

Southern Nuclear Operating Company, Inc.

Vogtle Electric Generating Plant

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August 1, 2000



Energy to Serve Your WorldSM

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

NOG- 01160

**VOGTLE ELECTRIC GENERATING PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE REVISION**

Gentlemen:

In accordance with 10 CFR 50.4, as required by 10 CFR 50, Appendix E, Part V, Southern Nuclear hereby submits the following revision(s) to the Vogtle Emergency Plan Implementing Procedure(s):

Procedure	Revision	Effective Date
91306-C	13	07/26/00
91307-C	13	07/26/00

By copy of this letter, the NRC Region II Administrator and the Site NRC Senior Resident Inspector will receive one copy each of the revision(s).

Please contact Angel Cardona at (706) 826-3114 if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey T. Gasser".

Jeffrey T. Gasser
General Manager

JTG:AEC:jmm

Enclosure: Emergency Plan Implementing Procedure(s)

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REFERENCE USE PROCEDURE

PRB REVIEW REQUIRED

1.0 PURPOSE

The purpose of this procedure is to provide instructions for the (survey) monitoring and decontamination of personnel, critical areas and/or equipment during emergency conditions.

2.0 RESPONSIBILITIES

2.1 Health Physics (HP) personnel (HP Specialist, HP Technician, or other personnel qualified to execute HP procedures) are responsible for performing the monitoring and decontamination activities.

2.2 The Health Physics (HP) Supervisor is responsible for record keeping related to monitoring and decontamination.

2.3 The TSC Manager, Maintenance Supervisor, HP Supervisor, and Operations Supervisor shall be responsible for determining the critical need of areas and/or equipment, and the subsequent need for decontamination of these areas and/or equipment.

3.0 PREREQUISITES

3.1 An emergency has been declared per Procedure 91001-C, "Emergency Classification And Implementing Instructions".

4.0 PRECAUTIONS

4.1 All decontamination solutions used to remove contamination must be treated as radioactive waste. Wash water and solutions from the personnel decontamination processes, along with contaminated articles, clothing and waste materials shall be collected and placed in containers or bags for processing and disposal.

4.2 Any food, tobacco or potable liquids that are inside a radiation controlled area (RCA), will be considered potentially contaminated. Health Physics will survey to determine the proper disposition.

4.3 Personnel performing contamination monitoring and decontamination shall not exceed 10CFR20 occupational exposure limits.

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5.0 PROCEDURE

5.1 ONSITE PERSONNEL MONITORING AND DECONTAMINATION

5.1.1 The HP Supervisor shall assign a HP Foreman the responsibility for onsite personnel monitoring and decontamination.

5.1.2 HP Foreman, assigned the responsibility of onsite monitoring and decontamination, shall:

5.1.2.1 Assign health physics personnel to perform monitoring of all personnel leaving affected areas.

5.1.2.2 Direct health physics technicians to provide periodic updates and lists of contaminated personnel.

5.1.3 Health Physics personnel shall perform onsite monitoring and decontamination in accordance with standard health physics practices and maintain appropriate records using the Health Physics Personnel Checklist as a guide for these activities.

5.2 ESTABLISHMENT OF PERSONNEL DECONTAMINATION AREAS

5.2.1 Health physics personnel assigned to perform monitoring and decontamination shall establish personnel decontamination areas as directed by the HP Foreman.

5.2.2 If the normal decontamination facility located at the First Aid/Decon area in the Control Building is unavailable due to Control Building evacuation or background radiation levels in excess of 300 cpm, the HP Foreman shall select a suitable location where drains may be routed to a holdup tank.

5.3 OFFSITE PERSONNEL MONITORING AND DECONTAMINATION

5.3.1 The HP Supervisor shall assign HP personnel the responsibility for offsite personnel monitoring and decontamination.

5.3.2 At an Alert, the assigned HP personnel will report with the Evacuation Leader (a Security Officer) to the offsite relocation center to monitor personnel as they arrive and perform any required decontamination.

5.3.3 Health Physics personnel assigned to the relocation center shall perform offsite personnel monitoring and decontamination in accordance with standard health physics practices and maintain appropriate records using the Health Physics Personnel Checklist as a guide for these activities.

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5.3.4 All personnel who are not contaminated may be released after the release of their vehicle, if applicable, or may be retained to provide assistance during recovery.

