

Commonwealth Edison Company  
LaSalle Generating Station  
2601 North 21st Road  
Marseilles, IL 61341-9757  
Tel 815-357-6761



October 20, 2000

U.S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555-0001

LaSalle County Station, Units 1 and 2  
Facility Operating License Nos. NPF-11 and NPF-18  
NRC Docket Nos. 50-373 and 50-374

Subject: Submittal of Changes to Emergency Plan Implementing  
Procedure

In accordance with 10 CFR 50, Appendix E, "Emergency Planning Preparedness for Production and Utilization Facilities," we are reporting to the NRC a change to our Emergency Plan Implementing Procedures (EPIPs) within the requested 30 days pursuant to Section V, "Implementing Procedures." This change was made on September 20, 2000.

Attachment 1, "Summary of Changes," contains a brief summary of the EPIP change. Attachment 2, "Implementing Procedure," contains the revised EPIP.

Should you have any questions concerning this letter, please contact Mr. William Riffer, Regulatory Assurance Manager, at (815) 357-6761, extension 2383.

Respectfully,

A handwritten signature in black ink, appearing to read "Charles G. Pardee", is written over a large, stylized loop.

Charles G. Pardee  
Site Vice President  
LaSalle County Station

Attachment

cc: Regional Administrator - NRC Region III  
NRC Senior Resident Inspector - LaSalle County Station

A045

Attachment 1  
Summary of Changes

LZP-1260-6, "Handling Personnel Injuries"

Description of Change(s):

1. Added Reference G.7: Bruce J. Bolger Memorandum Issued January 7, 2000, and Implemented on January 10, 2000, "NGG Directive For Electrical Injuries For ComEd Employees Only."
2. Response criteria was changed in Attachment B, "NGG Directive for Electrical Injuries for ComEd Employees Only," and the title was changed from "On-Site Checklist for Electrical Injuries for ComEd Employees Only."

Purpose of Change(s):

1. To implement new company guidance on the treatment of electrical shock injuries.

Attachment 2  
Implementing Procedure

LZP-1260-6, "Handling Personnel Injuries"

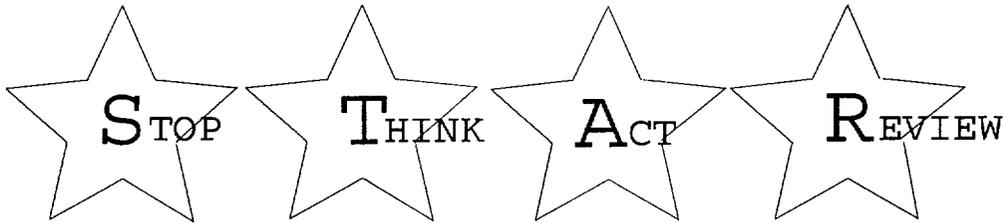
# LaSalle Station

UNIT 1, 2 AND COMMON

## EMERGENCY PLAN IMPLEMENTING PROCEDURE

### HANDLING PERSONNEL INJURIES

LZP-1260-6  
Revision 7  
August 22, 2000



Procedure Responsibility/Review/Approval Requirements	
Responsible Department Head:	HPS/RPM
Minimum Review Type:	TR
Required Cross-Discipline Review(s):	GSEP C
Approval Position Required:	HPS/RPM
Specific Requirements: 1. Review/Approval requirements apply to non-editorial procedure revisions.	

Level of Use  
Information

# HANDLING PERSONNEL INJURIES

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## HANDLING PERSONNEL INJURIES

### A. PURPOSE

#### A.1 Objective

This procedure provides guidance for first aid and radiological controls for personnel injuries.

#### A.2 Applicability

This procedure can be used in all modes of plant operation.

### B. PREREQUISITES

#### B.1 None.

### C. PRECAUTIONS

#### C.1 Avoid moving an injured person until the nature and scope of his injuries are known. The exception to this rule is in the event of a Life-Threatening Situation.

