
Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: DOC CNTRL DESK MAIL STOP OP1-17
WASHINGTON DC 20555

DOCUMENT NO: OP-1903.023

TITLE: PERSONNEL EMERGENCY

REVISION NO: 032-02-0

CHANGE NO: PC-02

SUBJECT: PERMANENT CHANGE (PC)

A045

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

59 of 70

TITLE: Personnel Emergencies SET # 103	PROC/WORK PLAN NO. 1903.023	CHANGE NO. 032-02-0
	WORK PLAN EXP. DATE n/a	TC EXP. DATE n/a
	SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IPTE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	TEMP ALT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

When you see these **TRAPS**

- Time Pressure
- Distraction/Interruption
- Multiple Tasks
- Over Confidence
- Vague or Interpretive Guidance
- First Shift/Last Shift
- Peer Pressure
- Change/Off Normal
- Physical Environment
- Mental Stress (Home or Work)

Get these **TOOLS**

- Effective Communication
- Questioning Attitude
- Placekeeping
- Self Check
- Peer Check
- Knowledge
- Procedures
- Job Briefing
- Coaching
- Turnover

VERIFIED BY	DATE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FORM TITLE: VERIFICATION COVER SHEET	FORM NO. 1000.006A	CHANGE NO. 048-00-0
--	-----------------------	------------------------

**ENERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

60 of 70

TITLE: PERSONNEL EMERGENCIES

PROC/WORK PLAN NO.
1903.023

CHANGE NO.
032-02-0

AFFECTED UNIT:
 UNIT 1 UNIT 2

PROCEDURE
 WORK PLAN, EXP. DATE n/a

SAFETY-RELATED
 YES NO

TYPE OF CHANGE:

NEW REVISION PC TC DELETION
Procedure or Work Plan EZ EXP. DATE: n/a

DOES THIS DOCUMENT:

- | | | |
|--|---|--|
| 1. Supersede or replace another procedure?
(If YES, complete 1000.006B for deleted procedure.) (OCAN058107) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. Alter or delete an existing regulatory commitment?
(If YES, coordinate with Licensing before implementing.) (OCNA128509)(OCAN049803) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3. Require a 50.59 review per 1000.131?
(If 50.59 evaluation, PSC review required.) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Cause the MTCL to be untrue? (See Step 8.5 for details.)
(If YES, complete 1000.009A) (1CAN108904, OCAN099001, OCNA128509, OCAN049803) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. Create an Intent Change?
(If YES, Standard Approval Process required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6. Implement or change IPTE requirements?
(If YES, complete 1000.143A. PSC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7. Implement or change a Temporary Alteration?
(If YES, then PSC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Was the Master Electronic File used as the source document? YES NO

INTERIM APPROVAL PROCESS

STANDARD APPROVAL PROCESS

ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE:

ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: 9/5/00

Print and Sign name: PHONE #:

Robert L. Fowler PHONE #: 7567

SUPERVISOR APPROVAL: * DATE:

INDEPENDENT REVIEWER: DATE:

SRO UNIT ONE : ** DATE:

Quarles 9-11-2000

SRO UNIT TWO: ** DATE:

ENGINEERING: DATE:

Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress.

QUALITY: DATE:

Standard Approval required for intent changes or changes requiring a 50.59 evaluation.

UNIT SURVEILLANCE COORDINATOR (OCNA049803): DATE:

*If change not required to support work in progress, Department Head must sign.

SECTION LEADER: DATE:

**If both units are affected by change, both SRO signatures are required.

for RVF 9/11/00

QUALITY ASSURANCE: DATE:

N/A DATE:

OTHER SECTION LEADERS: DATE:

N/A DATE:

OTHER SECTION LEADERS: DATE:

PSC CHAIRMAN/TECHNICAL REVIEWER: (OCNA049312) DATE:

OTHER SECTION LEADERS: DATE:

FINAL APPROVAL: Date:

OTHER SECTION LEADERS: DATE:

REQUIRED EFFECTIVE DATE:

OTHER SECTION LEADERS: DATE:

FORM TITLE:
PROCEDURE/WORK PLAN APPROVAL REQUEST

FORM NO.
1000.006B

CHANGE NO.
048-00-0

ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE

61 of 70

TITLE: Personnel Emergencies

PROC/WORK PLAN NO.
1903.023

CHANGE NO.
032-02-0

PROCEDURE

WORK PLAN, EXP. DATE n/a

PAGE 1 OF 1

TYPE OF CHANGE:

NEW

REVISION

PC

TC

DELETION

Procedure or Work Plan

EZ

EXP. DATE: n/a

AFFECTED SECTION:
(Include step # if applicable)

1903.023B

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)

Added step 3.2 to notify the ANO physician.
Changed step 8.4 to notify the ANO physician 1st in the event a contaminated, injured person is taken to an offsite medical facility.