5.3.5 HP personnel should supervise the monitoring of personnel as they evacuate the Protected Area at the Security Building exit prior to reporting to the designated relocation center, if there has been a release of radioactive material.

5.4 AREA/EQUIPMENT MONITORING AND DECONTAMINATION

5.4.1 The TSC Manager, Maintenance Supervisor, Operations Supervisor or HP Supervisor should determine which contaminated area(s) and/or equipment are crucial to the needs of the emergency organization and should be decontaminated for further use.

5.4.2 Upon the recommendation of the HP Supervisor, the TSC Manager shall request the OSC Manager to deploy a decontamination team from the OSC or the HP control point.

5.4.3 Decontamination teams should consist of at least one person qualified to perform health physics procedures and necessary mechanical, electrical or maintenance personnel.

5.4.4 Health Physics personnel shall conduct area/equipment monitoring and decontamination in accordance with standard health physics practices and maintain appropriate records using the Health Physics Personnel Checklist as a guide for these activities.

5.5 VEHICLE MONITORING AND DECONTAMINATION

5.5.1 The HP Supervisor normally assigns HP personnel the responsibility for vehicle monitoring and decontamination. This may be the same individual responsible for offsite personnel monitoring and decontamination.

5.5.2 The assigned HP personnel shall report to the offsite relocation center to monitor vehicles and perform decontamination, if necessary. (These can be the same individuals that were assigned to monitor personnel that exited the protected area.)

5.5.3 Health Physics personnel shall conduct vehicle monitoring and decontamination in accordance with standard health physics practices and maintain appropriate records using the Health Physics Personnel Checklist as a guide for these activities.

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6.0 REFERENCES

6.1 VEGP EMERGENCY PLAN

6.2 PROCEDURES

6.2.1 91001-C, "Emergency Classification And Implementing Instructions"

6.2.2 91307-C, "Contaminated Injury"

6.2.3 43300-C, "Personnel Decontamination"

6.3 NUREG-0654, FEMA - REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"

6.4 EPA-400-R-92-001, "Manual Of Protective Action Guides And Protective Actions For Nuclear Incidents".

END OF PROCEDURE TEXT

TABLE 1

CONTAMINATION LIMITS

NOTE

Decontamination to levels less than the limits listed below are considered acceptable, but achieving the lowest possible levels is preferred.

BACKGROUND @ Monitoring Locations:

Less than 300 cpm

Personnel and clothing	100	net cpm with a GM pancake probe or equivalent (beta/gamma)
	50	net cpm as measured with an alpha survey meter (a)
Tools and equipment	1000	dpm/100 cm ² beta-gamma (removable)
	20	dpm/100 cm ² alpha (removable) (a)
	100	net cpm per probe area with a GM pancake probe or equivalent (fixed beta/gamma)
	50	net cpm as measured with an alpha survey meter (a)

- (a) Detailed alpha surveys will not be conducted unless there is an indication that alpha contamination exists based on a general survey.

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TABLE 2

LOCATIONS OF EMERGENCY DECONTAMINATION KITS AND SUPPLIES

Operations Support Center (Second Floor - Maintenance Building)

Health Physics Office/Decon Area (Control Building)

Plant Wilson Relocation Center (Maintenance Shop)

VEGP Recreation Area Relocation Center (Well House)

Emergency Operations Facility (Training Center)

DATA SHEET 1 (EXAMPLE)

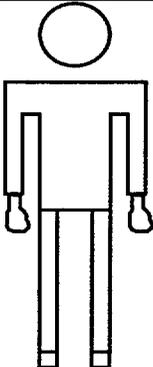
Sheet 1 of 2

PERSONNEL CONTAMINATION RECORD

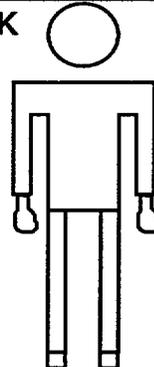
Sheet 1 of _____

Name: _____		EXPID: _____	Date: _____
Company: _____	RWP #: _____	Bldg: _____	Work Location or Room(s) _____
Job Task: _____			
Dept: _____	Individual's Immediate Supv: _____	HP Supv'n Notified: _____	
REASON FOR MONITORING (Circle One or Both): Skin Contamination Clothing Contamination		↓SHOW Location and Level of Contamination (ncpm/probe area) Remarks: _____ _____	

