



MANCHESTER-BY-THE-SEA

BOARD OF HEALTH • TOWN HALL
Manchester-by-the-Sea, Massachusetts 01944-1399
Telephone (978) 526-7385 FAX (978) 526-2009

November 07

The Manchester Board of Health is currently working with the Massachusetts Department of Public Health (MDPH) and the Cape Ann Emergency Preparedness Team to enhance preparedness efforts on Cape Ann. As one of the many emergency preparedness efforts occurring on Cape Ann, Boards of Health are dispensing potassium iodide (KI) tablets provided by MDPH. Even though a nuclear event at Seabrook is highly unlikely, the Manchester Board of Health will dispense KI tablets to people who live or work in Manchester.

In the unlikely event of a serious accident at the Seabrook nuclear power plant, radioactive compounds may reach Cape Ann. One of these compounds is radioactive iodine (radioiodine), and the inhalation or ingestion of radioiodine increases the risk of thyroid cancer, particularly in children. Potassium iodide tablets taken at the time of exposure to the radiation will limit the amount of radioiodine that is absorbed by the thyroid, minimizing the risk of developing thyroid cancer.

If you're interested in obtaining a supply of KI, please complete the request form on page two, and bring it to the dispensing site (the Board of Health office, second floor, Town Hall), on either of the following dates:

Tuesday, December 4th, 9:30 AM to 3PM o'clock

Thursday, December 6th, 2PM to 6 PM o'clock

Tuesday, December 11th, 9:30 AM to 3PM o'clock

Thursday, December 13, 2PM to 6 PM o'clock

**** If you wish to receive tablets in the mail, you may send a completed request form and a self-addressed stamped envelope to the Manchester Board of Health.****

The request form will be available at the Board of Health office, the Library, and may be downloaded from the town website.

For additional information, please visit:

Manchester Board of Health under "Board of Health" [HTTP://MANCHESTER.MA.US](http://MANCHESTER.MA.US)
Radiation Control Program, MA Dept. of Public Health [http:// WWW.STATE.MA.US/DPH/RCP](http://WWW.STATE.MA.US/DPH/RCP)
Nuclear Regulatory Commission [http:// WWW.NRC.GOV](http://WWW.NRC.GOV)
Food and Drug Administration [HTTP://WWW.FDA.GOV](http://WWW.FDA.GOV)
Centers for Disease Control and Prevention [http:// www. bt.cdc.gov/radiation/KI.asp](http://www.bt.cdc.gov/radiation/KI.asp)

If you have any questions, please call the Manchester Board of Health at 978-526-7385, to speak with the Public Health Nurse, Betty Benn.

Sincerely,

David Przesiek, Chairperson, Board of Health

Betty Benn RN, BSN, PHN



MANCHESTER-BY-THE-SEA

BOARD OF HEALTH • TOWN HALL
Manchester-by-the-Sea, Massachusetts 01944-1399
Telephone (978) 526-7385 FAX (978) 526-2009

POTASSIUM IODIDE (KI) REQUEST FORM

By submitting the following, I am requesting that 2 potassium iodide (KI) tablets be given to me for each of the people listed below whom live or work at the Manchester address listed below. I also understand that although potassium iodide tablets are non-prescription, they are to be kept out of reach of children & dispensed according to directions.

NAME: _____

BUSINESS NAME (if applicable): _____

ADDRESS: _____

PHONE & EMAIL: _____

LIST NAMES (and approximate AGES) of people living or working at above address for whom you are requesting tablets. (For additional address, please use separate form.)

SELF: _____

OTHERS: _____

Do you or any of the above have known allergies to iodine?

- NO
- YES, WHO? _____

If YES: DO NOT TAKE. If you are allergic to iodine, DO NOT TAKE KI, not even in an emergency.

Do you or any of the above have a known thyroid condition?

- NO
- YES, WHO? _____

If YES, then consult physician, before taking KI, above your risk.

I am 21 years of age or over. The people listed above live or work at the Manchester address provided. I understand that these KI tablets are only to be used as directed in the event of an emergency and under the supervision of an adult. I also understand that those with thyroid conditions must consult their physician about taking KI & those with an iodine allergy are not to use these pills. Any tablets which I pick up for others will be relinquished only to adults whom I have informed of the above.

Signature: _____ Date: _____

Official Use Only: # of people _____ # of pills: _____ Date KI Handed: _____ Date KI Mailed: _____