##### C.1.1 Evacuation

- o If rescue is necessary, attempt to contact the Confined Space Rescue Team at pager 911.
- o A prompt and realistic comparison of the hazard to the victim is not evacuated vs. evacuated, will be made.
- o The hazards incurred by leaving the victim at the site of his injury may be conventional hazards or a combination of conventional and radiological hazards.
- o The radiological hazards are external radiation, airborne radioactivity, and personnel contamination.
- o The hazard of evacuating the injured individual is the aggravation of his injury.

- If continued occupation of the accident site presents a threat to the health and safety of the injured, that exceeds the possible aggravation of his injury by evacuation, EVACUATE him.
- With respect to external radiation exposure, a "threat to health and safety" is an exposure in excess of 25 rem incurred over a period of 12 hours.
- Personnel contamination will usually not present a serious threat to the health and safety of the injured person.
- As a general rule, if external radiation does not present a threat to the health and safety at the accident site, the airborne radioactivity will not present a threat to health and safety.
- If adequate first aid cannot be provided at the accident site, EVACUATE the injured individual to an area (e.g., the First Aid/Decontamination Rooms) where this first aid can be administered.

**NOTE**

If the victim is not moved from the accident site, every reasonable precaution should be taken to protect him from significant exposure.

- If adequate first aid can be provided at the accident site and the victim's health and safety is not threatened at the accident site, PROVIDE first aid and AWAIT the arrival of the ambulance personnel.
- When possible, a stretcher/backboard combination will be used to evacuate the victim from the accident site.

C.2 Immediate evaluation of potential contamination should be made by qualified personnel.

C.2.1 Decontamination

- o Decontamination will always be a secondary priority activity; first priority is first aid to the victim(s).
- o DO NOT REMOVE a dressing or splint for purposes of decontamination; this will be done as indicated by a doctor.
- o DO NOT DECONTAMINATE a wound; this will be done by a doctor.
- o CONDUCT personnel decontamination using procedures and materials identified in LRP-5720-4, Routine Personnel Decontamination, when such procedures and materials can be used without aggravation of the individual's injuries or causing him discomfort.
- o To avoid aggravation and discomfort, REMOVE grossly contaminated items of apparel by use of scissors.
- o DO NOT, by excessive decontamination, cause the injured individual to become unduly apprehensive about his state of contamination. His state of contamination is of minor medical significance.

C.3 In the event that notification of family members becomes necessary, it is best that the notification be made by the employee personally, if at all possible. If this is not possible, either the site nurse or a management employee from the Department shall be assigned to notify a family member of the injured employee. In all cases requiring family member notification, notification shall be made prior to the time that the employee would normally be expected home from work.

C.4 Under all circumstances, unnecessary exposure to radiation should be avoided. Under emergency conditions, the risk of exposure (usually slight) to the rescuer, the first aid person, or Rad Protection (RP) Department personnel, should be balanced against the contribution (usually great) being made toward the health and safety of the casualty.

- C.4.1 Life saving first aid should never be withheld because of exaggeration of the hazard to the rescuer arising solely from the radiological condition of the victim.
- o A beta-gamma irradiated victim presents no hazard to his rescuer.
  - o A grossly contaminated victim presents a slight contact and some respiratory hazard to the rescuer.

**NOTE**

An exposure incident in reference to bloodborne/biological pathogens means direct contact with bodily secretions or other potentially infectious material of/from another individual by a rescuer through specific eye, mouth, other mucous membrane, non-intact skin or parenteral means.

