



**Duke Energy**

Oconee Nuclear Station  
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W. R. McCollum, Jr.  
Vice President

December 18, 2000

U. S. Nuclear Regulatory Commission  
Document Control Desk  
Washington, D. C. 20555

Subject: Oconee Nuclear Station  
Docket Nos. 50-269, -270, -287  
Emergency Plan Implementing Procedures Manual  
Volume C Revision 2000-10

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2000-10, December, 2000.

This revision is being submitted in accordance with 10 CFR 50-54(q) and does not decrease the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures.

Any questions or concerns pertaining to this revision please call Mike Thorne, Emergency Planning Manager at 864-885-3210.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Very truly yours,

  
W. R. McCollum, Jr.  
VP, Oconee Nuclear Site

xc: (w/2 copies of attachments)  
Mr. Luis Reyes,  
Regional Administrator, Region II  
U. S. Nuclear Regulatory Commission  
61 Forsyth St., SW, Suite 24T23  
Atlanta, GA 30303

w/copy of attachments  
Mr. Steven Baggett  
Rockville, Maryland

(w/o Attachments, Oconee Nuclear Station)  
NRC Resident Inspector  
M. D. Thorne, Manager, Emergency Planning

A045

December 18, 2000

OCONEE NUCLEAR SITE  
INTRASITE LETTER

SUBJECT: Emergency Plan Implementing Procedures  
Volume C, Revision 2000-10

Please make the following changes to the Emergency Plan Implementing  
Procedures Volume C by following the below instructions.

REMOVE

Cover Sheet Rev. 2000-09

Table of Contents - Page 1

RP/0/B/1000/016 - (05/27/99)

RP/0/B/1000/017 - (02/12/98)

ADD

Cover Sheet Rev. 2000-10

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RP/0/B/1000/016 - (12/13/00)

RP/0/B/1000/017 - (11/30/00)

# DUKE POWER

## EMERGENCY PLAN IMPLEMENTING PROCEDURES VOLUME C



APPROVED:



W. W. Foster, Manager  
Safety Assurance

12/18/00

Date Approved

12/18/00

Effective Date

VOLUME C  
REVISION 2000-10  
DECEMBER, 2000

VOLUME C  
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HP/0/B/1009/018	Offsite Dose Projections - (05/19/00)
HP/0/B/1009/020	Estimating Food Chain Doses Under Post Accident Conditions - (10/09/98)
HP/0/B/1009/021	Source Term Assessment of a Gaseous Release From Non-routine Release Points - (12/01/97)
HP/0/B/1009/022	On Shift Offsite Dose Projections (06/02/99)
RP/0/B/1000/001	Emergency Classification - (05/30/00)
RP/0/B/1000/002	Control Room Emergency Coordinator Procedure - (05/03/00)
RP/0/B/1000/03A	ERDS Operation (12/03/98)
RP/0/B/1000/07	Security Event - (09/18/00)
RP/0/B/1000/009	Procedure for Site Assembly - (03/21/00)
RP/0/B/1000/10	Procedure for Emergency Evacuation/Relocation of Site Personnel -(03/21/00)
RP/0/B/1000/15A	Offsite Communications From The Control Room - (12/10/98)
RP/0/B/1000/15B	Offsite Communications From The Technical Support Center - (12/10/98)
RP/0/B/1000/15C	Offsite Communications From The Emergency Operations Facility - (12/10/98)
RP/0/B/1000/16	Medical Response - (12/13/00)
RP/0/B/1000/17	Spill Response (11/30/00)
RP/0/B/1000/18	Core Damage Assessment (09/30/97)
RP/0/B/1000/19	Technical Support Center Emergency Coordinator Procedure (05/30/00)
RP/0/B/1000/20	Emergency Operations Facility Director Procedure - (05/31/00)

Revision 2000-10  
December, 2000

# INFORMATION ONLY

## Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/1000/016

Revision No 003

### PREPARATION

(2) Station Oconee Nuclear Station

(3) Procedure Title Medical Response

(4) Prepared By Donice Kelley Date 12/07/2000

- (5) Requires 10CFR50.59 evaluation?
- Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By Ray Waterman (QR) Date 12/13/00

Cross-Disciplinary Review By \_\_\_\_\_ (QR)NA \_\_\_\_\_ Date \_\_\_\_\_

Reactivity Mgmt. Review By \_\_\_\_\_ (QR)NA \_\_\_\_\_ Date \_\_\_\_\_

(7) Additional Reviews

QA Review By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Temporary Approval (if necessary)

By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By M. R. Ithorn Date 12-13-00

### PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

### COMPLETION

(12) Procedure Completion Verification

- Yes  NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- Yes  NA Listed enclosures attached?
- Yes  NA Data sheets attached, completed, dated, and signed?
- Yes  NA Charts, graphs, etc. attached, dated, identified, and marked?
- Yes  NA Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (Attach additional pages, if necessary)

<b>Duke Power Company</b> <b>Oconee Nuclear Site</b>	Procedure No.
	<b>RP/0/B/1000/016</b>
	Revision No. 003
<b>Medical Response</b>	
<b>Reference Use</b>	Electronic Reference No. OX002WPD

## Medical Response

### 1. Symptoms

**NOTE:** This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within three (3) working days of approval.

- 1.1 Conditions exist where medical treatment, confined space rescue and/or transport of injured personnel is required.
- 1.2 This procedure shall provide guidance to Shift personnel and Emergency Coordinator for response, actions, coordination and transportation associated with a medical emergency either from the Control Room or the Operational Support Center.

