing form for residents to submit information (with such generality or specificity as the residents consider appropriate to notify a possible vulnerability situation). **GDPR consent requirement will be included for collecting, holding and processing/transmitting any personal information.** If any resident does not consent, they do not have to provide their information.
- g. Profile for all residents to upload profile of information about who is in their residence, what medical requirements they have and any other information that is important during emergency. MC can see this in admin dashboard and can collate information and prioritise support for residents based on requirements.
- h. Current public version of; the LA OSEP, any other applicable pages/documents from LA or AWE and LA approved versions of Spencers Wood DSEP.
- i. Preparations in Advance page to list advice on preparing the house for two-day shelter period, having enough food for two days, enough medications (and baby related supplies) for one week; and completing and updating each household’s Personal Emergency Plan (PEP)
- j. Website to include relevant hotel information, being lists of hotels (and phone numbers / website addresses) in Reading, Wokingham, Bracknell, Newbury, Farnborough and Basingstoke in case a resident is displaced in the event of a radiation emergency. MC Team to be responsible for updating these lists periodically.

2.3.4. Personal Emergency Plan (PEP)

- a. MC to encourage all residents to develop a Personal Emergency Plan (PEP), both for their households but also as a profile on the website, to ensure MC has accurate information about residents and businesses to be able to effectively support them during emergency and prioritise those who are vulnerable.
- b. If residents do not want to complete the PEP on the website, MC to share a downloadable template that can be completed off line for their own use.
- c. A PEP profile can be created on the website to collate information (held confidentially and only used if a radiation emergency is declared,) including; contact details and ICE contacts of all residents and/or identification of number and age of people within household.
- d. PEP to consider if displaced at time of emergency and unable to get into the DEPZ, what advanced preparation can be made for alternative accommodation with friends or family. (Website to list hotel options, as above).

- e. PEP to consider if they offer support during emergency e.g. do they have any skills or equipment. In this regard, residents' profile will also invite people (i) to advise if they are doctors, nurses, carers etc, and (ii) willing to provide virtual assistance during a shelter advisory period, and in person assistance thereafter.
- f. PEP template to list emergency phone numbers including 999, non-urgent NHS 111, non-urgent Police 101 and any other as appropriate, as well as radio station frequencies for local and national news.
- g. PEP to include listing emergency supplies such as medications, non-perishable food, baby supplies (if appropriate), wet wipes, hand sanitiser, first aid kit as well as other supplies deemed necessary.
- h. Identification of any "vulnerability", defined as something that would prevent or significantly impair a person/household being able to get themselves successfully through a two-day shelter period at home.
- i. Residents and businesses encouraged to update their PEP periodically.

2.3.5. Resident & Business Briefing

- a. Residents or businesses will receive verbal or written briefing on moving into their residence/premises. Briefing to include a residents welcome pack, emergency leaflet, masks, links to website and information on preparing a PEP.
- b. In addition, MC to offer periodic briefings, prepared as an evening talk, or written in distributed newsletters, designed to provide a baseline briefing for all residents and businesses on what to do in a radiation emergency, what to look out for in line with how it will be managed by the LA/Emergency Services and any other preparations they can do in advance.
- c. The briefing can be delivered by organisations such as Communities Prepared and emergency planning consultants on a periodic (at least every three years) basis.
- d. It includes step by step of what happens during an emergency, what actions are being done, what they want the community to do, what actions they need to take, what expected behaviours e.g. "please don't self-evacuate as you will block the roads and prevent emergency services, we need to work together to ensure those who need help get it the quickest".
- e. It includes how to develop a personal and/or family emergency plan including recommended emergency phone numbers, radio station frequencies, emergency supply lists etc (as discussed in 2.3.4).
- f. It includes covering contingencies such as if residents choose to self-evacuate or are displaced. If residents choose to self-evacuate they will be asked to avoid any designated emergency access routes in and out of the site, and to update the RC by telephone or updating their profile on the website if they are no longer on site.
- g. It includes that welfare checks are conducted, what to do if they have personal emergencies, welfare or safeguarding issues etc.

2.3.6. Community Resilience

- a. The resident and business briefings can be extended and offered beyond the site to residents in surrounding areas to support community resilience, as the social impact of shelter advice can adversely affect separated families and people requiring daily, or more frequent, in-home care visits.
- b. It is, in principle, possible to reduce the calls on the local authority from split families by encouraging the creation of family resilience plans. Among other things these equip a family with a default plan about where people will go if they cannot get home and how they will communicate with each other.
- c. The MC can offer to the local authority to enhance family resilience by helping in the production of written materials, ensuring that the new homes have these materials in their welcome pack, and sponsoring and managing community events where the risks register for the area is discussed and the appropriate behaviour of individuals and families in such events discussed.
- d. The intent is that more Personal Emergency Plans are produced and, should there be a wide area disruption, the prepared families fare better while requiring less support. This can also be applied to other types of emergencies.

