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TO: Document Control Center - NRC File Room

DOCUMENT CHANGE NOTICE NO. 142

DATE: June 14, 2001

FROM: YNPS Site Services Department

DOCUMENT: Implementing Procedures to the Emergency Plan

1. Enter the attached documents in your manuals and/or files, discard all obsolete copies, and return this form to the Site Services Department at Yankee-Rowe, or DE&S Records Center, as applicable within 30 Calendar days.

[X] YNPS Site Services [] DE&S Records Center - Marlborough

2. SAFEGUARDS INFORMATION DOCUMENTS

ALL OBSOLETE copies shall be returned to the Security Shift Supervisor for SHREDDING. SAFEGUARDS INFORMATION documents shall be hand-to-hand delivered or enclosed in two properly sealed and addressed envelopes. Return this form to the Site Services Department.

DESCRIPTION OF CHANGE: ISSUANCE: Implementing Proc. to the E-Plan

List of Effective Pages Table of Contents DCN No. 142 6/14/01

PROCEDURE NO. REV. NO.

OP-3305 24
OP-3343 14
AP-3452 2

DOCKET NO. 50-29
LICENSE NO. DPR-3

Please sign and return to: Renee Prilipp
Yankee Atomic Electric Co.
49 Yankee Rd.
Rowe, MA 01367

Departmental Working Copies have been Reviewed and Working Copy Files Updated.

N/A
Departmental Signature (N/A if not applicable)

The above documents have been entered in the applicable Department Manuals and/or files and all Obsolete copies have been discarded or identified as obsolete. [3, 5.2.15, Paragraph 9, Item 4] SAFEGUARDS INFORMATION documents will be handled per #2 above.

Signature

Date

APF-0223.1
Rev. 14

RT: 09.N01.301
IMS: A15.03.01

A045

YANKEE NUCLEAR POWER STATION
IMPLEMENTING PROCEDURES TO THE EMERGENCY PLAN
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IMPLEMENTING PROCEDURES

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EMERGENCY MEDICAL/CONFINED SPACE RESPONSE ACTIONS

SCOPE

This procedure outlines the basic requirements and actions to be followed by plant personnel in the event of an incident requiring medical response including a confined space emergency. It includes medical emergency notifications, the actions required of specific plant personnel, and the actions to consider when injuries may be complicated by radiation exposure or contamination.

ENCLOSURES

OP-3305 - Pgs. 1-2
Attachment A - Pgs. 1-3
OPF-3305.1 - Pg. 1
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REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. Plan and Procedures for Treatment and Decontamination of Radioactively contaminated and Injured Patients at North Adams Regional Hospital.
3. AP-0227, "Condition Reporting, Investigation and Self-Assessment"
4. DP-2016, "Event Administrative Actions"
5. OP-Memo 2E-4, "ERO Augmentation"
6. Qualified Personnel Manual
7. AP-0620, "Confined Space Permits: Requests, Issue, Use, Update and Termination"

DISCUSSION

This procedure is initiated by the Shift Supervisor whenever response by the emergency medical team or confined space rescue team is necessary. The most likely sequence is as follows:

- The incident is identified.
- The incident or injury is reported to the CR.
- First aid is applied.
- An ambulance and hospital are called.
- An injured person departs from the site.

- Work area cleanup is initiated or area is barricaded.
- The hospital is contacted with followup data.
- Documentation required for accident communication is assembled.

The majority of Fire Brigade personnel are trained in medical response and in confined space rescue. Medical response and confined space rescue personnel are trained to respond to injured personnel whose condition may be complicated by radiation exposure and/or contamination or the need for rescue. Qualified medical response personnel will be listed in the Qualified Personnel Manual. During a medical emergency, medical response personnel may encounter adverse radiological conditions and should follow the guidance of radiation protection trained personnel prior to entering a radiologically controlled area.

PRECAUTIONS

None

PREREQUISITES

1. Medical response personnel have been trained in first aid and CPR.

PROCEDURE

1. Based on your assigned function, follow the procedural guidance of the appropriate attachment listed below:

<u>Attachment</u>	<u>Title and Implementation Responsibilities</u>
A	Control Room Personnel
B	Medical Response Trained Personnel
C	Radiation Protection (RP) Trained Personnel
D	Ambulance and Hospital Response Trained Personnel
E	Security Personnel
F	Confined Space Rescue Trained Personnel

FINAL CONDITIONS

As specified in the appropriate attachment.

ATTACHMENT A

CONTROL ROOM PERSONNEL

This attachment will be completed by Control Room personnel after receiving notification of a medical/confined space emergency. Control Room personnel will act as the primary communications point for hospital/plant/ambulance communications. The North Adams Regional Hospital Emergency Response Plan [2] establishes two categories for radiological medical emergencies:

- Code Magenta - Treatment and decontamination of a patient with **non-life threatening injuries**. The Radiation Emergency Area (REA) in this type of incident will be the decontamination room.
- Code Magenta Trauma Room: Treatment and decontamination of a patient with **life threatening injuries**. The REA in this type of incident will be the Trauma Room.

Based on information received from YNPS (OPF-3305.1) and from ambulance personnel, hospital personnel will determine which of the above two categories to prepare for.

PROCEDURE

1. Make the following announcement using the plant page system:
 - a. Select the appropriate announcement:
 - 1) "Attention in the Plant, Attention in the Plant"
"Medical Emergency, Medical Emergency, Medical Emergency."
"Medical Team members proceed to _____."
(location)
"All other personnel stand clear of the area."
 - OR
 - 2) "Attention in the Plant, Attention in the Plant"
"Confined Space Emergency, Confined Space Emergency, Confined Space Emergency" (Describe the nature of the emergency and its location.)
"Rescue and medical team members proceed to _____."
(location)
"All other personnel stand clear of the area."
 - b. Repeat the announcement.