### 2. Immediate Actions

- 2.1 Refer to Enclosure 4.1, (Medical Emergency Actions - Routine Operations), for response and action guidelines for emergency medical incidents that occur during routine operations.
- 2.2 Refer to Enclosure 4.2, (Medical Emergency Actions - OSC/TSC Activated), for response and action guidelines for emergency medical incidents that occur when OSC/TSC are operational.
- 2.3 Refer to Enclosure 4.3, (Oconee Nuclear Site - General Area Layout), for directions to provide the ambulance service for entry to the site.

### 3. Subsequent Actions

- 3.1 Complete Enclosure 4.1, (Medical Emergency Actions, - Routine Operations) or Enclosure 4.2, (Medical Emergency Actions - OSC/TSC Activated), and submit to the Emergency Planning Section.

### 4. Enclosures

- 4.1 Medical Emergency Actions - Routine Operations
- 4.2 Medical Emergency Actions - OSC/TSC Activated
- 4.3 Oconee Nuclear Site - General Area Layout
- 4.4 Medical Emergency Response Team - Patient Treatment Form

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

**1. Medical Emergency Actions Routine Operations**

**NOTE:**

- Security Manager or designee in the Operational Support Center (OSC) will assume responsibility for running this procedure Enclosure 4.2, Medical Emergency Actions (OSC/TSC Activated) after the TSC/OSC is established and turnover is accepted from Operations. The Security Manager or designee will also assume the responsibility of MERT Communicator after activation of the TSC/OSC.
- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure. Check marks are acceptable in these blanks.

\_\_\_\_\_ 1.1 Complete the procedure steps that apply to this medical emergency, N/A steps not performed.

\_\_\_\_\_ 1.2 Complete the following accident information:

Name of person reporting injury \_\_\_\_\_

Call back number \_\_\_\_\_

Name of person(s) injured:

\_\_\_\_\_

\_\_\_\_\_

Supervisor of injured person: \_\_\_\_\_

Location injury occurred \_\_\_\_\_

Brief description of injury \_\_\_\_\_

\_\_\_\_\_

Time \_\_\_\_\_

**Medical Emergency Actions  
Routine Operations**

**NOTE:** Do **NOT** activate MERT when a security event is in progress until Security confirms that it is safe for MERT members to respond.

- \_\_\_\_\_ 1.3    **IF**        There is a **Security Event** in progress,
- THEN**   Continue with Step 1.3.1 or 1.3.2 as appropriate; if **NOT**, go to Step 1.4.
- \_\_\_\_\_ 1.3.1   **IF**        The patient is outside the Protected Area,
- THEN**   Dial 9-911 from the Operations Shift Manager’s phone or Unit 1 Control Room SRO’s phone or dial 911 from the Bell South line: Units 1/2 and 3 Control Rooms. Request EMS to respond along with local law enforcement.
- \_\_\_\_\_ 1.3.2   **IF**        The patient is inside the Protected Area,
- THEN**   Wait until Security gives assurance that it is safe for MERT to respond before proceeding to Step 1.4.
- \_\_\_\_\_ 1.4    Activate MERT to respond to the medical emergency.
- \_\_\_\_\_ 1.4.1    Use Plant Page to request all MERT members to respond to the incident.
- \_\_\_\_\_ 1.4.2    Use the radio paging system to request MERT members to respond to the incident.
- A. Use the following directions to activate radios and pagers encoded to the MERT alert tones:
- Transmit “Standby for Emergency Message”
  - Press the “Instant Call” button labeled “MERT”
  - Wait for the red “Transmit” light on the radio to turn off
  - Transmit message
- \_\_\_\_\_ 1.4.3    Repeat Steps 1.4.1 and 1.4.2.

**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

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**NOTE:** Do **NOT** call Security if there is a security event in progress.

\_\_\_\_\_ 1.4.4 Call Security at one of the following extensions and request they have Security MERT members respond to the emergency.

SAS (Secondary Alarm Station) - 2205 or 2767

CAS (Central Alarm Station) - 2222 or 2958

\_\_\_\_\_ 1.4.5 **IF** The incident location is away from the main plant (Woe, Complex, Keowee Hydro, etc.) and incident occurs during normal working hours,

**THEN** Notify Shuttle Bus at 5353 to come to the main plant entrance to transport MERT members to those locations.

**NOTE:** The primary location for Triage, should it be needed, is the Maintenance Support Building Cafeteria. An alternate location may need to be selected depending on the area of the plant involved in the incident.

\_\_\_\_\_ 1.5 **IF** A mass casualty event has occurred or is suspected, and a centralized treatment area is needed, and plant conditions allow,

**THEN** Make a PA Announcement emphasizing the following:

- Location of the Triage area
- Warn that only trained medical personnel should move injured people unless there are life threatening conditions in the area

**NOTE:**

- Occupational Health Unit may call direct and request an ambulance without going through the emergency line (4911). Immediate notification will then be made to the Operations Shift Manager or his designee.
- Patients with less serious injuries or illnesses may be transported to offsite medical facilities by personal or company vehicle if site Medical or MERT Command gives approval.