2.3.7. Newsletter

- a. Any updates to the plan, new information shared by the LA and any other updates can be shared via newsletters written and distributed by the MC to all residents and businesses on site.

2.4. Command and Coordination

2.4.1. Roles & Responsibilities

- a. MC roles and responsibilities are listed in 1.2. Members of the RC Team are designated RC1, RC2 and CLO roles based on a shift system. The on-shift RC1/RC2 must be on site, this is not necessary for the CLO. In the event of a radiation emergency, other RC Team members (i) will assist the response virtually, and (ii) after the plume has passed and subject to LA and HSA radiation protection advice and RPA assessment, will attend the site (travelling in PPE) and assist the RCs in conducting house welfare visits to residents based on requirements.
- b. Supporting roles may be allocated to other members of the RC team if required, with roles including: loggist, phone line operator, and general assistant. But, if necessary, the CLO will perform these functions too.
- c. The phone line operator or supervisor role can operate in shifts or bilaterally, depending on the design of the telephone system (if one or more calls from the same number can be made).

- d. The loggist can support the RCs and CLO by logging decisions made, meetings, and other updates. This role can be conducted remotely and online.
- e. General assistants can support the RCs and CLO with administration tasks such as updating information, contacting people, taking notes in meetings, and collecting data from any of the monitoring stations on site.

2.4.2. Incident Log

- a. CLO/RCs to establish an incident log available for collaboration online, with at least the following information: last update, priority, people on site, next meeting time, agreements made with emergency services, agreed communications.

2.4.3. Phone and Two-Way Radio

- a. MC team to communicate via mobile phone and two-way radio.

2.5. Staff Training

2.5.1. Role Specific Training

- a. All members of the MC team will be required to have advanced DBS checks on commencement of employment.
- b. Training required to carry out their roles include (this training must all have been completed before a person can serve as RC1 or RC2):
 - Radiation briefing.
 - Personal protection in nuclear emergency.
 - Emergency planning.
 - Emergency First Aid to the First Response Emergency Care Level 3 (FREC3) level (designed for those who are often first to arrive at a potential first aid emergency. This includes Police Officers, Firefighters, and those providing medical cover at festivals and events such as Emergency/Community First Responders, Door Supervisors, Close Protection Operatives and Security Guards. It is also suitable for those working in high-risk environments including the military, power stations, agriculture and manufacturing centres).
<https://www.sja.org.uk/courses/workplace-first-aid/specialist-high-risk-training/first-response-emergency-care-level-3/>
 - Working with people in crisis.
 - Radio operation.
 - Operating on site equipment, in particular the fixed and mobile air monitors.
 - AWE Burghfield risk assessment (Consequence report and prior information explained).
 - Value of protective actions – shelter and evacuation.

- Knowledge of risks of personal contamination and self-decontamination processes.
- Good knowledge of the area and population.
- Acquaint with the local authority OSEP and response organization.
- Associate membership (or higher) of Society for Radiological Protection (SRP) or Emergency Planning Society (EPS) is required.

2.6. Review

2.6.1. Updating Plans

- a. This plan is to be updated periodically and reviewed by the MC. This includes ensuring contact details and interoperability agreements are current and that resources are replenished as necessary.
- b. Updates plans to be shared with residents and businesses via website and alerted in local newsletter drop and included as part of any organised training or briefing events for community awareness and resilience.

3. Event

3.1. Event-Principles

- a. This section consists of the activation of emergency response to a radiation emergency at AWE Burghfield, including activation of shelter-in-place, mobilization of staff and resources, monitoring, action lists and contingency plans.

3.2. Activation of “Shelter in Place”

- a. LA alert all residents via telephone, PA system and text alert.
- b. MC alerted and Response Coordinators (RC1/RC2) activate the response team and re-iterate a shelter-in-place protocol by enhancing warning to shelter, inclusive of sirens, additional electronic communications.
- c. Team members are briefed on roles, resources are allocated, and the initial situational assessment is conducted.
- d. RC1/RC2 check in with other emergency plan operators on site including school (if applicable), care home and GP surgery as appropriate.
- e. Helpline activated, staffed by CLO as appropriate (or connecting to MC headquarters).
- f. Response Coordinators (RC1/RC2) begin monitoring local hazards, external alerts, and anticipated needs.
- g. ERC and RMU put on standby in case requested by LA.