2. Maintain communications with medical/rescue team for medical and/or radiological information. Contact or request additional assistance for medical/rescue personnel as necessary.
3. Initiate DP-2016, "Event Administrative Actions."
4. For a medical emergency that occurs on a backshift, weekend, or holiday: (Refer to OP-Memo 2E-4 for contact numbers)
 - a. For radiological emergencies, call an off-duty Radiation Protection Technician and have them report to the plant or meet the patient at the hospital.
 - b. For radiological emergencies, notify the Safety Oversight Manager/RPM or alternate for assistance in evaluating the radiological conditions described in Attachment C.
 - c. Notify the Duty Call Officer and the Plant Superintendent.
5. Record all pertinent data regarding the medical emergency in the Control Room Log.
6. Complete OPF-3305.1, "Medical Emergency Status and Notification Form," using all available medical and/or radiological information received from the Medical response personnel.
7. If necessary, call in replacements for the shift complement within two hours.
8. Upon notification by a medical response person that transportation to an off-site medical facility is required, then contact Shelburne Control 9-911 (Back up No. 9-625-8200):
 - a. Request that an ambulance respond to Yankee Nuclear Power Station in Rowe
 - b. State the nature of the injury

NOTE: Only indicate contamination if RP has confirmed and data is available or if suspected of being contaminated (e.g., wearing full PC's, or injuries in contaminated area where frisking is not possible). Ambulance personnel are prepared to address contaminated injuries and do not necessarily need to know this ahead of arrival.

 - c. State whether or not the individual is contaminated
 - d. Provide Plant Shift Supervisor's phone number - (424-2235)

NOTE: Per agreements signed under the Emergency Plan, any injured person who is contaminated will be transported to the North Adams Regional Hospital. If injured person is not contaminated, then either Franklin Medical Center or North Adams Regional Hospital may be used.

9. If RP has confirmed that the individual is contaminated, or if the individual is suspected of being contaminated (e.g., wearing full PC's or injuries in a contaminated area where frisking is not possible) then contact the North Adams Regional Hospital (9-663-3701):
 - a. Identify yourself as calling from Yankee Nuclear Power Station and ask to speak to the EMERGENCY ROOM TRIAGE NURSE MANAGER.
 - b. State the nature of the injury and that the individual is contaminated (provide information contained on OPF-3305.1)
 - c. Provide Plant Shift Supervisors phone number (424-2235).

NOTE: Emergency dosimetry is not necessary if the victim is not contaminated.

10. Contact the Security Shift Supervisor to inform him that an ambulance has been called and to expedite access of ambulance personnel to the emergency area by assigning an officer as an escort and issuing dosimetry and visitors badges to the ambulance personnel. Ensure officer retrieves visitors' badges and injured person(s) badge(s) prior to exiting the site.
11. Notify the Public Affairs Representative. (refer to OP-Memo 2E-4 for contact numbers)
12. For radiological medical emergencies in which the injured worker is sent to the hospital, notify the Massachusetts Department of Public Health. (This is an informational call, give the department representative the information on the Medical Emergency Status and Notification Form (OPF-3305.1), refer to OP-MEMO 2E-6 for telephone numbers.)

FINAL CONDITIONS

1. The patient has left the site and has arrived at the off-site medical facility.
2. All pertinent data has been recorded in the Control Room Log.
3. Initiate a Condition Report for this incident. [3]

MEDICAL EMERGENCY STATUS AND NOTIFICATION FORM

PATIENT: Name: _____				
Location: _____			Date/Time: / /	
MEDICAL PROBLEMS: (including vital signs):				
FIRST AID MEASURES GIVEN:				
RADIATION INJURY:				
●	EXPOSURE?	Yes	No	mR/(received)
●	EXTERNAL CONTAMINATION?	Yes	No	Possible mR/hr*
●	INTERNAL CONTAMINATION (INHALATION)	Yes	No	Possible
●	Decontaminated?	Yes	No	
	Special equipment needed by ambulance or at hospital?	Yes	No	
List special equipment needed:				
Transporting Ambulance Company:		Charlemont	Other (specify)	
AMBULANCE ETA: At Plant:		At Hospital:		
●	RP will accompany the patient to the hospital			
●	RP will meet the patient at the hospital.			
NOTES:				

Name of Plant Person Making Call: _____

Name of Hospital Person Receiving Call: _____

*Contamination should be reported to the hospital in mR/hr. Convert as necessary: 4,000 pm = 1 mR/hr.