\_\_\_\_\_ 1.6 **IF** Hospital evacuation is needed as determined by MERT Command or as indicated by Step 1.6.1,

**THEN** Arrange transport of patient to the hospital by one of the following means:

**Medical Emergency Actions  
Routine Operations**

- \_\_\_\_\_ • EMS (ambulance)

Dial 9-911 from the Operations Shift Manager's phone or Unit 1 Control Room SRO's phone or dial 911 from the Bell South line - Units 1/2 and 3 Control Rooms. Refer to Step 1.6.2, prior to requesting EMS.

- \_\_\_\_\_ • Company vehicle (less serious injury)

- \_\_\_\_\_ • Personal vehicle (less serious injury)

- \_\_\_\_\_ 1.6.1 **IF** Any of the following illnesses or injuries are reported on emergency line (4911),

**THEN** Immediately request EMS (ambulance) to respond to the site:

- unconsciousness
- cardiac arrest
- fall greater than 10-12 feet (qualified as multi-trauma)
- obvious fractures (with deformity or open)
- amputations
- allergic reaction WITH airway compromise (swollen lips, tongue)
- poisonous snake bite
- head injury with altered level of consciousness (confusion, disorientation)
- altered mental status (confusion, disorientation)
- seizure (grand mal)
- respiratory distress
- entrapped person
- crushing injuries



**Enclosure 4.1**  
**Medical Emergency Actions**  
**Routine Operations**

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**NOTE:** The Safety Duty Person should refer to the Processes and Interpretations Section of the Safety and Industrial Hygiene Compliance Manual for additional information.

- \_\_\_\_\_ 1.10 After normal working hours the Operations Shift Manager or designee shall report the following incidents to ONS Safety Duty Person who will determine if additional people need to be notified
- Fatality
  - Injuries requiring offsite medical treatment
  - Serious accidents (near miss) whereby personnel could have sustained a disabling injury although not resulting in an injury
  - Electric contact, shock or flash burns
  - Injuries or burns resulting from a fire
  - Vehicle accidents
  - Accident involving serious property damage
  - Accident involving potential DPC liability
- \_\_\_\_\_ 1.11 Verify the following notifications in the event of a fatality or injuries to 3 or more people:
- \_\_\_\_\_ 1.11.1 Notify Safety Duty person who will notify:
- A. General Office Manager of Safety and Industrial Hygiene or designee for notification of OSHA (8 hour reporting requirement).
- \_\_\_\_\_ 1.11.2 Notify Site VP or his designee.
- \_\_\_\_\_ 1.12 The Operations Shift Manager or designee shall ensure notification of next of kin, if applicable.
- Fatality - Appropriate Division Manager performs notifications.
  - Injury requiring hospitalization - Employee's Supervisor or Manger perform notification.
- \_\_\_\_\_ 1.13 Submit completed Enclosure 4.1, (Medical Emergency Actions-Routine Operations) to the Emergency Planning Section.

Medical Emergency Actions  
OSC/TSC Activated

1. Medical Emergency Actions – OSC/TSC Activated

- NOTE:**
- Security Manager or designee in the Operational Support Center (OSC) will assume responsibility for running this procedure (Enclosure 4.2) after the TSC/OSC is established and turnover is accepted from Operations. The Security Manager or designee will also assume the responsibility of MERT Communicator after activation of the TSC/OSC.
  - Community Alert Network will recall 3 MERT members to the site. One of these MERT members may assist the Security Manager in running this procedure.
  - Actions may be followed in any sequence.
  - Lines left of procedure steps are used to indicate place in procedure. Check marks are acceptable in these blanks.

\_\_\_\_\_ 1.1 Contact the Control Room and determine if MERT was activated prior to OSC/TSC activation and if turnover for MERT Communicator is needed from the Control Room to the OSC.

\_\_\_\_\_ 1.2 Complete the procedure steps that apply to this medical emergency, N/A steps not performed.

\_\_\_\_\_ 1.3 Complete the following accident information:

Name of person reporting injury \_\_\_\_\_

Call back number \_\_\_\_\_

Name of person(s) injured:

\_\_\_\_\_

\_\_\_\_\_

Supervisor of injured person: \_\_\_\_\_

Location injury occurred \_\_\_\_\_

Brief description of injury \_\_\_\_\_

\_\_\_\_\_

Time \_\_\_\_\_

**Medical Emergency Actions  
OSC/TSC Activated**

**NOTE:** Do **NOT** activate MERT when a security event is in progress until Security confirms that it is safe for MERT members to respond.

\_\_\_\_\_ 1.4    **IF**        There is a **Security Event** in progress,

**THEN**    Continue with Step 1.4.1 or 1.4.2 as appropriate; if **NOT**, go to Step 1.4.

\_\_\_\_\_ 1.4.1    **IF**        The patient is outside the Protected Area and radiological conditions will allow,

**THEN**    Dial 9-911 from the Security Managers phone (ext. 3176 – OSC and ext. 3421- Alt. OSC) and request a response from EMS and law enforcement.