FORM TITLE:

DESCRIPTION OF CHANGE

FORM NO.
1000.006C

CHANGE NO.
048-00-0

ARKANSAS NUCLEAR ONE

FORM TITLE:

10CFR50.59 DETERMINATION

FORM NO.

1000.131A

REV.

003-04-0

This Document contains 3 Pages.

Document No. 1903.023

Rev./Change No. **032-02-0**

Title **Personnel Emergencies**

Brief description of proposed change: **Added the ANO physician's pager number to 1903.023B**

Will the proposed Activity:

1. Require a change to the Operating License including:

Technical Specifications (excluding the bases)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Operating License?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Confirmatory Orders?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Result in information in the following SAR documents (including drawings and text) being (a) no longer true or accurate, or (b) violate a requirement stated in the document:

SAR (multi-volume set for each unit)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Core Operating Limits Report	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fire Hazards Analysis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bases of the Technical Specifications?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Technical Requirements Manual?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NRC Safety Evaluation Reports?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. Involve a test or experiment not described in the SAR?
(See Attachment 2 for guidance)

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---

4. Result in a potential impact to the environment? (Complete the Environmental Impact Determination of this form.)

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---

5. Result in the need for a Radiological Safety Evaluation per section 6.1.5?

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---

6. Result in any potential impact to the equipment or facilities utilized for Ventilated Storage Cask activities per Section 6.1.6?

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---

7. Involve a change under 10CFR50.54 for the following SAR documents per Section 6.1.7:

QAPM?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E-Plan?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

8. Does this review depend on future NRC approval of other actions (NRC SER, Relief, etc)? (forward change to PSC per 6.3.8 or 6.3.9)

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---

ARKANSAS NUCLEAR ONE

FORM TITLE:

10CFR50.59 DETERMINATION

FORM NO.

1000.131A

REV.

003-04-0

Document No. **1903.023**

Rev./Change No. **032-02-0**

Basis for Determination (Questions 1, 2 & 3): The changes are beyond the level of detail in the OL and SAR documents. The changes are not tests or experiments.

Proposed change does not require 10 CFR 50.59 Evaluation per Attachment 1, Item #__, (If checked, note appropriate item #, send LDCR to Licensing).

Search Scope:

List sections reviewed in the Licensing Basis Documents specified in Question 1, 2 and 3. If a search was performed on LRS, the LRS search index should be entered under "Section" with the search statement(s) used in parentheses. Controlled hard copies of the documents shall be reviewed (LRS is not verified and searches only text, not figures or drawings). **Attach and distribute a completed LDCR per Section 6.1.2 if LBD changes are required.**

<u>Document</u>	<u>Section</u>
LRS:	
50.59 Common	All (physician*, doctor*, physician* w/10 ANO)

MANUAL SECTIONS:	
U1 SAR	11.2.6.2.4
U2 SAR	12.3.2.4
Emergency Plan	B.2.5.1, B.2.5.2, J.3.1, J.3.2

FIGURES:	
None	N/A

	Robert L. Fowler	09/11/2000
Certified Reviewer's Signature	Printed Name	Date

Reviewer's certification expiration date: **03/03/2002**

Assistance provided by:

<u>Printed Name</u>	<u>Scope of Assistance</u>	<u>Date</u>
N/A	N/A	N/A

Search Scope Review Acceptability (NA, if performed by Technical Review per 1000.006)

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Certified Reviewer's Signature	Printed Name	Date

FORM TITLE:

10CFR50.59 DETERMINATION

FORM NO.

1000.131A

REV.

003-04-0

**ENVIRONMENTAL IMPACT DETERMINATION
(UNIT 1 and UNIT 2)**

Document No. 1903.023

Rev./Change No. 032-02-00

Complete the following Determination. If the answer to any checklist item is "Yes", an Environmental Evaluation is required. See Section 6.1.4 for additional guidance.