3.2.1. Mobilisation

- a. Essential information on safety, resource availability, and contact methods is disseminated via website.
- b. Helpdesk phone line continues to respond to queries and maintain regular check-ins with vulnerable individuals.
- c. RCs continuously monitor external developments and update the team on risks or changes in the situation, enabling a rapid response.
- d. Resources (food, medical supplies, etc.) are assessed, facilitated at MC's costs in reasonable amounts, and allocated based on priority needs within the community.
- e. Ongoing assessments are conducted to evaluate the effectiveness of current measures and identify gaps.
- f. Response Coordinator holds regular check-ins with the team to adjust priorities based on updated situational awareness, community feedback, and available resources.
- g. The response team adapts to any new threats or updates to the shelter-in-place order (e.g., extension, partial lift).

3.2.2. Monitoring

- a. The site will be equipped with air samplers for radiation monitoring that will be able to verify the passage of airborne alpha contamination after the event once activated. Air monitoring to continue via fixed and mobile monitors.

3.3. Action

- a. Action list for RCs and CLO will be provided as an appendix on approval of the plan.

3.4. Contingencies

3.4.1. School in progress

- a. The school will have its own emergency plan based on the template provided by the local authority. This will detail what to do if the alarm sounds while anyone is in the building. This is the standard “go in, stay in, tune in” with the added role of caring for any children on site until they can be reunited with their parents or carers.
- b. In addition, the school will be better briefed on the radiological implications of an accident at AWE Burghfield and may be confident to give calming advice to worried parents, children and other members of the public.
- c. It is possible in principle to segregate the school from the gym to allow use as ERC/RMU (to be covered as part of the relevant reserved matters application for the school), however this will only occur after the shelter in place advisory has been lifted.

3.4.2. Vulnerable residents

- a. During the event, the RC Team will seek to identify persons (if any) who might have difficulty getting through a two day shelter period, and if that cannot be addressed via the RC, for example, delivering supplies from the store, the RC Team will triage when ES involvement will be necessary.
- b. All residents will be encouraged to disclose if they fall under the “vulnerable” category on their PEP website profile or RC database so they can receive timely and appropriate support from RC during an emergency.

3.4.3. Residents self-evacuating

- a. As included in residents briefing, anyone self evacuating will have been asked to avoid any designated emergency access routes to the site.
- b. They will also be briefed to either call the helpline or update their profile on the website to say they are no longer on site.

3.4.4. Displaced residents

- a. MC will ask displaced residents to shelter with friends and family in the first instance but if this is not possible, they can offer to facilitate hotel accommodation necessitated by a radiation emergency at MC’s initial cost in reasonable amounts for displaced residents but MC shall be entitled (as a condition of reimbursing such costs to residents) to take appropriate assignments of the interest in recovering such expenditure from those responsible for the radiation emergency.
- b. Anyone displaced requested to update MC team via phone call or updating their online profile.

3.4.5. Visitors on site

- a. Face masks made available for all those working on site, from whatever building they are working in, or via the lockers available outdoors. Actions and support for visitors fall under the emergency plan of whatever building they are working or spending time in.
- b. Emergency Refuge is available at the local centre for visitors and staff to shelter in, even though they may choose to evacuate.

4. Post-Event

4.1. Post-Event Principles

- a. Once the shelter-in-place advisory is lifted, the RC team initiates a deactivation process for site.
- b. RC team assists community members in transitioning out of shelter-in-place safely, providing guidance on re-accessing resources and essential services.

- c. Monitoring and analysis of the information being distributed by the local authority and other responders will continue until the SCC stands down so that the local residents can be kept informed and helped to understand the messages being given out while filtering out misinformation. At this point focus is likely to switch to the recovery stage and the team will cover that in the same way.