YANKEE ATOMIC ELECTRIC CO. Emergency/Injury Evaluation Form

PATIENT INFORMATION

Location: _____ Date: _____ Time: _____

Name: _____ Assessed by: _____

Employer: _____ Recorded by: _____

Age: _____ Sex: _____ Chief Complaint: _____

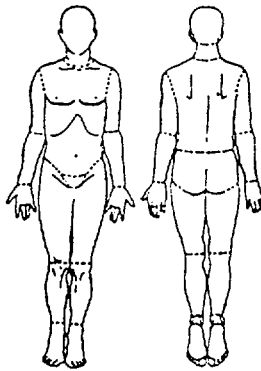
Description of Problem: _____

History: (Medications, Allergies, Illnesses) _____

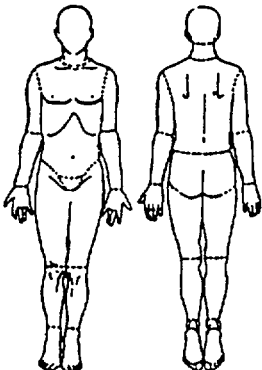
PHYSIOLOGICAL STATUS

Pulse		Blood Pressure	Respiratory	Skin	Neurological	Pupils	Coma Assessment		Abdominal
Initial Time	Rate	Initial	Initial	Capillary Refill <input type="checkbox"/> Absent <input type="checkbox"/> Delayed <input type="checkbox"/> Normal	Motor Function Right Left <input type="checkbox"/> Moves Arms <input type="checkbox"/> <input type="checkbox"/> Moves Legs <input type="checkbox"/>		Right Left <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Unreactive <input type="checkbox"/>	E C Y P E E N	None To Pain To Speech Spontaneously
Repeat Time	Rate	Repeat	Repeat	Condition <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Dry <input type="checkbox"/> Cyan <input type="checkbox"/> Warm <input type="checkbox"/> Red <input type="checkbox"/> Cool <input type="checkbox"/> Normal	Sensory Present Distal to Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Midrange <input type="checkbox"/> <input type="checkbox"/> Pinpoint <input type="checkbox"/>	V R E E R S B P A O L N S E		
Repeat Time	Rate	Repeat	Repeat		Injury <input type="checkbox"/> Pain <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Edema <input type="checkbox"/> Abrasion <input type="checkbox"/> Avulsion <input type="checkbox"/> Laceration			Pulse Present Distal to Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	M R O E T S O P R O N S E
Repeat Time	Rate	Repeat	Repeat	Respiratory Effort <input type="checkbox"/> Absent <input type="checkbox"/> Shallow <input type="checkbox"/> Retractive <input type="checkbox"/> Air Hunger <input type="checkbox"/> Normal <input type="checkbox"/> Partial Obstruction <input type="checkbox"/> Total Obstruction <input type="checkbox"/> Pain		Initial Temp.	C o n s c i o u s n e s s L e v e l <input type="checkbox"/> Normal <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi-Conscious <input type="checkbox"/> Seizure Activity	Repeat	
Repeat Time	Rate	Repeat	Repeat		Radial Pulse <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg. <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong	Neck Veins <input type="checkbox"/> Distended <input type="checkbox"/> Flat <input type="checkbox"/> Normal			Status of BP <input type="checkbox"/> Normal <input type="checkbox"/> Falling <input type="checkbox"/> Increasing

NARRATIVE

Action Taken: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Injury/Illness Code (Check all that apply)	Indicate Injured Area																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Head trauma</td><td>Alcohol</td></tr> <tr><td>Spinal trauma</td><td>Burn</td></tr> <tr><td>Torso trauma</td><td>Poison/Drug</td></tr> <tr><td>Extremity Trauma</td><td>Psychiatric</td></tr> <tr><td>Other Trauma</td><td>Respiratory</td></tr> <tr><td>Suspected MI</td><td>Stroke/CVA</td></tr> <tr><td>Other Cardiac</td><td>Other Medical</td></tr> <tr><td>Abdominal Illness</td><td></td></tr> </table>	Head trauma	Alcohol	Spinal trauma	Burn	Torso trauma	Poison/Drug	Extremity Trauma	Psychiatric	Other Trauma	Respiratory	Suspected MI	Stroke/CVA	Other Cardiac	Other Medical	Abdominal Illness			
	Head trauma	Alcohol																	
	Spinal trauma	Burn																	
	Torso trauma	Poison/Drug																	
	Extremity Trauma	Psychiatric																	
	Other Trauma	Respiratory																	
	Suspected MI	Stroke/CVA																	
	Other Cardiac	Other Medical																	
	Abdominal Illness																		
Treatment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Airway Inserted</td><td>M.A.S.T. Inflated</td></tr> <tr><td>Assisted Ventilation</td><td>Oxygen _____ liters</td></tr> <tr><td>Bleeding Controlled</td><td>Mask</td></tr> <tr><td>Burn Care</td><td>Cannula</td></tr> <tr><td>Cervical Immobilized</td><td>Spinal Immobilized</td></tr> <tr><td>C P R</td><td>Splinting</td></tr> <tr><td>Endotracheal Intub</td><td>Suctioning</td></tr> <tr><td>Extrication Equipment</td><td>Turn on Side</td></tr> <tr><td>Heimlich Maneuver</td><td>No Treatment Given</td></tr> </table>	Airway Inserted	M.A.S.T. Inflated	Assisted Ventilation	Oxygen _____ liters	Bleeding Controlled	Mask	Burn Care	Cannula	Cervical Immobilized	Spinal Immobilized	C P R	Splinting	Endotracheal Intub	Suctioning	Extrication Equipment	Turn on Side		Heimlich Maneuver
Airway Inserted	M.A.S.T. Inflated																		
Assisted Ventilation	Oxygen _____ liters																		
Bleeding Controlled	Mask																		
Burn Care	Cannula																		
Cervical Immobilized	Spinal Immobilized																		
C P R	Splinting																		
Endotracheal Intub	Suctioning																		
Extrication Equipment	Turn on Side																		
Heimlich Maneuver	No Treatment Given																		
Transported: _____																			
Time: _____	By: _____																		

CONTAMINATION

Indicate Contaminated Area(s) 	Mode of Entrance : <input type="checkbox"/> Skin <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation	Level: _____ dpm _____ mr/hr _____ est. exposure - REM	Treatment: _____ decon procedure _____ potassium iodide
Narrative: _____ _____ _____ _____			
Name of R. P. Attendant _____			

ATTACHMENT B

MEDICAL/RESCUE RESPONSE TRAINED PERSONNEL

This attachment will be used by the medical/rescue response trained personnel after receiving notification of a medical/rescue emergency. Since each medical emergency is unique, the steps in this attachment should serve only as an outline of medical response trained personnel actions. Therefore, actual response actions may be improvised by medical response trained personnel based on their expertise and assessment of the incident.