- C.5 Several forms of communicable disease may enter the body through contact with another persons bodily fluids. Every precaution should be taken when rendering first aid to reasonably assure the provider does not come in contact with the victims bodily secretions. First Aid Kits contain surgeons gloves, plastic aprons, and rescue breathing devices for use by the rescuer to eliminate/minimize these fluid contacts. If, however, a respondent / rescuer feels that they may have had an exposure incident in which they had contact with the bodily fluids of another while performing First Aid it is imperative that the **EXPOSED INDIVIDUAL NOTIFY THEIR SUPERVISOR IMMEDIATELY** upon completion of the first aid renderance. A series of three Hepatitis Vaccinations **MUST** be offered within 24 hours of the exposure incident or a waiver/release **MUST** be signed by the potentially exposed individual.
- C.6 Blood, vomit, and/or other bodily secretions on or mixed with any material presents a potential biological hazard. Cleanup and storage of these materials **MUST** be performed by individuals trained in cleanup and deposition of bloodborne/biological pathogens.

D. LIMITATIONS

- D.1 In rescue and first aid operations, the NRC Regulatory limits of exposure are not binding. SEE LZP-1260-5, Personnel Exposures Under Emergency Conditions.
- D.2 For guidance on the administrative actions for personnel injuries use CWPI-NSP-SH-9, Administrative Actions for Personnel Injury.
- D.3 This procedure need not be performed in its entirety, only the applicable sections as they pertain to the incident.
- D.4 Open bullet (o) items need not be performed in order listed, and may be skipped as necessary.
- D.5 Closed bullet (●) items need not be performed in order listed, yet all items need to be performed.
- D.6 Seneca Emergency Services requests mutual aid from Grand Ridge Fire Department, Morris Fire Department and Marseilles Fire Department. Requests for Advanced Life Support will be made through Seneca Emergency Services.

E. PROCEDURE

- E.1 Handling Injuries Requiring Immediate Offsite Medical Attention
- E.1.1 NOTIFY the Control Room at Ext. 2211 - LaSalle Station Emergency Telephone Extension.
- E.1.3 The Control Room NSO will NOTIFY the Shift Manager or Unit Supervisor .

**NOTE**

If the Shift Manager or Unit Supervisor is not immediately available, the Control Room NSO should initiate items (E.1.4 through E.1.4.7) below.

- E.1.4 The Shift Manager or Unit Supervisor will:
- E.1.4.1 NOTIFY the Rad Protection Department at 2241 and the Nurse at 2742 for first aid and radiological assistance as necessary.
- E.1.4.2 DESIGNATE an individual to assume command and control at the accident scene or where individual has taken ill. This will normally be the Field Supervisor.
- E.1.4.3 NOTIFY the Seneca Emergency Services at (815) 357-6442 to send an ambulance to the station.
- E.1.4.3.1 VERIFY Seneca Emergency Services has sent an ambulance to the station within 15 minutes by:
- o Call-back from Seneca Emergency Services stating that an ambulance is in route.
  - o Calling the Seneca Emergency Services and requesting the status of the ambulance requested.
- E.1.4.3.2 If the Seneca Ambulance Service cannot be reached then CALL the Grand Ridge Fire Dept. at 249-6262 for an ambulance.
- E.1.4.4 NOTIFY security at 2220 or 2611 that an ambulance has been called to respond to the Station.

E.1.4.5      VERIFY the status of the victim from Field Supervisor, Nurse or Rad Protection at the scene.

E.1.4.6      VERIFY with Rad Protection whether or not the victim is leaving the station contaminated prior to calling the hospital.

**CAUTION**

Contaminated or potentially contaminated personnel shall be taken to either St. Mary's Hospital or Morris Community Hospital.

Personnel who are unconscious or have potentially life threatening injuries or illness should be taken to Morris Community Hospital

St. Mary's Hospital in Streator shall be used for personnel with non-life threatening injuries or illness.

E.1.4.7      NOTIFY the appropriate hospital:

- o      St. Mary's Hospital, (815) 673-4521 or (815) 673-2311
- o      Morris Community Hospital, (815) 942-6837 or (815) 942-2932
- o      Community Hospital of Ottawa, (815) 433-3100

E.1.4.7      INFORM the individual answering the phone to put you in contact with the Nursing Supervisor immediately. The Nursing Supervisor must be told the nature or extent of the injury and if the person is not contaminated, potentially contaminated or contaminated.