4.2. Emergency Reception Centre (ERC) and Radiation Monitoring Unit (RMU)

- a. The site includes new buildings including a GP surgery, school and care home. These are proposed to be used as community resources during and after plume passage at LA guidance. [The specifics will be fixed in the course of reserved matters applications.]
- b. It has been established at the early design phase that the school can be laid out in such a way that the gym can be segregated from the school by two sets of lockable doors at either end of a short corridor. This makes the gym (which has access to toilets and showers) available for local authority purposes during and after a radiation emergency and while the school still has children in it. Suggested possible uses are as an Emergency Reception Centre (where people can seek shelter, advice and food) or as a Radiation Monitoring Unit that the health services can use.
- c. ERC/RMU to be made available to the LA/NHS if requested.
- d. Design suggestions include
 - (i) ability to isolate a section of the building to operate as decontamination space and/or RMU,
 - (ii) large entrance to facilitate vehicle access directly to the entrance of the space to facilitate logistics
 - (iii) “clean” and “dirty” storage space, kitchen, toilets, showers,
 - (iv) air conditioning to barrier against airborne activity
 - (v) organisation of lighting, power and plumbing needed for resilience roles.
 - (vi) Vehicle access outside the ERC is the designated Rendezvous Point (RVP) for Emergency Services (ES) and Local Authority (LA) with wide doorways into this space. Ensure that vehicle access to this space is kept clear in peacetime, i.e. there are no designated parking spaces allowed.
- e. If the development is not in the downwind direction during the release (as will be the case for over 90% of radiation emergencies at AWE(B)), then (once the shelter advisory is lifted for the site) the school can operate as an emergency rest and reception centre, allowing people evacuated from the near the site, visitors to site, or otherwise displaced, somewhere to take shelter and rest until the situation normalises.
- f. If not in use by LA or NHS, ERC to serve as hub for post-event debriefs, gathering space for reassurance monitoring and counselling. Provision of a point of contact for local residents with concerns about the impact of the accident, e.g. in respect of health effects or

environmental contamination – this would not include giving any advice, only routing the residents to appropriate organisations.

- g. See Appendix [TK] for schematic of building when the ERC and RMU are in use, from p118-119 of the Design and Access Statement, to be printed in A3 to ensure legibility of legend.

4.3. Decontamination

- a. Following the transit of a plume of plutonium bearing dust across the site there may be a desire for “decontamination”.
- b. The MC will be available to cascade decontamination advice from the authorities to the residents and thus help to reduce post-accident stress.
- c. This may include:
 - personal decontamination following government advice
https://assets.publishing.service.gov.uk/media/6565cb6e1524e6000da101c5/Radiation_self_decontamination_guidance_5_.pdf
 - decontamination of vehicles and hard surfaces by standard cleaning processes, e.g. hosing down, as recommended in the current version of the LA’s OSEP.
- d. Care would be taken to follow and promulgate extant LA advice with the intention to “first cause no harm”.
- e. The MC team will have access to showers at the ECC. Discarded PPE etc used by RC1/RC2 during any shelter period will be placed in double bin bags and marked/left for collection in the Site by the LA at the LA’s direction. The MC team will not be subject to environmental permitting requirements in dealing with discarded PPE etc in this manner as (a) the MC’s discarded PPE etc will (as they will not venture outside until after the initial plume has passed) be at “out of scope” levels, and in any event the exemption value of 1 Bq p/g will not be exceeded; (b) the exemption in regulation 9 of Schedule 23 to the Environmental Permitting (England and Wales) Regulations 2016 would be engaged; (c) as above, the MC team will play no role in relation to collection of residents’ discarded clothing etc; but (d) if necessary, the MC will apply for and secure an environmental permit, as the systems they propose to operate regarding discarded PPE etc will reflect best practice in any event.

4.4. Communications

- a. All communications via PA system, webpage, and phone calls to reinforce LA “stand down” from shelter in place.
- b. Follow up information on webpage including LA helpline and dedicated phone number for MC..

- c. MC to conduct an internal and external debrief and assessment of the operation to document lessons learned and improve future plans.
- d. MC to gather community feedback on the communication approach to identify improvements for future shelter-in-place situations
- e. Continued mental health support and community reassurance offered via GP surgery as free appointments that can be booked and drop in tea evenings over course of months post-event.

5. Delivery of plan

- a. This plan will be delivered in three phases; between 1 and 150 residential occupations, between 150 and 300 residential occupations, and over 300 occupants.
- b. The plan is not operational before phase one. A separate emergency plan can be developed for contractors building the scheme (see Hollies consent condition 9). Responsibilities relating to the GP surgery, School and Care Home will apply as from the time those aspects of the development are built and operational.
- c. Phase One (1 to 150 residential occupations) will include initial resident briefing as they move in; including, but not limited to, a welcome pack including the LA emergency leaflet, MC designed emergency leaflet, and designated contact number which will connect to MC head office if there are no staff on shift. MC staff to initiate set up of the website and PEPs. MC staff will be on site, during normal working shift patterns.
- d. Phase Two (151 – 300 residential occupations) will include full application of this DSEP with the exception that only one member of MC team (not two) is to be on site, on shift, 24/7 to act as the Response Coordinator (RC) (defined below) during an event, and one member of the MC team available 24/7 to act as CLO (defined below).
- e. Phase Three (301 – full) will include full application of this DSEP, to include two members of the MC team to be on site, on shift, 24/7 to act as RC1 and RC2 (defined below), and one member of the MC team available 24/7 to act as CLO during an event.