PROCEDURE

A. Incident Response

CAUTION: If the medical emergency involves a confined space, also follow the procedural requirements of Attachment F.

1. Respond with the following equipment, as necessary:

- Green Emergency Bag with oxygen and masks
- Biobin
- Scoop stretcher and/or backboard

2. Survey the scene to ensure that it is safe for medical/rescue personnel to approach the victim.

NOTE: Rescue and treatment of all accident victims should be the primary concern. Radiation exposure or contamination of the victim should be a secondary concern.

NOTE: Always treat the medical condition first prior to moving the victim unless other life threatening hazards exist (eg. fire, estimated dose greater than 100 rem TEDE, etc.)

3. Determine if the need to rescue or move the victim (prior to providing medical treatment) exists due to life-threatening hazards to the victims and rescuers.

- a. Obtain professional medical advice of the Site Nurse if available.

4. Conduct a "Primary Survey" and provide first aid for urgent care needs.

5. Conduct a "Secondary Survey" and provide additional first aid as needed.

6. If more than two medical response trained personnel respond to the incident, then designate a medical team leader.
7. The medical team leader will delegate the following duties to other team members or standby personnel:
 - Assign a person to record the emergency medical assessment on the "Emergency/Injury Evaluation Form" provided in the Green Emergency bag.
 - Assign a person to act as the medical team communicator (eg., Security Officer with radio). This person will maintain communications with the Control Room until the emergency is terminated. Important information to communicate includes:
 - Emergency area conditions.
 - Evaluation of the need for life-saving actions.
 - Decision to call for an ambulance
 - Total number of accident victim(s).
 - Name(s) of victim(s).
 - Radiological conditions.
 - Medical actions performed.
 - The time from the CR that the victim and medical response personnel are clear of the emergency area.
 - The time from the CR that the victim is transferred to the ambulance.
8. Remain with the victim until:
 - The victim has been turned over to the ambulance crew.
 - The victim can take care of himself or herself.
 - The victim can be placed in the care of the Site Nurse.

B. Patient Transfer (if required)

NOTE: If possible, the transfer point should be outside the Restricted Area.

1. Assist in transporting the victim to the closest access to the ambulance.

NOTE: It is the responsibility of all responding site personnel (RP, Security and Emergency Medical Team) to ensure that EMTs and ambulance crew adhere to proper RP practices.

2. As soon as possible after their arrival, the medical response personnel should brief the ambulance crew on the status of the victim. Report:

- The victim's medical status.
- Treatment methods used.
- Where to transport the victim.
- Any radiological concerns.

3. Assist the ambulance crew with patient transfer to the ambulance stretcher.

4. Provide the ambulance crew with two copies of the Injury Evaluation Form (OPF-3305.2). Inform them that the white copy is for the hospital Emergency Department staff, the yellow is for the ambulance and the pink copy for the Health Services Coordinator.

5. In the event of radiological injuries, a radiation protection trained person should accompany the victim in the ambulance, if possible.

6. Inform the Shift Supervisor of the victim's status, the victim has left the site and any other pertinent information.

C. Equipment Return

1. Return all emergency medical equipment to the proper storage location(s).

2. Replace used equipment or notify the Health Services Coordinator as to what is needed.

3. Replace the oxygen tank after every use.

FINAL CONDITIONS

1. The victim has left the site.

2. The Medical Team has medically "cleaned up" the area.

3. The Medical Team has reported the final onsite status of the patient to the Control Room.

ATTACHMENT C

ON-SITE RADIATION PROTECTION (RP) TRAINED PERSONNEL

This attachment will be used by Radiation Protection (RP) trained personnel who may respond to a medical emergency involving radiological accident injuries.

PROCEDURE

A. Incident Response

- 1. Proceed to the emergency area with a survey instrument.
- 2. Determine the dose rate and contamination levels in the emergency area.

NOTE: Rescue and treatment of all accident victims is the primary concern. Radiation exposure or contamination of the victim are a secondary concern.

- 3. a. Estimate the total doses received or expected to be received by the victim.
- b. Assess the personnel contamination status of the victim.

NOTE: Always treat the medical condition first prior to moving the victim unless other life threatening hazards exist (eg. fire, estimated dose greater than 100 rem TEDE, etc.)

- 4. Based on Steps 2 and 3 above, consult with the medical response personnel to determine if the victim's injuries take precedence over his or her radiation exposure and/or bodily contamination. Have a medical response person notify the Control Room of the team's decision.
- 5. Evaluate, suggest, and initiate radiation protection measures for the medical response personnel and the victim.
- 6. Perform a radiological survey as time permits and note areas of contamination on the victim. Attempt to identify the isotope(s) present and the amount of activity.

CAUTION: Gross decontamination of the victim should be accomplished to the extent that the stability of the patient is not endangered.

- 7. Decontaminate the victim and/or maintain contamination control as practicable (e.g., remove the victim's contaminated clothing, jewelry, and gross contaminants as practicable).

8. Assist in transporting the victim to the closest access to the ambulance.
9. If necessary, provide any appropriate protective clothing to the ambulance personnel.
10. Notify the Control Room as to the contamination status of the victim.