E.1.4.8      CLASSIFY the event as a GSEP Unusual Event in accordance with LZP-1200-1, Classification of GSEP Conditions if the injured person being transported to the hospital is contaminated.

E.1.4.9      ENSURE notification of the cognizant Department Head for ComEd employees or the Contractor Supervisor for contractor personnel.

- E.1.4.10 ENSURE a management representative is assigned to accompany injured ComEd personnel to the hospital. During normal working hours the Department Head should designate the management employee and on backshifts or weekends, the Shift Manager should designate the management representative.
- E.1.4.11 ENSURE the Safety Advisor or Human Resources Supervisor is notified of all injuries requiring an ambulance. If the ambulance is needed on backshifts or weekends, contact the Safety Advisor through his offsite pager. If unable to contact Safety Advisor or Human Resources personnel on backshifts or weekends leave a voice mail message for Safety Advisor. The Nurse must also be notified via pager or home phone if not on site at the time of the emergency.

#### NOTE

The Station personnel should be responsible for assuring that the internal and external exposure incurred by the ambulance attendants is maintained as low as practicable under the circumstances that prevail.

- E.1.5 The person in command and control WILL designate someone to meet the ambulance attendants and direct them to the injured person(s).
- E.1.6 Rad Protection (RP) personnel will meet the ambulance attendants and perform the following:
- E.1.6.1 BRIEF the ambulance attendants on radiation procedures to be followed.
- E.1.6.2 ENSURE that each attendant has a TLD and if necessary:
- o Anti C's
  - o a respiratory control device.
- E.1.6.3 If necessary, WRAP the victim in a blanket or sheet to protect the attendants, the stretcher, and the ambulance from contamination.
- E.1.7 If the injured person(s) is contaminated, a member of the Rad Protection (RP) Dept. will remain with the ambulance attendants until after they have delivered the victim(s) to the hospital.

- E.1.8 While enroute to the hospital, if time and nature of the injuries permit, Rad Protection (RP) personnel will:
  - E.1.8.1 SURVEY the casualties.
  - E.1.8.2 COMPLETE the "Patient Radiation and Medical Status Record Sheet", Attachment A.
  - E.1.8.3 INFORM the hospital of information collected on Attachment A.

E.2 Rad Protection (RP) Support at the Hospital

E.2.1 Station personnel qualified in Rad Protection (RP) procedures WILL don surgical gowns provided by the hospital upon entering the Radiation Emergency Area (REA).

E.2.2 Station personnel should wear a TLD and secondary dosimetry at the hospital. Use the dosimetry staged at the hospital if dosimetry is not brought from the station.

E.2.3 Rad Protection (RP) Support Will:

- o VERIFY the radiological postings setup at the hospital in response to the contaminated injured person as time permits.
- o PROVIDE guidance in the use of equipment and protective clothing to control the spread of contamination at the hospital.
- o ADVISE the doctors concerning the patient's radiation and/or contamination status.
- o PROVIDE such radiation protection support as is necessary to assure that exposure to hospital personnel is maintained at the lowest practicable level.
- o ADVISE and ASSIST in the decontamination of patient and hospital personnel.
- o SUPERVISE the decontamination of the REA and its equipment at the completion of use of the area.
- o ASSURE that all contaminated items are safely packaged and taken back to the Station for decontamination or disposal.
- o MONITOR and SUPERVISE the decontamination of the ambulance attendants and the ambulance. If the apparel of the attendants is contaminated the Rad Protection Technician will collect the apparel and issue scrub clothes from the hospital.
- o ARRANGE to have the attendants deliver the ambulance to the plant site for more complete decontamination, if there is any residual contamination (after having effected such decontamination of the ambulance as can be practicably accomplished at the hospital).