FRONT



BACK



Approx Date/Time Contamination Occurred: _____

Plant Instrument used to Discover Contamination (Circle one or more):
 FRISKER IPM-7 SPM-904 OTHER: _____

Initial Max Net Count Rate: _____ ncpm PROBE AREA: _____ cm²

DECON METHODS (Circle one or more):
 Soap & Water - MASSLINN - Tape - Sweating - Shower - Other _____

DECONTAMINATION (ncpm):			
Location	BEFORE Decon	AFTER Decon	Time
_____	_____	_____	_____
_____	_____	_____	_____

SURVEY INSTRUMENTS (Additional Instruments on Sheet 2):		
Instrument	Serial #	Cal Due Date
_____	_____	_____
_____	_____	_____

TERMINATION DECONTAMINATION:
 Date: _____ Time: _____

Document investigation & decontamination on Sheet 2 - include nasal smear results. Attach any WBC reports, follow-up survey reports, gamma spec reports, etc.

Skin Dose Assessment Req'd

YES NO

PROTECTIVE CLOTHING WORN (Circle one or more): ****NONE****

Paper	Gloves	Plastic Top	Skull Cap
Lab Coat	Double Gloves	Plastic Bottom	Hood
Full PCs	Shoe Covers	Full Plastic	Respirator
Double PCs	Rubbers	Other _____	

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DATA SHEET 2

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AREA/EQUIPMENT/VEHICLE CONTAMINATION SURVEYS

Date/Time: _____

Contaminated Area/Equipment/Vehicle _____

Owner of Equipment/Vehicle _____

Contaminated Vehicle Model/Color

Tag Number _____

Location Where Contamination Occurred: _____

Apparent Cause of Contamination: _____

Contaminated Area/Equip. Vehicle	Predecon(CPM/DPM) Contamination Level	Decontamination Technique	Postdecon(CPM/DPM Contamination) Level

Further Actions Required: ____ Yes ____ No _____

Remarks: _____

Survey Equipment Used: _____

 Surveyed By

 Date

 Reviewed By

 Date

(EXAMPLE)

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HEALTH PHYSICS PERSONNEL CHECKLIST

Sheet 1 of 4

POSITION FILLED BY: Health Physics Personnel

RESPONSIBILITY: Perform monitoring and decontamination activities as required in accordance with standard health physics practices.

INITIAL ACTION

1. Obtain an assignment from the HP Foreman in the OSC or HP control point for performing either onsite, offsite, area/equipment or vehicle monitoring and decontamination.

SUBSEQUENT ACTIONS

Onsite Personnel Monitoring and Decontamination

1. In the event of a serious injury involving contamination, render immediate medical treatment as a priority over monitoring and decontamination (Procedure 91307-C, "Contaminated Injury").
2. Perform monitoring of personnel with whole body personnel contamination monitors, if available, otherwise perform whole body frisking with a GM count rate instrument or observe personnel frisking themselves.
3. Arrange for the decontamination of personnel with contamination levels in excess of the limits prescribed in Table 1.

CAUTION

Personnel contaminated to greater than 50,000 net cpm per probe area should be decontaminated as soon as possible.

4. Utilize the HP First Aid/Decontamination area located in the Control Building (220 ft. elevation, Level 1, Room R-110) as the primary decontamination location, if appropriate. This area will have access to the monitoring equipment necessary to survey personnel during and after decontamination procedures are applied.
5. If the primary decontamination area is unavailable, or background radiation levels exceed 300 cpm, establish an alternate decontamination area after consulting with the HP Foreman.
6. Obtain a decon kit from one of the locations listed in Table 2, "Locations of Emergency Decontamination Kits and Supplies".
7. Post the area and establish access control.

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HEALTH PHYSICS PERSONNEL CHECKLIST

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SUBSEQUENT ACTIONS (CONT'D.)