FINAL CONDITIONS

1. Survey equipment has been returned to its proper storage location(s).
2. Any documentation has been forwarded to the Radiation Protection Manager.

ATTACHMENT D

RADIATION PROTECTION TRAINED PERSONNEL ASSISTING AMBULANCE AND
HOSPITAL PERSONNEL

This attachment will be used by personnel trained to respond with the ambulance and hospital personnel. Generally, the plant's RP trained responder will remain with the victim and the hospital's RP trained responder will provide protection/care for their personnel.

PROCEDURE

1. Coordinate with the ambulance crew to maintain contamination control during patient transport.
 2. Advise the hospital Radiation Emergency Area (REA) staff of exposure problems in terms of:
 - The patient's exposure.
 - Staff exposure.
 - The location, level, and potential for spreading any contamination.
 3. Dress in protective clothing prior to entering the hospital REA, if required to enter the REA.
 4. Assist in controlling radiation exposure at the hospital:
 - a. Determine the adequacy of traffic control in the REA, post-contamination areas, as necessary.
 - b. Supervise and regulate the radiological protection of personnel involved throughout emergency treatment.
 - c. Assist the hospital's Radiation Safety Officer in monitoring and evaluating personnel exposure.
- NOTE:** The ambulance crew must be monitored and decontaminated, if necessary, before being permitted to leave.
- NOTE:** The ambulance must be monitored and decontaminated, if necessary, before being permitted to leave the hospital area.
- d. Ensure that all involved personnel are monitored and decontaminated, as necessary, prior to leaving the REA.
 5. Assist in the decontamination of the patient, as permitted by the REA doctor in charge.
 6. Survey the patient and stretcher in the Buffer Zone to ensure that neither became contaminated in the transfer. Decontaminate if required.

NOTE: All specimens shall be labelled "Biohazard container".

7. Save and label all specimens of urine, vomitus, feces, blood, tissue, and metals from patient and return them to the plant for use in radiation evaluations, as appropriate.
8. Survey equipment and hospital property after the emergency. Record radiation surveys of personnel and property.
9. Assist the hospital staff with REA decontamination activities.
10. Collect patient and ambulance dosimetry, if issued, and return it to the plant.
11. Collect used protective clothing and all other contaminated material and wastes. Package and return this material to the plant for laundering or disposal.

FINAL CONDITIONS

1. The patient has been placed in the care of the hospital.
2. All specimens collected (except for blood) have been forwarded to the Yankee Environmental Lab for radiological evaluation or are properly labeled and stored at YNPS for subsequent disposition.

ATTACHMENT E

SECURITY PERSONNEL

This attachment will be used by Security personnel after receiving notification of a medical emergency.

PROCEDURE

	<u>Time Done</u>	<u>Initials</u>
<u>NOTE:</u> The following actions apply only if an ambulance is required to transfer the victim off-site.		
1. Notify the Control Room when the ambulance arrives at the Gatehouse.	_____	_____
2. Provide an officer to escort the ambulance to the transfer point, if available.	_____	_____
3. a. Issue dosimetry to the ambulance crew if they will be entering the Restricted Area or are transporting a contaminated injured individual.	_____	_____
b. Instruct the Security Officer escorting the ambulance to ensure that the victim's ID badge and key card are removed before the victim leaves the site.	_____	_____
4. Maintain communications with the officer escorting the ambulance, if available.	_____	_____
5. a. Verify that the officer escorting the ambulance has exchanged the victim's normal dosimetry and replaced it with emergency dosimetry.	_____	_____
b. Forward the victim's regular dosimetry to the Radiation Protection Department at the conclusion of the emergency.	_____	_____
6. Retrieve all security badges prior to the ambulance leaving the site.	_____	_____
7. Notify the Control Room when the ambulance leaves the plant site.	_____	_____

FINAL CONDITIONS

1. The victim has left the site.

ATTACHMENT F

CONFINED SPACE RESCUE TRAINED PERSONNEL

This attachment will be used by confined space trained personnel.

PROCEDURE

CAUTION: Emergency rescue teams must consist of trained individuals and an attendant at the entry point.

1. Respond with the following equipment, as necessary:

- Rescue "Grab and Go" Bag
- Self Contained Breathing Apparatus (SCBA)
- Personal Protection Equipment
- Safety Harness and Lifeline
- Rescue Tripod and Winch Retrieval System
- Portable Lighting
- Ventilation Equipment

NOTE: Non-entry rescue is preferred, however, entry rescues if needed may be performed provided rescue personnel are wearing protective equipment appropriate for the hazards within the confined space.

2. If entry is required:

- a. Obtain a verbal emergency entry authorization from the Operations Shift Supervisor.

NOTE: Adhere to the 2 in - 2 out concept for confined space entries into potential IDLH atmospheres.

- b. Don SCBA, as necessary, and harness, attach lifeline, obtain lighting, if necessary, enter the confined space and retrieve the injured individual(s).

NOTE: All efforts should be made to remove the injured individual(s) so that medical treatment can take place outside the confined space, unless doing so will endanger their life.

FINAL CONDITIONS

- 1. Complete a Confined Space Work Permit (CSWP) after the emergency rescue is completed, if rescue entry has occurred.

RELEASE OF PUBLIC INFORMATION UNDER EMERGENCY CONDITIONS

SCOPE

To establish a policy for the issuance of press releases during emergencies.