Will the Activity being evaluated:

Yes

No

- Disturb land that is beyond that initially disturbed during construction (i.e., new construction of buildings, creation or removal of ponds, or other terrestrial impact)? See Unit 2 SAR Figure 2.5-17. This applies only to areas outside the protected area.
- Increase thermal discharges to lake or atmosphere?
- Increase concentration of chemicals to cooling lake or atmosphere through discharge canal or tower?
- Increase quantity of chemicals to cooling lake or atmosphere through discharge canal or tower?
- Modify the design or operation of cooling tower which will change drift characteristics?
- Install any new transmission lines leading offsite?
- Change the design or operation of the intake or discharge structures?
- Discharges any chemicals new or different from that previously discharged?
- Potentially cause a spill or unevaluated discharge which may effect neighboring soils, surface water or ground water?
- Involve burying or placement of any solid wastes in the site area which may effect runoff, surface water or ground water?
- Involve incineration or disposal of any potentially hazardous materials on the ANO site?
- Result in a change to nonradiological effluents or licensed reactor power level?
- Potentially change the type or increase the amount of non-radiological air emissions from the ANO site.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 1 of 18 CHANGE: 032-02-0
---	---	---

TABLE OF CONTENTS

<u>SECTIONS</u>	<u>PAGE NO.</u>
1.0 Purpose.....	2
2.0 Scope.....	2
3.0 References.....	2
4.0 Definitions.....	3
5.0 Responsibility and Authority.....	4
6.0 Limits and Precautions	5
7.0 First Aid Supplies and Equipment.....	5
8.0 Instructions.....	6
9.0 Reporting and Records Management.....	11
10.0 Attachments and Forms	
10.1 Attachments	
10.1.1 Attachment 1 - "Patient Information Form" (Example)	13
10.2 Forms	
10.2.1 Form 1903.023B - "Personnel Emergency Checklist"	15
10.2.2 Form 1903.023C - "Emergency Medical Team Scene Leader Check List"	17

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 2 of 18 CHANGE: 032-02-0
---	---	---

1.0 PURPOSE

The purpose of this procedure is to provide for the proper response to a personnel emergency. Guidance is provided for general ANO personnel, Operations Personnel, ANO Emergency Medical Team Personnel and Health Physics Personnel.

2.0 SCOPE

This procedure outlines the general response to be taken during a personnel emergency. The emergency may be medical or contamination related medical and may require that offsite medical assistance be utilized. This procedure is not intended to give medical guidance for use during the emergency.

3.0 REFERENCES

3.1 REFERENCES USED IN PROCEDURE PREPARATION:

- 3.1.1 Emergency Plan
- 3.1.2 1012.019, "Radiological Work Permits"
- 3.1.3 Red Cross First Aid Instruction Pamphlets
- 3.1.4 NCRP Report No. 39, "Basic Radiation Protection Criteria"
- 3.1.5 NCRP Report No. 65, "Management of Persons Accidentally Contaminated with Radionuclides"
- 3.1.6 10CFR50.72(b)(2)(v)

3.2 REFERENCES USED IN CONJUNCTION WITH THIS PROCEDURE:

- 3.2.1 1012.023, "Personnel Contamination Events" (PCE)
- 3.2.2 1903.033, "Protective Action Guidelines for Rescue/Repair and Damage Control Teams"
- 3.2.3 1905.001, "Emergency Radiological Controls"
- 3.2.4 1000.104, "Condition Reporting and Corrective Action"
- 3.2.5 1000.031, "Radiation Protection Manual"
- 3.2.6 Station Directive A6.202, "Public Communications"
- 3.2.7 Emergency Telephone Directory

3.3 RELATED ANO PROCEDURES:

- 3.3.1 1903.042, "Duties of the Emergency Medical Team"
- 3.3.2 ANO Station Policy S, "Work Accident Reporting and Medical Referrals"
- 3.3.3 ANO Station Policy U, "Arkansas Nuclear One Industrial Safety Program"

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 3 of 18 CHANGE: 032-02-0
--	--	---

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE INCLUDE: [BOLD] DENOTES COMMITMENTS

3.4.1 LIC 12-74 (P-2880)

A. Form 1903.023C

3.4.2 OCAN058411 (P-9460)

A. Form 1903.023B, Section 1.0 and 2.0

3.4.3 LIC 94-226 (P-14029)

A. 8.3 Note

4.0 DEFINITIONS

4.1 EMERGENCY MEDICAL TEAM - Personnel employed at ANO who are trained to respond to personnel emergencies and provide first aid/rescue.

4.1.1 The Emergency Medical Team (EMT) consists of two groups of employees:

A. Health Physics Technicians who respond to personnel emergencies in support of the volunteer EMT, and provide 24 hour on-shift first aid/rescue coverage.

B. Volunteer Emergency Medical Team Members who respond to personnel emergencies when on-site, and provide emergency medical support during emergency class declarations which require emergency response organization activation.