8. Take measures to prevent further spread of contamination.
9. Ensure the selected location drains are routed to a holdup tank or collected for disposal into radwaste.
10. Any personnel contamination involving 5000 ncpm of contamination or greater, should be documented on a Personnel Contamination Record, Data Sheet 1, or similar form.
11. Monitoring of all personnel involving contamination less than 5000 ncpm should be documented on Data Sheet 3, "Personnel and Equipment/Vehicle Survey Log" or similar form.
12. Perform decontamination.
13. Monitored personnel greater than 100 ncpm will be decontaminated to below prescribed Table 1 contamination limits.
14. If attempts to decontaminate personnel to levels below the limits set forth in Table 1 are unsuccessful, contact the HP Foreman for further guidance.
15. Collect, package, seal and label all radioactive material resulting from decontamination.
16. Return all records to the HP Supervisor.

Onsite Area/Equipment Monitoring and Decontamination

1. Ensure RWP has been completed, or verbal authorization and instructions have been given by the HP Supervisor or ED.
2. Perform surveys of affected areas and/or equipment.
3. Clearly label contaminated material and post areas per HP procedures.
4. Prohibit all eating, smoking or drinking in the contaminated area.
5. Obtain a decon kit from one of the locations specified in Table 2, "Locations of Emergency Decontamination Kits and Supplies".
6. Any Equipment/Vehicle contamination levels found in excess of the limits prescribed in Table 1 should be documented on Data Sheet 2, or a similar form.

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HEALTH PHYSICS PERSONNEL CHECKLIST

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SUBSEQUENT ACTIONS (CONT'D.)

7. Monitoring of all Equipment/Vehicles found below the limits prescribed in Table 1 should be documented on Data Sheet 3, "Personnel and Equipment/Vehicle Survey Log" or similar form.
8. Collect, package, seal and label all radioactive material resulting from decontamination.
9. Return all records to the HP Supervisor.

Offsite Personnel Monitoring and Decontamination

1. Report with the evacuation leader (Security Officer) to the offsite relocation center to monitor personnel as they arrive and to perform any necessary decontamination.
2. Obtain a relocation center decon kit from the storage area at the relocation center.
3. At the offsite relocation center, perform whole body frisking with a GM count rate instrument or observe personnel frisking themselves.
4. Contact the HP Foreman for guidance and arrange for the decontamination of personnel with contamination levels in excess of the limits prescribed in Table 1.
5. Ensure the liquid(s) used can be collected for proper disposal.
6. Perform decontamination of any contaminated personnel.
7. Persistent contamination, in excess of the limits prescribed in Table 1, on the head, thyroid (neck), or chest may indicate an intake of radioactive material and should be reported to the HP Foreman.
8. Any personnel contamination involving 5000 ncpm of contamination or greater, should be documented on a Personnel Contamination Record, Data Sheet 1, or similar form.
9. Monitoring of all personnel involving contamination less than 5000 ncpm should be documented on Data Sheet 3, "Personnel and Equipment/Vehicle Survey Log" or similar form.
10. Personnel greater than 100 ncpm will be decontaminated to below prescribed in Table 1.
11. Collect, package, seal and label all radioactive material resulting from decontamination and return it to the site for processing and disposal.

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HEALTH PHYSICS PERSONNEL CHECKLIST

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SUBSEQUENT ACTIONS (CONT'D.)

Offsite Personnel Monitoring and Decontamination (cont'd)

12. Return all water, waste and other collected material to the site for normal radioactive waste processing and disposal.
13. Return all records to the HP Supervisor.

Offsite Vehicle Monitoring and Decontamination

1. Report to the offsite relocation center to monitor vehicles and perform necessary decontamination.
2. Obtain the Relocation Center Decon Kit from the storage area at the relocation center.
3. Monitor vehicles in the designated parking areas for contamination using hand-held survey instruments.
4. Mark or identify those vehicles which indicate contamination. Uncontaminated vehicles shall be allowed to exit the area as determined by the Security Coordinator in the EOF.
5. Arrange for decontamination of any vehicles with contamination levels in excess of the limits prescribed in Table 1.
6. Any Equipment/Vehicle contamination levels found in excess of the limits prescribed in Table 1 should be documented on Data Sheet 2, or a similar form.
7. If attempts to decontaminate vehicles to levels below the limits set forth in Table 1 are unsuccessful, contact the HP Foreman for further guidance.
8. Monitoring of all Equipment/Vehicles found below the contamination limits prescribed in Table 1 should be documented on Data Sheet 3, "Personnel and Equipment/Vehicle Survey Log" or similar form.
9. Collect, package, seal and label all radioactive material resulting from decontamination and return it to the site for processing and disposal.
10. Return all water, waste and other collected material to the site for normal radioactive waste processing and disposal.
11. Return all records to the HP Supervisor.