ENCLOSURES

OP-3343 - Pgs. 1-3
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REFERENCES

1. Yankee Plant Defueled Emergency Plan

DISCUSSION

It is the policy of Yankee Atomic Electric Company to allow full disclosure to the news media and public of all plant-related emergency response actions. Yankee's Public Affairs Representative or designated alternate will be responsible for releasing information as outlined below.

PRECAUTIONS

None

PREREQUISITES

None

PROCEDURE

A. Release of Information:

1. In accordance with emergency notification procedures, the Public Affairs Representative will be notified of any declared emergency classification. If contact cannot be made, the alternate will be notified.

2. The Public Affairs Representative will report to the plant, or communicate with the Incident Director, and review the emergency conditions.

NOTE: YNPS will not release information to the public until the States are notified of an UNUSUAL EVENT or ALERT, and until YNPS and public safety officials of the States exchange and coordinate information for release to the public.

3. News releases will be prepared for each event (i.e. declaration, change in event classification, change in conditions) or for updating purposes. Prescribed messages are contained as attachments to this procedure. These should be used as a basis for most press releases relative to emergency conditions at the facility. Preparation of news releases will be coordinated with and approved by the Incident Director. News releases will be transmitted to the local news media listed on Att. G by facsimile machine.

a. News releases should include the following elements:

- General description of the incident.
- Time and location.
- Involvement of outside agencies such as medical, police and fire.
- Description of emergency response actions being implemented.
- Other appropriate details.

b. The news releases will not address areas of state responsibility.

NOTE: Release of DRAFT or unapproved information to the states and/or media should be avoided, even if for review and comment. Information should ONLY be released after it has been reviewed and approved by the Incident Director (approval may be obtained verbally via telecon vs. facsimile).

B. Cooperation with News Media:

1. Communications with the news media will be handled by the Public Affairs Representative or designated alternate. All policy statements concerning emergency response actions will be approved and signed by the Incident Director on Attachment A.
2. All news media requests for information will be directed to the Public Affairs Representative or designated alternate.

FINAL CONDITIONS

1. The emergency classification condition has been terminated, and restoration, if applicable, has been implemented.
2. All documentation pertaining to the emergency has been submitted to the Incident Director.

Completed by: _____ Date/Time: _____

ATTACHMENT A
YNPS NEWS RELEASE - UNUSUAL EVENT

This is a: Drill

 Actual Event

News Release #: _____

FOR RELEASE: _____ (DATE)

CONTACT: Kelly Smith, Yankee Atomic Electric Company, Public
 Affairs Representative

TELEPHONE: _____

YANKEE NUCLEAR POWER STATION DECLARES AN UNUSUAL EVENT

 ROWE, MA. - Officials at the Yankee Nuclear Power Station, located on the Deerfield River in Rowe, MA, declared an Unusual Event at _____ . This declaration was based on:

[..brief description of the situation, actions taken, current status..

[
[
[

In accordance with plant procedures, the Commonwealth of Massachusetts, State of Vermont and the U.S. Nuclear Regulatory Commission have been notified and are being updated periodically as warranted by the situation.

The Yankee Nuclear Power Station, owned by Yankee Atomic Electric Company of Auburn, MA ceased operation in February 1992 and is in the process of being dismantled. All nuclear fuel has been removed from the reactor and is being maintained in the Spent Fuel Pool. An Unusual Event is declared when events are in progress or have occurred which indicate a potential to impact the level of safety at the facility. Due to the decommissioned and defueled status of the plant, these types of events pose no threat to the general public or the environment. No release of radioactive material associated with this event has occurred.

Incident Director Approval

Date/Time

ATTACHMENT B
YNPS NEWS RELEASE - ALERT

This is a: [] Drill
 [] Actual Event

News Release #: _____

FOR RELEASE: _____ (DATE)

CONTACT: Kelly Smith, Yankee Atomic Electric Company, Public Affairs
 Representative

TELEPHONE: _____

YANKEE NUCLEAR POWER STATION DECLARES AN ALERT

ROWE, MA. - Officials at the Yankee Nuclear Power Station, located on the Deerfield River in Rowe, MA, declared an Alert at _____. This declaration was based on:

[*..brief description of the situation, actions taken, current status..*

[
[
[

In accordance with plant procedures, the Commonwealth of Massachusetts, State of Vermont and the U.S. Nuclear Regulatory Commission have been notified and are being updated periodically as warranted by the situation. In addition, an on-site Technical Support Center has been activated to provide additional support to the facility operators.

The Yankee Nuclear Power Station, owned by Yankee Atomic Electric Company of Auburn, MA, ceased operation in February 1992 and is in the process of being dismantled and decommissioned. All nuclear fuel has been removed from the reactor and is being maintained in the Spent Fuel Pool. An alert is declared when events are in progress or have occurred which have the potential to substantially impact the level of safety at the facility. Due to the decommissioned and defueled status of the plant, these types of events pose no threat to the general public or the environment. Although a minimal release of radioactive material associated with this event may occur, analyses indicate that any release will not exceed levels established by the U.S. Environmental Protection Agency to protect public health and safety beyond the site boundary.