4.2 SERIOUS INJURY - An injury that requires action specified in this procedure is defined as an injury to any person that has resulted in one or more of the following:

4.2.1 More than a momentary loss of consciousness.

4.2.2 An actual or suspected fracture.

4.2.3 A head injury.

4.2.4 An injury that may have damaged internal organs.

4.2.5 A serious burn.

4.2.6 Hemorrhaging.

4.2.7 Receipt of a large dose of radiation (i.e., greater than 50 R).

4.3 PROTECTED AREA - An area encompassed by physical barriers (i.e., the security fence) and to which access is controlled.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 4 of 18 CHANGE: 032-02-0
---------------------------------	---	-----------------------------------

4.4 PATIENT INFORMATION FORM - A form used to record information gathered by emergency response personnel in a personnel emergency. This form shall contain as a minimum space for the following information:

- 4.4.1 Name of the injured person.
- 4.4.2 Company that the injured person works for.
- 4.4.3 Date and time the incident occurred.
- 4.4.4 Badge number of the injured person.
- 4.4.5 General description of the occurrence.
- 4.4.6 Injuries noted by the Emergency Medical Team.
- 4.4.7 Treatment or aid given by the Emergency Medical Team.
- 4.4.8 Names of Emergency Medical Personnel responding to this incident.
- 4.4.9 Location for recording more than one set of vital signs (pulse, blood pressure, respirations).
- 4.4.10 Location for recording dosimeter readings.
- 4.4.11 Action levels based on the amount of contamination the injured person may have sustained.
- 4.4.12 Signature blank for person completing form with date and time.
- 4.4.13 Form distribution instructions.
- 4.4.14 The name of the form.

4.5 FIRST AID/RESCUE - First Aid/Rescue is defined as those activities which involve assessment of patient condition, and treatment for those conditions. This includes actions taken to stabilize the patient, determine if additional assistance is needed, and transfer the patient to the next level of care.

5.0 RESPONSIBILITY AND AUTHORITY

5.1 ANO EMPLOYEES - as described in Section 8.1 of this procedure.

5.2 SHIFT SUPERINTENDENT

5.2.1 Responsible for ensuring that ANO Emergency Medical Team Members are dispatched to the scene of a medical emergency (Also dispatch additional HP Personnel, if needed, for radiological concerns).

5.2.2 Responsible for coordinating offsite medical assistance.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 5 of 18 CHANGE: 032-02-0
--	--	---

- 5.3 OPERATIONAL SUPPORT CENTER DIRECTOR
- 5.3.1 May relieve the Shift Superintendent of responsibility for steps 5.2.1 and 5.2.2 above.
- 5.4 EMERGENCY MEDICAL TEAM - as described in procedure 1903.042, "Duties of the Emergency Medical Team".
- 5.5 ANO NURSE - as described in procedure 1903.042, "Duties of the Emergency Medical Team".
- 5.6 HEALTH PHYSICS PERSONNEL
- 5.6.1 Responsible for determining the level of contamination, if involved, as stated in Section 8.4.
- 5.6.2 Responsible for ensuring personnel are surveyed prior to exiting the protected area (see Section 8.5).
- 5.6.3 Responsible for monitoring dose rates and time in Radiologically Controlled Areas.
- 5.6.4 Responsible for acting as the RWP if time did not permit Emergency Medical Team members to read and sign in on an RWP prior to entering a Radiologically Controlled Area.
- 6.0 LIMITS AND PRECAUTIONS
- 6.1 Personnel administering first aid to an injured person in a suspected or undefined radiation field should be joined by a Health Physics representative (in addition to any HP's on the Emergency Medical Team, if needed) with the appropriate radiation monitoring equipment as soon as possible.
- 6.2 Entry into evacuated or high radiation areas for the purpose of attending to injured or contaminated individuals shall be in accordance with 1903.033, "Protective Action Guidelines for Rescue/Repair and Damage Control Teams".
- 6.3 If it is not clear that the individual can be moved without harm, he or she should not be moved until further help arrives, unless the individual would be in danger of loss of life or limb or is in a life threatening radiation field. If questions arise, contact the Health Physics Supervisor or the Shift Superintendent.
- 6.4 Individuals who have suffered any of the conditions described in Section 4.0 should receive a medical examination prior to returning to work.
- 7.0 FIRST AID SUPPLIES AND EQUIPMENT
- 7.1 First Aid Supplies are maintained in various locations within the protected area. These supplies are located so that they are readily available in an emergency situation.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 6 of 18 CHANGE: 032-02-0
---	---	---

7.2 To assist St. Mary's Regional Medical Center in the treatment of radiologically contaminated individuals, ANO will maintain an emergency kit at St. Mary's Regional Medical Center for use in these situations.