\_\_\_\_\_ 1.4.2    **IF**        The patient is inside the Protected Area,

**THEN**    Wait until it is safe for MERT to respond before activating MERT.

**NOTE:** Do **NOT** use the plant paging system for activating MERT when the OSC/TSC are activated.

\_\_\_\_\_ 1.5    **IF**        The patient is located inside the Protected Area,

**THEN**    Request MERT to respond in the following order.

1. Designated MERT (CAN call backs, Safety, etc.) members in the OSC, if present.
2. Call Security SAS or CAS for Security MERT to respond.
3. MERT (ERO personnel, RP, Chem., etc.) members in OSC.

\_\_\_\_\_ 1.6    **IF**        The patient is located outside the Protected Area,

**THEN**    Select one of the following options for providing medical response:

- Request Medical Unit to have nurse respond if available. (extension 4652)
- Send MERT if manpower is available.
- Request a response from EMS and law enforcement if radiological conditions allow.

**Medical Emergency Actions  
OSC/TSC Activated**

**NOTE:** The primary location for Triage, should it be needed, is the Maintenance Support Building Cafeteria. An alternate location may need to be selected depending on the area of the plant involved in the incident.

\_\_\_\_\_ 1.7 **IF** A mass casualty event has occurred or is suspected, and a centralized treatment area is needed, and plant conditions allow,

**THEN** Make a PA Announcement emphasizing the following:

- Location of the Triage area
- Warn that only trained medical personnel should move injured people unless there are life threatening conditions in the area

**NOTE:**

- Occupational Health Unit may call direct and request an ambulance without going through the emergency line (4911). Immediate notification will then be made to the Operations Shift Manager or his designee.
- Patients with less serious injuries or illnesses may be transported to offsite medical facilities by personal or company vehicle if site Medical or MERT Command gives approval.

\_\_\_\_\_ 1.8 **IF** Hospital evaluation is needed as determine by MERT Command or as indicated by step 1.8.1.

**THEN** Arrange transport of patient to the hospital by one of the following means:

- \_\_\_\_\_ • EMS (ambulance)

Dial 9-911 from the Security Manager's phone (ext. 3176 – OSC and ext. 3421 Alternate OSC) and request EMS (Ambulance) to respond. Refer to Step 1.8.2 , prior to requesting EMS..

- \_\_\_\_\_ • Company vehicle (less serious injury)

- \_\_\_\_\_ • Personal vehicle (less serious injury)

**Medical Emergency Actions  
OSC/TSC Activated**

\_\_\_\_\_ 1.8.1 **IF** Any of the following illnesses or injuries are reported on emergency line (4911),

**THEN** Immediately request EMS (ambulance) to respond to the site:

- unconsciousness
- cardiac arrest
- fall greater than 10-12 feet (qualified as multi-trauma)
- obvious fractures (with deformity or open)
- amputations
- allergic reaction WITH airway compromise (swollen lips, tongue)
- poisonous snake bite
- head injury with altered level of consciousness (confusion, disorientation)
- altered mental status (confusion, disorientation)
- seizure (grand mal)
- respiratory distress
- entrapped person
- crushing injuries

**NOTE:** EMS personnel will not prepare for a radiologically contaminated patient while enroute to the site unless the EMS dispatcher is requested to relay this information to them at the time of dispatch.

\_\_\_\_\_ 1.8.2 **IF** The patient is known or suspected to be radiologically contaminated,

**THEN** Have the EMS dispatcher inform EMS personnel to expect a contaminated patient.

\_\_\_\_\_ 1.8.3 Notify Security at 2222 that the ambulance is enroute.

\_\_\_\_\_ 1.8.4 Notify MERT Command that the ambulance is enroute.

\_\_\_\_\_ 1.8.5 Notify World of Energy Duty Person (Ext. 4602 or Pager #777-9414).

\_\_\_\_\_ 1.9 Notify the Occupational Health Unit at ONS during normal working hours (4652).

**Medical Emergency Actions  
OSC/TSC Activated**

**NOTE:** **IF** Transportation of a radiologically contaminated person to an offsite medical facility is required,

**THEN** The NRC must be notified within four (4) hours (ref. 10CFR50.72 (b) (2) (v).

- \_\_\_\_\_ 1.10 **IF** Radiological contamination is involved and the person is being sent to a hospital,
- THEN** Complete the following:
- \_\_\_\_\_ A. Request MERT Command to FAX the Patient Treatment Form (Enclosure 4.4) to the appropriate hospital as soon as possible.
- \_\_\_\_\_ B. Determine if a Radiation Protection Technician accompanied the contaminated patient to the hospital. If a RP Technician did not go with the ambulance to the hospital, arrange for the first available one to go and assist the hospital with radiation monitoring and contamination control as needed.
- \_\_\_\_\_ C. Notify Operations Shift Manager to refer to NSD 202 for reportability.
- \_\_\_\_\_ 1.11 Remind MERT Command that a Patient Treatment Form, Enclosure 4.4 needs to be completed for all patients and that the completed form is to be sent to the Medical Unit for inclusion in the patients medical file.
- \_\_\_\_\_ 1.12 Notify Offsite Communicator (extension 3706) of MERT activation and/or injured personnel transported offsite.