Incident Director Approval

Date/Time

ATTACHMENT C
YNPS NEWS RELEASE - ESCALATION

This is a: [] Drill
 [] Actual Event

News Release #: _____

FOR RELEASE: _____ (DATE)

CONTACT: Kelly Smith, Yankee Atomic Electric Company, Public Affairs
 Representative

TELEPHONE: _____

YANKEE NUCLEAR POWER STATION EVENT ESCALATES TO AN ALERT

ROWE, MA. - Officials at the Yankee Nuclear Power Station, located on the Deerfield River in Rowe, MA, after monitoring current conditions, decided to escalate the event classification from an Unusual Event to an Alert at _____. This escalation was based on plant conditions exceeding the predetermined parameters found in the facility's Defueled Emergency Plan which constitute a possible substantial degradation in the level of safety and the need for additional resources to monitor the situation. The event escalated to the current Alert level due to:

[*..brief description of the situation, actions taken, current status..*]
[]
[]

In accordance with plant procedures, the Commonwealth of Massachusetts, State of Vermont and the U.S. Nuclear Regulatory Commission have been notified and are being updated periodically as warranted by the situation. In addition, an on-site Technical Support Center has been activated to provide additional support to the facility operators.

The Yankee Nuclear Power Station, owned by Yankee Atomic Electric Company of Auburn, MA, ceased operation in February 1992 and is in the process of being dismantled and decommissioned. All nuclear fuel has been removed from the reactor and is being maintained in the Spent Fuel Pool. An Alert is declared when events are in progress or have the potential to substantially impact the level of safety at the facility. Due to the decommissioned and defueled status of the plant, these types of events pose no threat to the general public or the environmental. Although a minimal release of radioactive material associated with this event may occur, analyses indicate that any release will not exceed levels established by the U.S. Environmental Protection Agency to protect public health and safety beyond the site boundary.

Incident Director Approval

Date/Time

ATTACHMENT D
YNPS NEWS RELEASE - ALERT/RADIOLOGICAL RELEASE

This is a: [] Drill
 [] Actual Event

News Release #: _____

FOR RELEASE: _____ (DATE)

CONTACT: Kelly Smith, Yankee Atomic Electric Company, Public Affairs Representative

TELEPHONE: _____

YANKEE NUCLEAR POWER STATION - ALERT AND RADIOLOGICAL MATERIAL RELEASE

ROWE, MA. - Officials at the Yankee Nuclear Power Station, located on the Deerfield River in Rowe, MA, declared an Alert at _____. This declaration was based on:

[*..brief description of the situation, actions taken, current status..*

[
[
[

During this event, a minimal release of radiological materials has occurred. Based on current analysis, a worst case release of radiological materials from this facility will not exceed current regulatory safety limits at or beyond the facility boundary. Facility staff will monitor these conditions and perform refined analyses specific to this event.

In accordance with plant procedures, the Commonwealth of Massachusetts, State of Vermont and the U.S. Nuclear Regulatory Commission have been notified and are being updated periodically as warranted by the situation. In addition, an on-site Technical Support Center has been activated to provide additional support to the facility operators.

The Yankee Nuclear Power Station, owned by Yankee Atomic Electric Company of Auburn, MA, ceased operation in February 1992 and is in the process of being dismantled and decommissioned. All nuclear fuel has been removed from the reactor and is being maintained in the Spent Fuel Pool. An Alert is declared when events are in progress or have occurred which involve an actual or potential substantial degradation of the level of safety at the facility. Events of this magnitude pose no threat to the general public or the environment.

Incident Director Approval

Date/Time

ATTACHMENT E
YNPS NEWS RELEASE - MEDIA CENTER ESTABLISHED

This is a: [] Drill
 [] Actual Event

News Release #: _____

FOR RELEASE: _____ (DATE)

CONTACT: Kelly Smith, Yankee Atomic Electric Company, Public Affairs Representative

TELEPHONE: _____

YANKEE NUCLEAR POWER STATION ESTABLISHES MEDIA CENTER

ROWE, MA. - Officials at the Yankee Nuclear Power Station, located on the Deerfield River in Rowe, MA, have established a central location for media briefings relative to the event at the Yankee Nuclear Power Station. The Yankee Public Affairs department has established a media center in the _____, which is located on the access road to the facility. Regular briefings will be coordinated from that location, as conditions warrant and as information becomes available.

The Yankee Nuclear Power Station, owned by Yankee Atomic Electric Company of Auburn, MA, ceased operation in February 1992 and is in the process of being dismantled and decommissioned. All nuclear fuel has been removed from the reactor and is being maintained in the Spent Fuel Pool.

Incident Director Approval

Date/Time

ATTACHMENT F
YNPS NEWS RELEASE - EVENT TERMINATED

This is a: [] Drill
 [] Actual Event

News Release #: _____

FOR RELEASE: _____ (DATE)

CONTACT: Kelly Smith, Yankee Atomic Electric Company, Public Affairs
 Representative

TELEPHONE: _____

YANKEE NUCLEAR POWER STATION TERMINATES EMERGENCY EVENT

ROWE, MA. - Officials at the Yankee Nuclear Power Station, located in Rowe, MA have determined the initiating circumstances that led to an emergency condition have been brought under control. The decision to terminate the event and proceed into a recovery mode of operation has been reviewed and discussed with officials from the Commonwealth of Massachusetts and the State of Vermont. The event was officially terminated at _____.

Yankee officials will initiate an investigation as to the cause of the event and details of that investigation will be made available as they are finalized.

The U.S. Nuclear Regulatory Agency has been notified of the event termination and will most likely oversee the event investigation to be conducted by Yankee.

The Yankee Nuclear Power Station, owned by Yankee Atomic Electric Company of Auburn, MA, ceased operation in February 1992 and is in the process of being dismantled and decommissioned. All nuclear fuel has been removed from the reactor and is being maintained in the Spent Fuel Pool.