7.3 Equipment or supplies may be provided to assist ambulance personnel.

8.0 INSTRUCTIONS

8.1 ANO PERSONNEL

8.1.1 In the event of a personnel emergency, personnel in the vicinity of the affected individual should:

A. Notify either unit's Shift Superintendent and provide the following information:

- Location in plant and number of injured people.
- Type of injury.
- Radiation/contamination involved.
- Names of injured individual(s) and employer, if known.
-

NOTE

DO NOT move the injured individual, unless the individual is in danger of loss of life or limb or is in a known high radiation field

B. Administer immediate first aid and attention within the limits received in training. This attention should consist of but is not limited to the following:

- Stopping bleeding by applying pressure.
- Using resuscitation techniques if known.
- Keeping the individual calm and comfortable until further help arrives.

C. Remain available at the scene of the accident to provide information to the appropriate medical personnel.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 7 of 18 CHANGE: 032-02-0
---------------------------------	---	-----------------------------------

8.2 OPERATIONS PERSONNEL

- 8.2.1 For minor and/or non-emergency situations, Operations personnel should direct any requests for medical attention to the ANO Nurse in the Nurses's Station or ANO Medical Facility. If the ANO nurse is not available, treatment of minor injuries (nicks, cuts, etc.) should be determined by the individual and his/her supervisor.
- 8.2.2 The Shift Superintendent shall see that emergency assistance is dispatched to seriously ill/injured individuals by:
- A. Activating the Emergency Medical Team (EMT) pagers using the base radio, and
 - B. Providing EMT members with the location and type of emergency.
- 8.2.3 Alert plant personnel that an emergency has occurred by:
- A. Momentarily pressing the page fire tone push-button, and
 - B. Make the following announcement using the plant paging system.
- "ATTENTION ALL PERSONNEL ATTENTION ALL PERSONNEL
A PERSONNEL EMERGENCY HAS OCCURRED AT (give location). THE
EMERGENCY MEDICAL TEAM IS RESPONDING. ALL PERSONNEL SHOULD
STAY CLEAR OF THE (give location)"**
- 8.2.4 IF the Emergency Medical Team is summoned, THEN the Shift Superintendent, or his designee, shall complete Form 1903.023B, "Personnel Emergency Checklist".
- 8.2.5 If onsite, the ANO Nurse will respond in conjunction with the Emergency Medical Team.
- 8.2.6 The Shift Superintendent shall see that arrangements are made for treatment based upon the assessment of the emergency medical personnel at the scene. This may include:
- A. Notification of Pope County Emergency Medical Services if an ambulance is needed.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 8 of 18 CHANGE: 032-02-0
---------------------------------	---	-----------------------------------

B. Guidance on Excessive Radiation Dose

If the injured individual or individual(s) attending to the injured individual are suspected of having received a radiation dose in excess of 50 Rem (TEDE), arrangements should be made between the initial attending physician and ANO Management (Vice President, Operations - ANO or Shift Superintendent/TSC Director/EOF Director) to transport those individuals to the University of Arkansas Medical Sciences Hospital in Little Rock for treatment, as necessary, after examination at St. Mary's Regional Medical Center.

- 8.2.7 If the injured individual will be transported to a medical facility, the Shift Superintendent or OSC Director shall call the appropriate medical facility and advise them of the number of individuals involved, whether or not contamination is involved and the nature of the injuries.
- St. Mary's Regional Medical Center (include the appropriate action level - refer to Step 8.4.2)
 - University of Arkansas Medical Sciences Hospital
- 8.2.8 If an ambulance has been requested to come onsite, the Security Shift Commander shall be notified so that Security personnel will be ready to receive and escort the ambulance personnel. (Routine ambulance access point - North Gate; routine ambulance receiving area - Maintenance Facility Breezeway unless otherwise directed.)
- 8.2.9 An escort, as indicated below, should accompany the injured individual(s) to an offsite hospital in order to provide any necessary information or assistance to the offsite medical personnel and provide periodic updates to the Shift Superintendent (or other individual(s), as directed).
- A. If the individual is contaminated, a Health Physics representative shall accompany in the ambulance.
 - B. If the individual is not contaminated, the EMT Scene Leader shall designate an Entergy employee to accompany the individual to an offsite hospital.
- 8.2.10 The injured employee's supervisor should respond in accordance with Procedure 1000.128, "Industrial Safety and Occupational Health".

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 9 of 18 CHANGE: 032-02-0
---------------------------------	---	-----------------------------------

8.3 EMERGENCY MEDICAL PERSONNEL

NOTE

During a "Personnel Emergency" the Emergency Medical Team may go into Radiologically Controlled Areas without SRDs/Alarming Dosimeters as long as an HP Technician is acting as the RWP; and is monitoring dose rates and time in the area. Prompt medical attention shall take precedence over HP procedures when an individual is seriously injured.]