- E.2.4 Rad Protection personnel will gather contaminated materials for return to the Station.
- E.2.5 PHONE the Shift Manager when the individual(s) is/are decontaminated and decontamination is complete at the off-site medical facility.
- E.2.6 To return the contaminated waste to LaSalle station PERFORM the following:
- E.2.6.1 PACKAGE (sealing tightly) contaminated material including water and any other waste from decontamination in the "Strong Tight Containers" (white plastic 5 gal. buckets in the supply cabinet) and

**CAUTION**

- Verify the exterior reading is less than 0.5 mrem prior to shipping.
- HP Supervision must be contacted prior to shipping any package greater than 0.5 mrem. Do not ship without HP Supervision approval.

- E.2.6.2 PLACE label with the Limited Quantity shipment sticker (must be less than 0.5 mrem at contact with the package ).
- E.2.6.3 CONTACT HP Supervision prior to shipping any package greater than 0.5 mrem.
- E.2.6.4 CONTACT Waste Products Chemist for proper disposal of the waste. (Biohazard and Radioactive combined.)

**NOTE**

Exposure to/potential exposure to bloodborne/biological pathogens **MUST** be reported to the exposed individuals supervisor **IMMEDIATELY** upon completion of first aid duties. A series of three Hepatitis Vaccinations **MUST** be offered **OR** a waiver/release form **MUST** be signed within 24 hours of the exposure.

- E.3.1 The Nurse or the Rad Protection (RP) Department and other individuals who have been trained in first aid courses presented or sponsored by the Medical Department should perform the following for contaminated and non-contaminated casualties.
- E.3.2 **ADMINISTER** first aid consistent with the nature and extent of injuries.
- E.3.2.1 An important aspect of first aid is self-aid. If the injured individual is capable, he should apply self-aid procedures and assist those who come to his rescue, particularly with regard to preventing blood loss.
- E.3.3 **MOVE** the injured to the First Aid/Decontamination Room and **INITIATE** decontamination while continuing first aid. If the injured cannot be moved safely, make the injured person(s) as comfortable as possible and await the arrival of the ambulance.
- E.3.4 **ADVISE** the Shift Manager of the urgency of need for off-site medical support groups.

E.4 Handling Minor Personnel Injuries

E.4.1 NOTIFY the Rad Protection (RP) Office, Ext. 2241. Rad Protection Technicians (RPTs) have been trained in First Aid (approved by the ComEd Medical Dept.) will administer First Aid treatment. You may also send the individual to the Nurse's office ( the Occupational Health Office) on site.

E.4.2 If the injury is such that in the opinion of the individual administering First Aid and/or the injured person, immediate medical treatment is desirable, PROCEED to Step E.1.

- E.5            Handling an Electrical Shock
- E.5.1        CONTACT the Occupational Health Services Nurse if available to assess the need to transport electrical shock victim to hospital per reference G.7.
- E.5.2        USE Attachment B to determine the need for emergency treatment if the Occupational Health Services Nurse is unavailable.
- E.5.3        If necessary based on information from Attachment B, TRANSPORT the victim to the hospital via ambulance if the Occupational Health Services Nurse is unavailable.

F.    REVIEW AND SIGNOFF

- F.1           None.

G.    REFERENCES

- G.1           Company Instruction No. 41-1, On - Site Checklist for Electrical Injuries for ComEd Employees Only.
- G.2           CWPI-NSP-SH-9, "Administrative Actions for Personnel Injury".
- G.3           Generating Station Emergency Plan (GSEP).
- G.4           LZP-1200-1, "Classification of GSEP Conditions".
- G.5           LRP-5720-4, "Routine Personnel Decontamination".
- G.6           LZP-1260-5, "Personnel Exposures Under Emergency Conditions".
- G.7           Bruce J. Bolger Memorandum Issued 01/07/2000 and Implemented on 01/10/2000 "NGG Directive For Electrical Injuries For ComEd Employees Only".