**NOTE:** The Safety Duty Person should refer to the Processes and Interpretations Section of the Safety and Industrial Hygiene Compliance Manual for additional information.

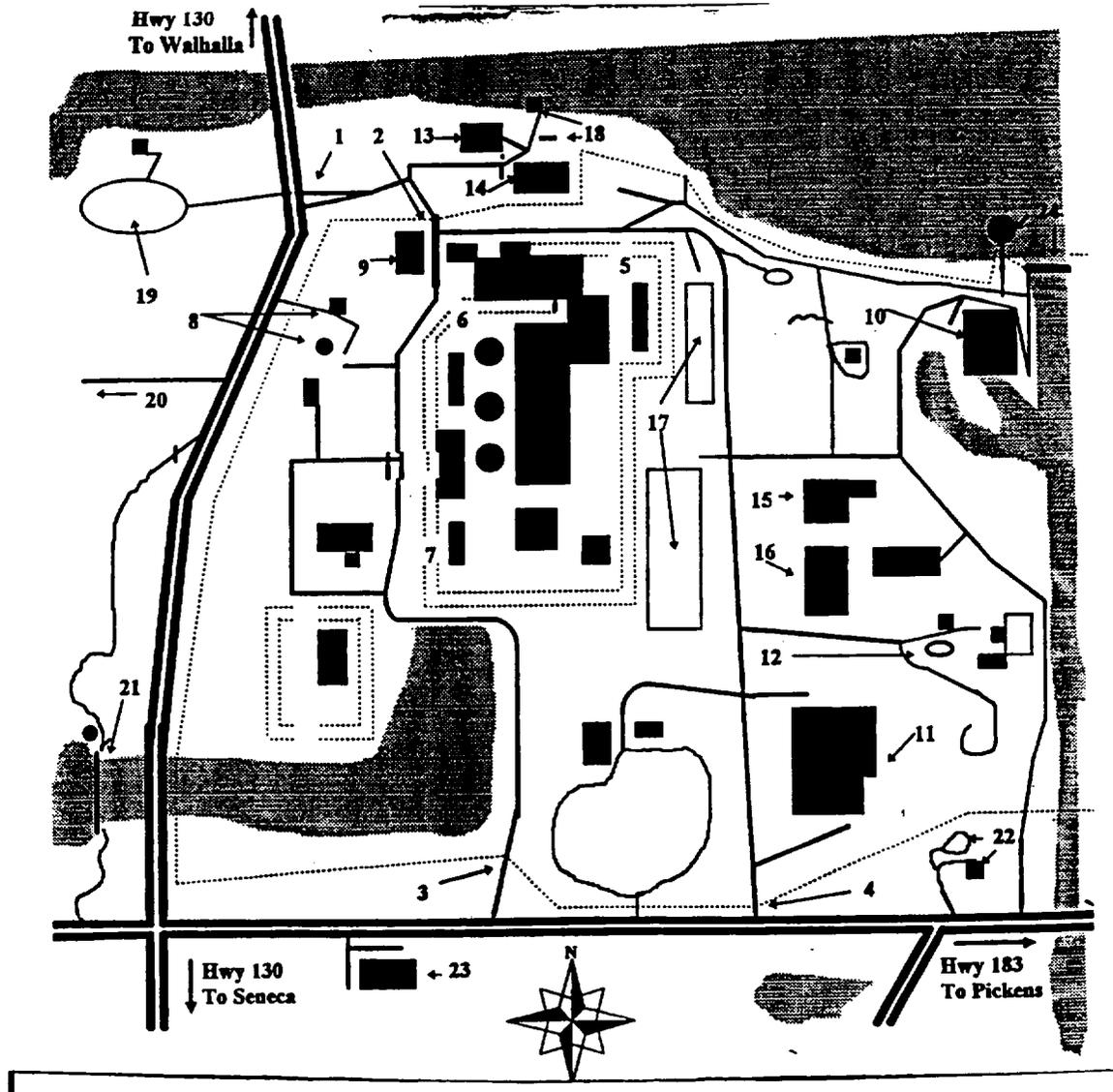
- \_\_\_\_\_ 1.13 Report the following incidents to ONS Safety Duty Person who will determine if additional people need to be notified:
- Fatality
  - Injuries requiring offsite medical treatment
  - Serious accidents (near miss) whereby personnel could have sustained a disabling injury although not resulting in an injury
  - Electric contact, shock or flash burns
  - Injuries or burns resulting from a fire
  - Vehicle accidents
  - Accident involving serious property damage
  - Accident involving potential DPC liability

**Medical Emergency Actions  
OSC/TSC Activated**

- \_\_\_\_\_ 1.13.1 Verify the following notifications in the event of a fatality or injuries to 3 or more people:
- \_\_\_\_\_ A. Notify Safety Duty person who will notify:
- General Office Manager of Safety and Industrial Hygiene or designee for notification of OSHA (8 hour reporting requirement).
- \_\_\_\_\_ B. Notify Site VP or his designee
- \_\_\_\_\_ 1.14 Ensure notification of next of kin, if applicable, for either of the following conditions.
- Fatality - Appropriate Division Manager performs notifications.
  - Injury requiring hospitalization - Employee's Supervisor or Manager performs notification.
- \_\_\_\_\_ 1.15 Submit the completed Enclosure 4.2, (Medical Emergency Actions-OSC/TSC Activated) to the Emergency Planning Section.