8.3.1 Emergency Medical Personnel should respond per procedure 1903.042, "Duties of the Emergency Medical Team".

8.4 HEALTH PHYSICS PERSONNEL (If radiation/contamination is known or suspected)

NOTE

Medical attention and transportation to an offsite medical facility takes precedence over decontamination measures for seriously injured individual(s).

8.4.1 IF the injured individual is contaminated and will require transport to the hospital, THEN a Health Physics Technician shall be IMMEDIATELY dispatched to the Emergency Department at St. Mary's Regional Medical Center to assist the hospital staff in preparing to receive a contaminated patient.

8.4.2 The following action levels for St. Mary's Regional Medical Center shall be referenced and provided to the Shift Superintendent or the OSC Director.

	<u>Action Levels</u>	<u>Level of Response for St. Mary's Regional Medical Center Contamination Control</u>
A.	LEVEL I No contamination involved	None
B.	LEVEL II Any contamination above ANO's release limits and <1000 counts per minute above background as measured by a Frisker	Routine sterile procedures for septic situations
C.	LEVEL III >1000 counts per minute above background as measured by a Frisker	Full-scale response

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 10 of 18 CHANGE: 032-02-0
--	---	--

8.4.3 The following precautionary measures should be taken at the scene of the accident (as allowed by the nature of the injury):

- A. Take precautions (coverings, use of stretcher, etc.) to prevent the spread of contamination during movement and transport of the individual.
- B. Move the individual to a "clean" area, as allowed by step 6.3.
- C. Remove contaminated clothing.
- D. Survey the individual for surface contamination.
- E. Decontaminate the affected areas removing as much transferable contamination as possible per 1012.023, "Personnel Contamination Events" (PCE).
- F. Cover remaining areas.

8.4.4 If the situation requires an ambulance and Pope County Emergency Medical Service personnel must enter a potentially contaminated area, the following assistance should be provided by Health Physics personnel:

NOTE

Prompt medical attention shall take precedence over HP procedures when an individual is seriously injured.

- A. Assist in donning protective clothing.
- B. Provide dosimetry devices (these may be obtained from the Control Room emergency kit if necessary).
- C. Provide a brief description of radiological conditions they will encounter during the response.
- D. Provide special information to perform the task.
- E. Bag equipment (to reduce chances of contamination).
- F. Provide HP escort.
- G. Assist in exiting the Controlled Access Area (to include any necessary decontamination).

8.4.5 A Health Physics representative, in addition to the one dispatched to St. Mary's Regional Medical Center, shall accompany an injured and contaminated patient both onsite and to offsite medical facilities. This HP should:

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 11 of 18 CHANGE: 032-02-0
---------------------------------	--	------------------------------------

- A. Remain with the victim from the scene of the accident to the Emergency Department and provide advice and assistance concerning radiological controls.
- B. Attempt to answer any questions the attending physician may have concerning the victim.
- C. After decontamination efforts are complete at the hospital, remove the injured person's TLD for further dose determination and coordinate as necessary with dosimetry and radwaste.

8.4.6 The HP that assisted the hospital staff in the set-up of the emergency room shall ensure that the ambulance and Pope County Emergency Medical Services personnel are surveyed after the victim(s) has been transported into the emergency room.

8.4.7 Both of the HP's at the hospital should provide assistance and offer advice concerning the clean-up and decontamination of the facilities and equipment.

8.5 Health Physics Personnel (If radiation/contamination is not suspected)

8.5.1 If a personnel injury occurs within the protected area and contamination is not suspected, Health Physics personnel shall ensure that the individual is surveyed prior to exiting the site.

8.5.2 Personnel leaving the protected area will normally exit through a portal monitor. If a portal monitor and/or frisker is not available at an exit point from the protected area, Health Physics shall provide a portal monitor or frisker for the period of time that the exit is open.

9.0 REPORTING AND RECORDS MANAGEMENT

9.1 A written report of the personnel injury or accident should be accomplished as stated in ANO Station Policy S "Work Accident Reporting and Medical Referrals" and ANO Station Policy U "ANO Industrial Safety Program".