ATTACHMENT A

PATIENT RADIATION AND MEDICAL STATUS RECORD SHEET

NAME OF PATIENT \_\_\_\_\_ AGE: \_\_\_\_\_ YR.  
 LOCATION OF INCIDENT \_\_\_\_\_ DATE AND TIME OF INCIDENT: \_\_\_\_\_  
 SUMMARY OF INCIDENT \_\_\_\_\_

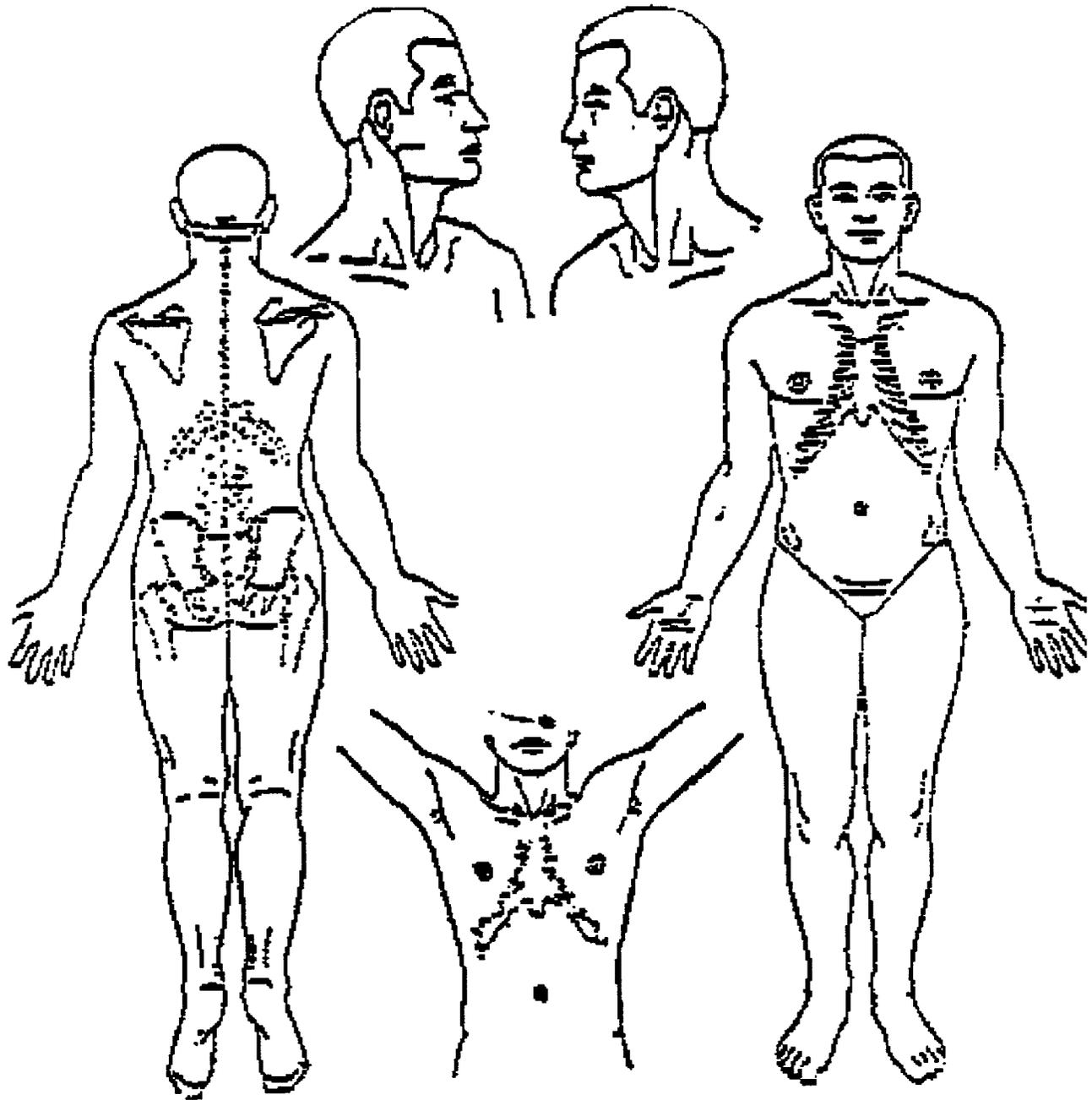
TYPE OF EXPOSURE/INJURY			
WOUNDS (YES OR NO) WHERE? INDICATE ON SKETCH HOW SERIOUS?	EXTERNAL EXPOSURE (YES OR NO) WHERE? WHOLE BODY (YES OR NO) EXPOSURE ESTIMATE _____ REMS LOCAL _____ EXPOSURE ESTIMATE _____ REMS TYPE: $\beta$ NEUTRON	SKIN CONTAMINATION (YES OR NO) WHERE? INDICATE ON SKETCH HOW MUCH? INDICATE ON SKETCH TYPE F CONTAMINATION: MIXED FISSION PRODUCT _____ OTHER _____	INTERNAL CON. (YES OR NO) HOW? WOUNDS/INGESTION/ INHALATION HOW MUCH? _____ TYPE OF CONTAMINATION: MIXED FISSION PRODUCTS OTHER _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEASURES TAKEN:			
TIME: FIRST AID: _____	TIME: SYMPTOMS? NAUSEA _____ YES/NO VOMITING _____ YES/NO SKIN ERYTHEMA _____ YES/NO OTHER _____ SYMPTOMATIC TREATMENT? _____	TIME: DECON: TECHNIQUE _____ _____	TIME: NOSE BLOW YES/NO SAMPLE KEPT: YES/NO DECON OF ORIFICES: WHERE: _____ HOW? _____
WOUND DECON: _____	BADGE TAKEN _____ NEUTRON IRRADIATION ONLY: RING TAKEN: YES/NO BUTTONS, HAIR, NAIL CLIPPINGS TAKEN? YES/NO	EFFECT _____ _____	OTHER SAMPLES TAKEN: URINE YES/NO FECES YES/NO OTHER _____
EFFECT: _____		INDICATE DECONTAMINATED AREAS ON SKETCH	_____