Incident Director Approval

Date/Time

ATTACHMENT G

LOCAL NEWS MEDIA - FAX NUMBERS

Associated Press	413-781-3749
The Recorder	413-774-5020
Union-News	413-774-2501
North Adams Transcript	413-662-2792
WHAI	413-773-5637
WNAW	413-662-2143

REVISION PROCESS FOR THE YNPS DEFUELED EMERGENCY PLAN

SCOPE

This procedure delineates the steps necessary to review, revise, and issue revisions to the YNPS Defueled Emergency Plan.

ENCLOSURES

AP-3452 - Pgs. 1-2
Attachment A - Pgs. 1-2
Attachment B - Pg. 1

REFERENCES

1. Memo BYR 99-072, YAEC to NRC, Amendment to YAEC Request for Modification of YNPS Defueled Tech Specs, 11/2/99
2. YNPS Defueled Emergency Plan, Section 12.4
3. 10CFR50.54 (q)

DISCUSSION

The YNPS Defueled Emergency Plan outlines the emergency response capabilities of Yankee and is reviewed on an annual basis. Revisions to this plan will be made in accordance with current regulations and guidelines. Proposed changes to the YNPS Defueled Emergency Plan are required to receive an Independent Safety Review and Decommissioning Manager approval.

PRECAUTIONS

None

PREREQUISITES

None

PROCEDURE

1. Revisions to the YNPS Defueled Emergency Plan will address comments from QA Audits, exercise and drill critiques, and reviews. Revisions will be made in the appropriate sections of the plan.
2. The document will be typed, proofread, and the revision will be side barred in the margin.
3. Attachment A, "YNPS Defueled Emergency Plan Change Evaluation Form", and the 10CFR50.54(q) "Decrease in Effectiveness Review" will be completed by the originator.
4. The originator should complete the top portion of Attachment B and combine with Attachment A, the 10CFR50.54(q) review, and the associated plan changes and forward the entire package to the Safety Oversight Manager for review.

NOTE: The determination that the change will not decrease the effectiveness of the plan is documented in Attachment A and its supporting 10CFR50.54(q) "Decrease in Effectiveness Review."

NOTE: If the change is determined to decrease the effectiveness of the plan, the proposed change shall be submitted as specified by 10CFR50.4 for approval by the NRC prior to its implementation.

5. The Safety Oversight Manager or designee will review the package to determine if the proposed change decreases the effectiveness of the YNPS Defueled Emergency Plan and confirm this by signature on Attachment A.
6. The package should then be forwarded to the PORC Secretary for an Independent Safety Review (ISR).
7. The PORC meeting number will be entered on Attachment B.
8. Any revisions made as a result of the ISR will be incorporated by the originator.
9. The document will then be forwarded to the Decommissioning Manager for final approval and signature on Attachment B.
10. The document will be provided to Plant Administration for issuance.
11. Affected emergency plan implementing procedures will be revised, as necessary.

FINAL CONDITIONS

1. The revised Emergency Plan has been approved and issued.
2. If prior NRC approval is not required, forward a copy of Attachment A and any supporting documentation to the licensing group for preparation of a report to the Nuclear Regulatory Commission, due within 30 days of the effective date of the change (10CFR 50.54(q)).
3. If the change is determined to decrease the effectiveness of the plan, forward Attachment A and any supporting documentation to the licensing group for submission of the proposed change for approval by the NRC prior to implementation of the change.

ATTACHMENT A

YNPS DEFUELED EMERGENCY PLAN CHANGE EVALUATION FORM

Change Number in Progress: _____

Originator: _____ Date: _____

Determination of Effectiveness Reduction:

This proposed change affects the following subject areas of the YNPS Defueled Emergency Plan: (check each topic applicable)

- Normal station operating organization: emergency response staffing levels; staff emergency activation and augmentation; assignment of staff emergency responsibilities.
- Assignment and staffing levels of on-shift emergency response staff; interface between on-site and off-site organizations; corporate site response.
- Arrangements for using off-site assistance organizations; assistance expected from off-site authorities.
- Emergency Classification System, including supporting emergency action levels.
- Initial and follow-up notification of state authorities.
- Emergency Communications Systems and testing.
- Emergency response facilities, equipment and supplies.
- Methods, systems, and equipment for assessing off-site radiological projections.
- Protective actions and equipment for on-site emergency workers; evacuation and accountability for personnel on-site.
- On-site emergency worker radiological exposure control measures and equipment; personnel decontamination equipment and supplies; first aid equipment and supplies.
- Emergency medical treatment and transportation capabilities for on-site personnel.
- Training, drills, and exercise.
- Responsibilities for emergency plan review and update.

For each of the above subject areas checked as affected, provide justification that this proposed change does not reduce the effectiveness of the YNPS Defueled Emergency Plan.

NOTE: Justification is to be in the form of a 10CFR50.54(q) "Decrease in Effectiveness Review."

NOTE: If the proposed change is determined to decrease the effectiveness of the YNPS Defueled Emergency Plan, the proposed change shall be submitted as specified by 10CFR50.4 for NRC approval prior to its implementation.

Conclusion: The proposed change [] will / [] will not decrease the effectiveness of the YNPS Defueled Emergency Plan.

Completed by: _____ Date _____

Reviewed by: _____ Date _____
Safety Oversight Manager

ATTACHMENT B

YNPS DEFUELED EMERGENCY PLAN REVIEW AND APPROVAL FORM

Originator: _____ Date: _____

Change Number in Progress: _____

Summary Description of Change: _____

Independent Safety Review

The proposed change [] will / [] will not decrease the effectiveness of the YNPS Defueled Emergency Plan.

Comments:

PORC Meeting No. _____ Date _____

Approved by: _____ Date _____
Decommissioning Manager

Issued by: _____ Date _____
Administration