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REFERENCE USE PROCEDURE

PRB REVIEW REQUIRED

1.0 PURPOSE

This procedure provides instructions for reporting, initially treating and transporting contaminated injured personnel who require offsite treatment. The interface with offsite ambulance and hospital services is also defined.

2.0 RESPONSIBILITIES

2.1 The individual discovering the potentially contaminated injured person(s) shall be responsible for rendering first aid if qualified and promptly notifying the Control Room.

2.2 The Shift Superintendent (or Operations Support Center (OSC) Manager if the OSC has been activated) shall be responsible for the following actions:

2.2.1 Directing the formation of the First Aid Team.

2.2.2 Dispatching the First Aid Team.

NOTE

An ambulance will be requested whenever a First Aid Team is formed and dispatched to attend injured personnel.

2.3 The Shift Superintendent (or Technical Support Center (TSC) Manager if the TSC has been activated) shall be responsible for requesting an ambulance and notifying the hospital.

2.4 The HP Supervisor shall be responsible for the following actions:

2.4.1 Determining the priorities of treatment, transport and decontamination.

2.4.2 Directing a detailed survey of the area the injured person(s) is in, if conditions permit. The survey should include dose rates, air samples, and contamination levels.

2.4.3 Evaluating to the extent possible the external dose, skin dose, and possible internal deposition from the available data.

2.5 The First Aid Team shall be responsible for:

2.5.1 Providing first aid.

2.5.2 Conducting surveys and monitoring.

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2.5.3 Informing the Shift Superintendent (or OSC Manager, if OSC activated) of whether the individual has or may have been contaminated, and if offsite treatment is required.

2.6 The Health Physics Technician assigned to accompany the injured individual(s) to the hospital is responsible for taking along a survey kit and assisting at the hospital, including conducting surveys of the ambulance and attendants and decontamination of fixed facilities.

2.7 Security shall expedite entrance and exit of the ambulance and issue dosimetry, as necessary.

3.0 PREREQUISITES

A potentially contaminated personnel injury has occurred.

4.0 PRECAUTIONS

4.1 Medical attention for serious injuries shall take priority over the removal of contamination and over normal radiation protection measures.

4.2 Exposures in excess of 10CFR20 limits shall be authorized by the Emergency Director (ED).

5.0 PROCEDURE

5.1 DISCOVERY OF INJURED PERSONNEL

5.1.1 At the scene, the person discovering the injured individual(s) shall, if qualified, render first aid if the injury is serious.

5.1.2 The person discovering the injured person(s) shall promptly report the incident to the Control Room or OSC (if activated) and shall include the following information:

5.1.2.1 Number of injured individual(s), names and department or company, if known.

5.1.2.2 Location(s) of injured individual(s) (including unit, building, elevation, column coordinates, and room numbers, if appropriate).

5.1.2.3 Type of medical emergency.

5.1.3 The Shift Superintendent/OSC Manager shall perform the actions specified in the "Shift Superintendent/OSC Manager Checklist".

5.1.4 If hospitalization is required, refer to Subsection 5.3.

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5.2 FIRST AID TEAM ACTION

5.2.1 The First Aid Team shall maintain contact with the Shift Superintendent (or the OSC Manager if the OSC is activated) and treat the injured personnel in accordance with First Aid Procedures. The Team Leader may use the "First Aid Team Checklist" as a guide.

5.3 HOSPITAL TRANSPORTATION AND TREATMENT OF CONTAMINATED INJURED INDIVIDUALS

5.3.1 The First Aid Team shall inform the Shift Superintendent or OSC Manager (OSC activated) if the injured individual(s) require transport to the hospital.

5.3.2 The Shift Superintendent or OSC Manager (OSC activated) shall ensure that the actions specified in the "Shift Superintendent/OSC Manager Checklist" are performed.

5.3.3 The Shift Superintendent or TSC Manager (TSC activated) shall ensure that the actions specified in the "Shift Superintendent/TSC Manager Checklist" are performed.