Enclosure 4.3  
 Oconee Nuclear Site  
 General Area Layout

1. General Area Layout



1 - Main Site Entrance	7 - PA Gate VAP 3 - IRW	13 - Operations Training Bldg.	19 - Soft Ball Field
2 - Main OCA Gate	8 - Microwave & Water Towers	14 - World of Energy	20 - Recreation (Rec) Site
3 - Intake OCA Gate	9 - Oconee Office Bldg.	15 - Maint. Training Bldg.	21 - Skimmer Wall
4 - Complex OCA Gate	10 - Keowee Hydro Station	16 - Motor Pool & Garage	22 - Church and Grave Yard
5 - PA Gate VAP 2 - North East	11 - Oconee Complex	17 - Switchyards	23 - Geo-Technical Center
6 - PA Gate, VAP 1 - Main	12 - Security Training Area	18 - Picnic Area/Boat House	24 - Keowee Intake/Spillway

Example  
Oconee Nuclear Site

1. Medical Emergency Response Team – Patient Treatment Form



Duke Power Company  
Oconee Nuclear Site

Medical Unit-885-4652  
OPS Shift Manager-885-3271

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Work Group: \_\_\_\_\_ Work Supervisor: \_\_\_\_\_

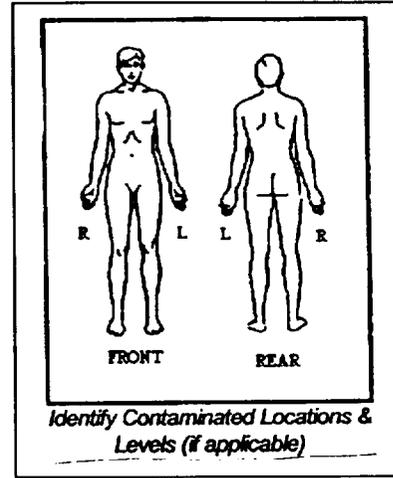
Incident Location: \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Injury/Illness Description: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

PMH: \_\_\_\_\_



<b>Vital signs:</b>	BP: _____/_____/_____	Pulse: _____	Respirations: _____ (___Normal ___Shallow ___Labored)	Time: _____
	BP: _____/_____/_____	Pulse: _____	Respirations: _____ (___Normal ___Shallow ___Labored)	Time: _____
	BP: _____/_____/_____	Pulse: _____	Respirations: _____ (___Normal ___Shallow ___Labored)	Time: _____

**Level of Consciousness:** Alert \_\_\_ Pain \_\_\_ Verbal \_\_\_ Unresponsive \_\_\_

Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is patient contaminated? \_\_\_yes \_\_\_no If yes, and transporting to hospital, is RP Technician enroute? \_\_\_yes \_\_\_no  
Patient Disposition: \_\_\_Medical \_\_\_Return to Work \_\_\_Home \_\_\_ Personal Physician \_\_\_ Hospital  
Patient Instructions: \_\_\_\_\_  
MERT Command: \_\_\_\_\_ Primary Responder: \_\_\_\_\_  
Additional Responders: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Fax completed form to Oconee Hospital (885-7384), ASAP, when transporting to hospital\*\***

# INFORMATION ONLY

Duke Power Company

(1) ID No. RP/0/B/1000/017

## PROCEDURE PROCESS RECORD

Revision No. 5

### PREPARATION

- (2) Station Oconee Nuclear Station
- (3) Procedure Title Spill Response
- (4) Prepared By Sheela Constance Date 11/6/00
- (5) Requires 10CFR50.59 evaluation?
  - Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)
- (6) Reviewed By Robert Taylor (QR) Date 11/21/00
  - Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA RC2 Date 11/21/00
  - Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA RC2 Date 11/21/00
- (7) Additional Reviews
  - Reviewed By \_\_\_\_\_ Date \_\_\_\_\_
  - Reviewed By \_\_\_\_\_ Date \_\_\_\_\_
- (8) Temporary Approval (if necessary)
  - By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_
  - By \_\_\_\_\_ (QR) Date \_\_\_\_\_
- (9) Approved By M Q Thom Date 11-30-00

### PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

- (10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_
- Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_
- Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_
- (11) Date(s) Performed \_\_\_\_\_
- Work Order Number (WO#) \_\_\_\_\_

### COMPLETION

- (12) Procedure Completion Verification
  - Yes  NA Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
  - Yes  NA Listed enclosures attached?
  - Yes  NA Data sheets attached, completed, dated, and signed?
  - Yes  NA Charts, graphs, etc. attached and properly dated, identified, and marked?
  - Yes  NA Procedure requirements met?
- Verified By \_\_\_\_\_ Date \_\_\_\_\_
- (13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_
- (14) Remarks (Attach additional pages, if necessary.)