9.2 The three-part carbonless "Patient Information Form" should be distributed in the following manner:

9.2.1 Forward the white copy to the Emergency Planning Supervisor.

9.2.2 Ensure that the yellow copy accompanies the victim offsite.

9.2.3 Forward the pink copy to the ANO Nurse.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 12 of 18 CHANGE: 032-02-0
---	---	--

9.3 Form 1903.023B should be forwarded to the Manager, Emergency Planning.

9.4 Form 1903.023C should be forwarded to the Manager, Emergency Planning.

10.0 ATTACHMENTS AND FORMS

10.1 ATTACHMENTS

10.1.1 Attachment 1 - "Patient Information Form" (Example)

10.2 FORMS

10.2.1 Form 1903.023A - Deleted

10.2.2 Form 1903.023B - "Personnel Emergency Checklist"

10.2.3 Form 1903.023C - "Emergency Medical Team Scene Leader Check List"

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 13 of 18 CHANGE: 032-02-0
---------------------------------	--	------------------------------------

ATTACHMENT 1

PATIENT INFORMATION FORM
(EXAMPLE)

PATIENT INFORMATION FORM																															
*PATIENT'S NAME _____	*BADGE # _____																														
*PATIENT'S SUPERVISOR _____	*COMPANY _____																														
*DATE/TIME OF INJURY _____ / _____	*LOCATION _____																														
*DESCRIPTION OF OCCURRENCE: _____ _____ _____																															
*INJURIES NOTED: _____ _____ _____																															
MEDICAL TEAM TREATMENT: _____ _____ _____																															
MEDICAL PERSONNEL RESPONDING _____ _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">VITAL SIGNS</th> </tr> </thead> <tbody> <tr> <td>Time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B/P</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Resp.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dosimeter Reading</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	VITAL SIGNS					Time					B/P					Pulse					Resp.					Dosimeter Reading				
VITAL SIGNS																															
Time																															
B/P																															
Pulse																															
Resp.																															
Dosimeter Reading																															
<p>*Action Level: Check Appropriate</p> <p>Level I No contamination involved</p> <p>Level II Contamination above ANO's Release Limits and <1000 counts per minute above background as measured by a Frisker.</p> <p>Level III >1000 counts per minute above background as measured by a Frisker</p>																															
<p>FORM COMPLETED BY _____ DATE/TIME _____</p> <p>*Information to be provided to the Control Room.</p> <p>DISTRIBUTION: (White - Emergency Planning) (Yellow - Patient) (Pink - ANO Medical)</p>																															

Notify Shift Superintendent/OSC Director of action level. If transported to hospital, the HP escort is responsible for reporting contamination levels. For contamination levels and decontamination records, refer to HP Procedure 1012.023, Personnel Contamination Events.

NOTE
Emergency telephone numbers are contained in the Emergency Telephone Directory.

- | | |
|---|----------|
| | Initials |
| [1.0 Notify the Emergency Medical Team by activating the radio-voice pagers using the base radio. | _____ |
| 2.0 Alert plant personnel that an emergency has occurred by: | |
| 2.1 Momentarily pressing the page fire tone push-button, and | _____ |
| 2.2 Make the following announcement using the plant paging system:] | _____ |

"ATTENTION ALL PERSONNEL. ATTENTION ALL PERSONNEL. A PERSONNEL EMERGENCY HAS OCCURRED AT (give location). THE EMERGENCY MEDICAL TEAM IS RESPONDING. ALL PERSONNEL SHOULD STAY CLEAR OF THE (give location).

- | | |
|---|-------|
| 3.0 Notify the ANO Medical Department using the following number: | |
| 3.1 ANO Duty Nurse pager 964-3936 | _____ |
| 3.2 ANO Physician pager 964-1800 | _____ |
| 4.0 Dispatch a Health Physics Technician to the scene. | _____ |
| 5.0 Dispatch an Operator to the scene with a hand held radio. | _____ |
| 5.1 Instruct the Operator to switch to Channel 1, the Maintenance and Emergency Channel. | _____ |
| 5.2 Instruct the Operator to assist the Emergency Medical Team as needed. | _____ |
| 5.3 Instruct the Operator to take actions to ensure plant conditions and/or job site activities remain in a safe condition. | _____ |
| 6.0 Repeat step 1.0 IF | |
| A. Communications with the Emergency Medical Team has not been established within 5 minutes, OR | |
| B. If requested by the Emergency Medical Team Scene Leader. | _____ |

NOTE
Communication between the Control Room and the emergency scene should be done using Channel 1, the Maintenance and Emergency Channel.

Telephone or Gai-tronics may be also used as a back-up method of communications if needed.

FORM TITLE: PERSONNEL EMERGENCY CHECKLIST	FORM NO. 1903.023B	REV. 032-02-0
---	------------------------------	-------------------------

7.0 **IF** an ambulance is needed,

7.1 **THEN**: Gather available information:

7.1.1 Number of injured personnel: _____

7.1.2 Nature of injuries: _____

7.1.3 Contamination level (check appropriate box):

Level 1 No contamination involved

Level 2 Any contamination above ANO's release limits and less than 1000 counts per minute above background as measured by a frisker.