6.0 REFERENCES

6.1 VEGP EMERGENCY PLAN

6.2 PROCEDURES

6.2.1 43300-C, "Personnel Decontamination"

6.2.2 43301-C, "Decontamination Of Areas, Tools And Equipment"

6.2.3 91102-C, "Duties Of The Emergency Director"

6.2.4 91103-C, "Duties Of The TSC Manager"

6.2.5 91104-C, "Duties Of The OSC Manager"

6.2.6 91306-C, "Contamination Monitoring And Decontamination"

6.3 NUREG-0654, FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"

END OF PROCEDURE TEXT

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FIRST AID TEAM CHECKLIST

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POSITION FILLED BY: At least two first aid trained personnel. One must be a Health Physics Technician if radiological contamination is suspected.

RESPONSIBILITY: Provide first aid, conduct surveys and monitoring and assist at the hospital as required.

INITIAL ACTIONS

1. Upon notification, report to the following:
 - a. OSC Manager.
 - b. Shift Superintendent (if OSC not activated).

2. Obtain the following data, if known, from Control Room or OSC Manager.
 - a. Number of injured individual(s), names and affiliations
 - b. Location (unit, building, elevation and column coordinates)
 - c. Injury type and severity
 - d. Radiological conditions, if known (high external radiation levels, surface or airborne contamination, contamination of injured personnel)
 - e. Other emergency conditions and hazards
 - f. Radiation exposure limits and permits, as appropriate
 - g. Designation of Team Leader
 - h. Estimate of time, skills, equipment and manpower necessary to treat and evacuate injured individual(s)

3. Obtain the following equipment as required:
 - a. Portable radio
 - b. Radiation survey instruments
 - c. Dosimetry
 - d. Protective clothing

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FIRST AID TEAM CHECKLIST

INITIAL ACTIONS (CONT'D)

- e. SCBA
 - f. First Aid kit
 - g. Stretcher
 - h. Other (specify) _____
4. Proceed to location of potentially contaminated injured individual(s).
 5. Render first aid, conduct surveys and inform the following if contamination is present and offsite treatment is required:
 - a. OSC Manager.
 - b. Shift Superintendent (if OSC not activated).

SUBSEQUENT ACTIONS

No Contamination or Radiation Present

1. Implement normal station First Aid procedures.
2. Upon approval of the Team Leader, move injured party to First Aid/Decontamination Area in the Control Building, if appropriate.
3. If hospitalization is required, proceed with appropriate checklist items below.

Contamination or Radiation Present

1. Consult with HP Foreman or HP Supervisor (TSC activated) to determine order of priorities of treatment, evacuation, decontamination and any radiological precautions.
2. Move injured party, if appropriate.
3. Survey injured party using beta/gamma survey instrument and complete Body Map, Data Sheet 2.
4. If appropriate, decontaminate patient per Procedure 91306-C, "Contamination Monitoring And Decontamination".

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FIRST AID TEAM CHECKLIST

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SUBSEQUENT ACTIONS (CONT'D)

Decontamination Not Possible, Hospitalization Required

1. If time allows and the clothing has not been removed, circle areas of contaminated clothing with felt tip pen and cover with absorbent material.
2. Complete the First Aid Information Form, Data Sheet 1.
3. Circle areas of Body Map, Data Sheet 2, to show contaminated areas and indicate net count rates (CPM).
4. Show location(s) of wounds on the Body Map.

NOTE

The Body Map and First Aid Information Form should accompany the patient to the hospital.

5. Ensure that contaminated clothing is removed if injury will not be aggravated by such action.
6. Notify the following that the individual is ready for transport to the hospital:
 - a. OSC Manager.
 - b. Shift Superintendent (if OSC not activated).
7. If the injured patient is ambulatory, provide escort to the ambulance.
8. If staffing permits, dispatch an additional Health Physics Technician to the hospital for assistance.
9. Supervise casualty stretcher removal, if necessary.
10. On the clean side of the control point at the boundary of the contamination zone place a clean plastic sheet on ambulance gurney.
11. Transfer injured patient from the stretcher to the ambulance gurney and cover with plastic sheeting or blanket.
12. A Health Physics Technician should accompany patient to the hospital and bring survey instrumentation and the ambulance kit.