**DUKE POWER COMPANY  
OCONEE NUCLEAR SITE  
SPILL RESPONSE**

**NOTE:** This is an implementing procedure to the Site Emergency Plan. When changes/ revisions are made to the procedure, forward a control copy to the Site Emergency Planning group within three working days.

**1.0 SYMPTOMS**

An unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters has occurred or is occurring and has been reported to the Control Room.

A chemical or substance can include:

- products with an MSDS or Chemical Fact Sheet
- hazardous wastes
- radionuclide releases in excess of Tech Spec or 10CFR20 limits
- oil and petroleum products
- insulation containing, or potentially containing asbestos
- any of the above materials contained in or on plant equipment, systems or components such as RCW water, wet layup water, etc.

**2.0 IMMEDIATE ACTIONS**

**NOTE:**

- **ALL** spills or releases reported to the control room should be documented on Enclosure 4.1, Spill Report Form.
- Steps 2.1 through 2.4 need to be addressed before allowing caller to hang up the phone.

\_\_\_\_ 2.1 Obtain the specifics of the spill/release from the person reporting the spill/release.

Name \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Spill Location \_\_\_\_\_

Material Spilled \_\_\_\_\_

Phone ext. or pager # that person can be reached at a later time (This number will be entered on Line 1 of Enclosure 4.1, Spill Report Form) \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Consult RP/0/B/1000/01 for emergency classification whenever flammable or toxic gasses are detected/reported within or have the potential for entering the site area boundary.

\_\_\_\_ 2.2 IF the event involves a fire, explosion hazard or a release of toxic gas such as ammonia, hydrazine or chlorine gas

THEN relocate/evacuate all personnel from the spill area and downwind areas.

\_\_\_\_ 2.2.1 Ask the switchboard operator (ext. 3636) to contact the Safety Duty Person for assistance.

\_\_\_\_ 2.3 IF the spill can be secured

THEN perform the following:

\_\_\_\_ instruct the caller to secure the area of the spill,

\_\_\_\_ warn others of any known danger,

\_\_\_\_ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

\_\_\_\_ 2.3.1 IF there is procedural guidance for handling a spill of this material and quantity

THEN instruct the caller to follow the procedure if it can be done safely.

\_\_\_\_ 2.4 IF the release is still in progress, continues to spread, or if there is no procedural guidance for handling releases of this material

THEN \_\_\_\_ dispatch a Fire Brigade member to assess the event,

\_\_\_\_ warn others of any known danger,

\_\_\_\_ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

2.4.1 IF the Fire Brigade requests site Hazmat Team response or the event is a petroleum product that has reached water or the event is a petroleum product whose release to water is imminent:

THEN page out the ONS Hazmat Team, by having the switchboard operator (ext. 3636) activate the Hazmat Team pagers.

2.4.1.1 Call the Security PAP (ext .2309) and request them to post the following information in the Administrative Building hallway outside the PAP:

- Incident Location
- Chemicals involved, if known
- Any other pertinent information that may be available for the site Hazmat Team responders

**NOTE:**

- The request for offsite HAZMAT team assistance should be made simultaneous with the request for fire department assistance. Offsite HAZMAT teams will not respond unless the fire department is also responding.
- Request for assistance from the Oconee County HazMat Team must be made through the local Oconee County fire department
- If the Hazmat event is located at Keowee Hydro, also request assistance from the Pickens County Hazmat Team thru the local Pickens County fire department.
- If the TSC is operational, the TSC Offsite Communicator can make this request.

2.4.2 IF conditions warrant assistance from the local county hazmat teams as determined by the Fire Brigade Leader or the Hazmat Team Leader

THEN contact the appropriate County Rural Fire Department by calling the number listed in Section 8 of the Emergency Telephone Directory and request assistance of the County HazMat Team and local fire department.

**NOTE:** If the TSC is operational, contact the TSC Offsite Communicator and initiate the turnover of remaining procedure requirements to them. Turnover should include information received from the caller, actions taken, response of the Fire Brigade/Hazmat Team and other known information.

2.5 Complete steps 1-10 of Enclosure 4.1 Spill Report Form for all spills reported to the Control Room.

**NOTE:** During normal day shift hours (0700-1730, Monday - Thursday) contact Environmental Management at ext. 4090 or applicable extension for Environmental Management personnel for reportability determination.

During back shift, weekends, or if Environmental Management personnel cannot be contacted, then page the Environmental Management Duty person.

\_\_\_\_ 2.6 Immediately contact the Environmental Management Duty Person for all spills reported to the Control Room.

\_\_\_\_ 2.6.1 Provide the information from lines 2 through 10 on the Spill Report Form to the Duty Person and any other known details of the release.

**NOTE:** The Duty Person may have to research regulations or consult with others to determine if the release is reportable. During this time, completion of this procedure will be suspended. Request that the Duty Person inform you if it appears that the time required to make a determination of reportability will be longer than originally expected.

\_\_\_\_ 2.6.2 Ask the Duty Person if the release is reportable.