Level 3 Greater than 1000 counts per minute above background as measured by a frisker. _____

7.1.4 Is an Automated External Defibrillator (AED) in use?

Yes No

7.2 Notify Pope County Emergency Medical Services (use a GTE direct telephone line and dial 9-1-1). Provide the dispatcher with the information in Step 7.1. _____

7.3 Notify St. Mary's Regional Medical Center Emergency Department (968-6211), and provide them with the information in 7.1. _____

7.4 Notify Security (extension 3383) that an ambulance is responding to the site. _____

8.0 **IF** contamination is known or suspected (level 2 or 3), **AND** injured personnel are to be transported offsite, **THEN** perform the following:

8.1 Dispatch at least one Health Physics Technician to the hospital immediately. _____

8.2 Verify that one Health Physics Technician (in addition to the one above) accompanies the patient onsite and to the hospital. _____

8.3 Notify the Health Physics Supervisor to ensure that onsite HP staffing needs are met. _____

8.4 Notify the plant physician (964-3936) **IF** unable to contact the plant physician, **THEN** have St. Mary's Emergency Department staff (968-6211) notify a physician from Occupational Medical Consultants. _____

FORM TITLE: PERSONNEL EMERGENCY CHECKLIST	FORM NO. 1903.023B	REV. 032-02-0
---	------------------------------	-------------------------

9.0 FOLLOW-UP ACTIONS

- 9.1 Notify the supervisor of the injured personnel. _____
- 9.2 Notify the Duty Emergency Planner (pager 964-3945). _____
- 9.3 IF injured personnel are transported to the hospital,
THEN Notify the General Manager, Plant Operations (if not
available, notify the Duty EOF Director). _____
- 9.4 IF circumstances surrounding the injury warrant,
THEN initiate a condition report in accordance with Procedure
1000.104, "Condition Reporting and Corrective Action." _____

NAME OF INJURED PERSON _____

BADGE NUMBER _____

Signed: _____
(Shift Superintendent/OSC Director)

Date: _____

*When complete, forward this form to the Manager, Emergency Planning.

FORM TITLE: PERSONNEL EMERGENCY CHECKLIST	FORM NO. 1903.023B	REV. 032-02-0
---	------------------------------	-------------------------

[EMERGENCY MEDICAL TEAM SCENE LEADER CHECKLIST]

CALL OUT RESPONSE

- _____ Verify scene safe.
- _____ Assign patient care responsibilities.
- _____ Appoint communicator. Name _____
- _____ Appoint an H.P. to perform radiological controls. Name _____
- _____ Assign one team member to complete Patient Information Form. Name _____
- _____ Determine if ambulance is needed. YES NO
- _____ If yes, instruct Control Room/OSC to call 9-1-1 to dispatch Pope County Emergency Medical Services. Time _____
- _____ Direct the Control Room/OSC to have the ambulance respond to: _____
- _____ Have Communicator provide Control Room with information from the Patient Information Form.
- _____ Request H.P. to the scene if none have arrived. Name _____
- _____ Assign a security officer to clear the area if necessary. Name _____
- _____ If the patient is contaminated and stable, perform the following: Check which steps were performed ()
 - a. If the scene is safe, decon patient at scene. _____
 - b. Move patient to CA-1 for decontamination. _____
 - c. Decon as time permits while waiting on the ambulance. _____
- _____ If transporting a contaminated injured patient, assign an EMT/HP to drape ambulance with herculite. Name _____

FORM TITLE: EMERGENCY MEDICAL TEAM SCENE LEADER CHECKLIST	FORM NO. 1903.023C	REV. 032-02-0
---	------------------------------	-------------------------

____ If the patient is contaminated, ensure that the patient's dosimetry remains with the patient.

____ Designate Entergy Employee to accompany patient to receiving hospital.

Name _____

____ If the patient is contaminated, notify the Radwaste Supervisor for transportation of radioactive material from the hospital back to ANO.

Name _____

____ Notify Control Room or OSC that patient has left ANO enroute to Hospital, and that Personnel Emergency is terminated.

Time Notified _____

____ Confirm plant status with Control Room or OSC.

Normal Conditions _____
NUE _____
Alert _____
Site Area Emergency _____
General Emergency _____

____ Assign EMT members to restore Medical Kits to service, and complete Kit inventory form.

Name _____

____ As soon as possible provide Shift Superintendent or OSC Director with details of incident.

NARRATIVE SUMMARY OF INCIDENT RESPONSE:

Name of Injured Person _____

Badge Number _____

Signature _____
Scene Leader

Date _____

* When complete, forward this form to the Manager, Emergency Planning.

FORM TITLE: EMERGENCY MEDICAL TEAM SCENE LEADER CHECKLIST	FORM NO. 1903.023C	REV. 032-02-0
---	------------------------------	-------------------------