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FIRST AID TEAM CHECKLIST

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SUBSEQUENT ACTIONS (CONT'D)

13. If possible, contact the TSC Manager (Shift Superintendent, if TSC not activated) upon arrival at hospital.

NOTE

The methodology in the VEGP HP Procedures will be used for monitoring and decontamination while at the hospital.

14. Inform the hospital staff of injured person(s) exposure and contamination status.
15. After the patient has been removed from the ambulance gurney, place all materials that came in contact with the patient in a sealed container, if feasible, and place the materials in the ambulance.

NOTE

Consultants are on-call, through the Health Physics Department for advice and assistance in handling the treatment of contaminated injured personnel. The telephone number may be found in the Emergency Response Telephone Directory.

- 16.* Provide guidance and advice to hospital staff regarding radiation exposure and protective actions.
- 17.* Don protective clothing and dosimeters as necessary.
- 18.* Conduct frequent surveys of injured person(s) and attendants.
- 19.* Maintain contamination control in the treatment area.
- 20.* Assist hospital staff with sample collection and decontamination.
21. Conduct radiation surveys of injured person(s) and attendants upon exit from the hospital's Radiation Exposure Area (REA).
22. Collect dosimetry from personnel exiting the hospital's REA and return them to VEGP.
23. Direct decontamination of the hospital's REA following injured person(s) and attendants' exit.

* Continuing Activity

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FIRST AID TEAM CHECKLIST

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SUBSEQUENT ACTIONS (CONT'D)

24. Survey ambulance and attendants prior to their departure. If necessary, direct ambulance back to VEGP for decontamination.
25. Collect all non-biological radioactive waste and contaminated articles of clothing. Place in sealed containers, label and return them to VEGP. Biological radioactive waste is collected and disposed of by the hospital according to normal hospital operating procedures.
26. Make arrangements to replace all contaminated clothing, supplies and/or contaminated equipment.

Final Conditions

1. After returning to VEGP, participate in a debriefing with supervisory personnel and assure that all records are properly submitted to the Health Physics Supervisor.

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SHIFT SUPERINTENDENT/OSC MANAGER CHECKLIST

Sheet 1 of 1

NOTE

An ambulance will be requested whenever a First Aid Team is formed and dispatched to attend injured personnel.

Initial Actions

- 1) Form and dispatch a First Aid Team from qualified staff and designate a Team Leader.

Subsequent Actions

- 1) Inform the TSC Manager of the need to transport the injured individual(s) to the hospital.
- 2) Designate a HP Technician to accompany the injured person(s) to the hospital.

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SHIFT SUPERINTENDENT/TSC MANAGER CHECKLIST

Sheet 1 of 2

NOTE

An ambulance will be requested whenever a First Aid Team is formed and dispatched to attend injured personnel.

Initial Actions

- 1) Contact the Burke County ambulance, per Data Sheet 3, "Request for Ambulance Assistance".
- 2) Contact Security and the HP Supervisor and inform them of the expected time of arrival of the ambulance.
- 3) Inform Security to expedite site access and egress and to issue dosimetry to ambulance personnel at the security gate as necessary.
- 4) Designate one person to meet, make ready and accompany the ambulance to the injured individual's location and to brief the ambulance attendants on radiation control procedures.

Subsequent Actions

- 1) Assign the injured person(s) to appropriate hospital (Doctors Hospital is the designated primary hospital and the Burke County Hospital is the alternate).
- 2) Determine the hospital emergency route based on direction of radiological release and the hospital entrance to be used. Provide this information to ambulance personnel and personnel accompanying the injured party(s).
- 3) Contact the hospital and complete the "Request for Hospital Assistance", Data Sheet 4. Relay information to the hospital that a contaminated injury is enroute and provide estimate of arrival time.
- 4) Verify the message upon receipt of a return call from the hospital's Nursing Shift Supervisor.

NOTE

The VEGP physician(s) may be contacted to assist at the hospital or onsite.

- 5) Ensure that the OSC Manager has designated a HP Technician to accompany the injured person(s) to the hospital.
- 6) Attempt to obtain the medical history of the individual(s) (i.e., allergies, current medication, etc.)

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SHIFT SUPERINTENDENT/TSC MANAGER CHECKLIST

Sheet 2 of 2

Subsequent Actions Con't.