\_\_\_\_ 2.6.2.1 IF the release is not reportable

THEN perform the following:

- \_\_\_\_ go to the bottom of the Spill Report Form.
- \_\_\_\_ Mark a line through "Approved for Release" and initial.
- \_\_\_\_ Sign in the "Operations Shift Manager/Emergency Coordinator" space.
- \_\_\_\_ Go to Section 3.0, Subsequent Actions, of this procedure.

**NOTE:** The "APPROVED FOR RELEASE" SIGNATURE must be the Operations Shift Manager or the Emergency Coordinator if the release is reportable to offsite agencies.

\_\_\_\_ 2.6.2.2 IF the release is reportable

THEN perform the following:

- \_\_\_\_ request from the Duty Person the information that is required to complete line numbers 11 through 13 on the Spill Report form.
- \_\_\_\_ Sign the "APPROVED FOR RELEASE" space at the bottom of the form.

**NOTE:** Reportable releases require notification of off-site emergency and regulatory agencies. The telephone notification to the Nuclear Regulatory Commission in Step 2.12 must be made within 4 hours after Step 2.7 has begun.

\_\_\_\_ 2.7      Telecopy the approved form to the Oconee County Emergency Preparedness Agency at the facsimile terminal number listed in the Emergency Telephone Directory, Section 4.

\_\_\_\_ 2.8      Telecopy the approved form to the Oconee County Law Enforcement Center at the facsimile terminal number listed in Section 5 of the Emergency Telephone Directory.

\_\_\_\_ 2.8.1    Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5.

\_\_\_\_ 2.8.1.1 Write the contact information for the Oconee County Law Enforcement Center in the appropriate space in the top section of the Spill Report form.

\_\_\_\_ 2.9      IF      the release is to Keowee River

THEN telecopy the form to the Pickens County Emergency Preparedness Agency at the facsimile terminal number listed in the Emergency Telephone Directory, Section 4.

\_\_\_\_ 2.9.1    Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

\_\_\_\_ 2.9.1.1 Write the contact information for the Pickens County Law Enforcement Center in the appropriate space in the top section of the spill report form.

**NOTE:** The 24-hour contact number for the S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) is State Emergency Response Commission. It may be necessary to wait for a return call from the BSHWM duty person. The State Emergency Response Commission's normal working hours are 0830-1700, after this time you will reach a recording.

\_\_\_\_ 2.10     Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at **1-803-253-6488 or 1-888-481-0125.**

\_\_\_\_ 2.10.1   Write the contact information for the S.C. Bureau of Solid and Hazardous Waste Management in the appropriate spaces in the top section of the Spill Report Form.

\_\_\_\_ 2.10.2   Provide the information from lines 2 through 13 on the Spill Response form to the BSHWM duty person.

- \_\_\_\_\_ 2.10.3 Obtain the South Carolina Department of Health and Environmental Control file number from the BSHWM duty person and enter that file number in the appropriate space at the top of the Spill Report form.
  
- \_\_\_\_\_ 2.11 Contact National Response Center at **1-800-424-8802**.
  - \_\_\_\_\_ 2.11.1 Write the contact information for the National Response Center in the “National Response Center Contact” space in the top section of the Spill Report form.
  
  - \_\_\_\_\_ 2.11.2 Provide the information from lines 2 through 13 on the Spill Report form to the National Response Center duty person.
  
  - \_\_\_\_\_ 2.11.3 Obtain the National Response Center file number and enter the number in the “National Response Center File Number” space at the top of the Spill Report form.
  
- \_\_\_\_\_ 2.12 Make a Red Phone call to the Nuclear Regulatory Commission.
  - \_\_\_\_\_ 2.12.1 Provide all the information from the Spill Report form including the off-site agencies that were notified.
  
- \_\_\_\_\_ 2.13 Notify the Regulatory Compliance Review Duty Person that a NRC four hour Red Phone call has been made.
  - \_\_\_\_\_ 2.13.1 Ask the Regulatory Compliance Duty Person to notify the NRC Resident Inspector on duty that a four hour Red Phone call has been made.
  
- \_\_\_\_\_ 2.14 Notify the World of Energy Duty Person of any releases reported to off-site agencies.
  
- \_\_\_\_\_ 2.15 Go to Section 3.0, SUBSEQUENT ACTIONS, of this procedure.

3.0 **SUBSEQUENT ACTIONS**

- \_\_\_\_ 3.1 Telephone the person who reported the spill/release (from Line 1 of the yellow sheet/Spill Report form) for any information regarding the department/division that is responsible for the spill.
  - \_\_\_\_ 3.1.1 Verify that this person can be reached at a later date at the telephone number listed on Line 1 of the Spill Report form.
  - \_\_\_\_ 3.1.2 Advise the spill reporter that it is no longer necessary for him/her to remain at the phone.
- \_\_\_\_ 3.2 Initiate the Problem Investigation Process (PIP).
- \_\_\_\_ 3.3 Record the information from lines 3-10 of the Spill Report form in the appropriate section of the Problem Identification portion of the PIP.
- \_\_\_\_ 3.4 Write the PIP number in the appropriate space at the top of the Spill Report form.
- \_\_\_\_ 3.5 Send the original approved Spill Report form to Environmental Management (ON03EM) along with any additional notes or information that will assist Environmental Management in the problem investigation.

4.0 **Enclosures**

- 4.1 Spill Report Form