**Level of Use  
Information**

ATTACHMENT A (Continued)

PATIENT RADIATION AND MEDICAL STATUS RECORD SHEET



METER USED: \_\_\_\_\_ DISTANCE SKIN TO PROBE: \_\_\_\_\_ in.  
(MODEL AND SERIAL NO.)

Level of Use  
Information

## ATTACHMENT B

### NGG DIRECTIVE FOR ELECTRICAL INJURIES FOR COMED EMPLOYEES ONLY

For serious and life threatening electrical shock injuries (e.g., chest pain, loss of consciousness, burns, or other physical signs and symptoms), call 2211 to request an ambulance, page the nurse immediately and render first aid treatment that is consistent with approved training.

Examples of symptoms from electrical shock requiring emergency treatment:

- Chest pain
- Shortness of breath
- Heart beating rapidly or irregularly
- Symptoms of shock (e.g., pale, sweaty, dilated pupils)
- Loss of consciousness
- Mental confusion
- Memory loss
- Loss of coordination
- Difficulty in speaking
- Visible electrical burns

For non-serious electrical shocks where the individual reports no major discomfort or signs and symptoms of serious injury, page the site nurse in accordance with NGG Emergency Response Procedure (refer to site specific directions for on-site and off-site paging) or contact the Manager for Nuclear Clinical Services at pager: 815-767-0251 or 888-865-2184 for medical evaluation and direction.

Monitor and provide first aid until medical direction is given. If contact with the nurse is delayed beyond 15 minutes, the use of good judgement in conjunction with station protocol is acceptable in the disposition of the employee. Medical follow-up shall continue as per CI 41-1 with employee reporting to site nurse within 24 hours of the contact.

#### ***\*Signatures on file in NGG Safety-Downers Grove***

Approved:

\_\_\_\_\_  
Richard J. Landy  
VP HR Administration, NGG

\_\_\_\_\_  
Samuel J. Granieri, M.D.  
Medical Director

Level of Use  
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