- 7) Attempt to provide ambulance personnel with this information prior to departure to the hospital. If this is not possible, the information should be telephoned to the hospital.

- 8) Consult procedure 00152-C, "Federal And State Reporting Requirements", for the need to notify the NRC (4 hour report) of this incident.

DATA SHEET 1
FIRST AID INFORMATION

Sheet 1 of 1

NOTE

This information should be sent with personnel to the hospital.

1. Name of Injured Party _____
2. Approximate Age ____ M F (circle one). Other pertinent patient info: _____
3. Badge # _____ 4. SS # _____
5. Department _____ 6. Section _____
7. Date of Accident _____ Time of Accident _____
- Location of Accident _____
8. Type of Injury _____

9. Cause of Injury _____

10. Contamination Level(s) (Net CPM) and Location(s)/High Radiation Exposure (REM)

11. Treatment Administered at Scene _____

12. Time of Treatment _____
13. Rescue/First Aid Personnel _____

Signature of Person Completing Form

Date

Time

DATA SHEET 2 (EXAMPLE)

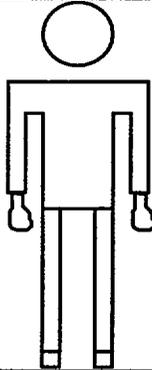
Sheet 1 of 2

PERSONNEL CONTAMINATION RECORD

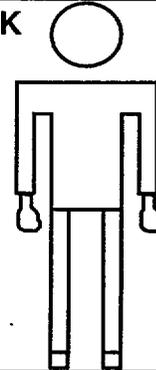
Sheet 1 of _____

Name: _____		EXPID: _____	Date: _____
Company: _____	RWP #: _____	Bldg: _____	Work Location or Room(s) _____
Job Task: _____			
Dept: _____	Individual's Immediate Supv: _____	HP Supv'n Notified: _____	
REASON FOR MONITORING (Circle One or Both): Skin Contamination Clothing Contamination		SHOW Location and Level of Contamination (ncpm/probe area) Remarks: _____	

FRONT



BACK



Approx Date/Time Contamination Occurred: _____

Plant Instrument used to Discover Contamination (Circle one or more):
 FRISKER IPM-7 SPM-904 OTHER: _____

Initial Max Net Count Rate: _____ ncpm PROBE AREA: _____ cm²

DECON METHODS (Circle one or more):
 Soap & Water - MASSLINN - Tape - Sweating - Shower - Other _____

DECONTAMINATION (ncpm):				SURVEY INSTRUMENTS (Additional Instruments on Sheet 2):		
Location	BEFORE Decon	AFTER Decon	Time	Instrument	Serial #	Cal Due Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TERMINATION DECONTAMINATION:
 Date: _____ Time: _____

Document investigation & decontamination on Sheet 2 - include nasal smear results. Attach any WBC reports, follow-up survey reports, gamma spec reports, etc.

Skin Dose Assessment Req'd

YES NO

PROTECTIVE CLOTHING WORN (Circle one or more): ****NONE****

Paper	Gloves	Plastic Top	Skull Cap
Lab Coat	Double Gloves	Plastic Bottom	Hood
Full PCs	Shoe Covers	Full Plastic	Respirator
Double PCs	Rubbers	Other _____	

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**DATA SHEET 4
REQUEST FOR HOSPITAL ASSISTANCE**

Sheet 1 of 1

NOTE

State "This is a Drill" when appropriate.

1. This is _____ at the Vogle Electric Generating Plant (VEGP).
(Name, Title)
2. Today _____ at _____ we have had a contaminated injury
Date Time, 24-hour clock
requiring your assistance.
3. Accident Information:
 - a. Number of Contaminated Injured Patients _____
 - b. Description of Injured _____

 - c. Expected Time of Arrival at Hospital* _____
 - d. Remarks _____

4. We request that you implement your Hospital Radiological Procedures to receive and treat a contaminated injury from Plant Vogle.
5. Please provide:
 - a. Your Name/Title _____
6. For further information, call _____ at _____
Name/Title Phone Number

Name Title Date Time

* Under normal driving conditions, it will require 25 minutes to drive from VEGP to Burke County Hospital, and 45 minutes to drive from VEGP to Doctors Hospital. Use this as a guide in estimating the time of arrival.