



Entergy Operations, Inc.
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February 28, 2002

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

Subject: Changes to Emergency Plan Implementing Procedures – February 28, 2002

Grand Gulf Nuclear Station
Docket No. 50-416
License No. NPF-29

GNRO-2002/00024

Ladies & Gentlemen:

Entergy Operations, Inc. submits in accordance with 10CFR50 Appendix E, Section V changes to the following Emergency Plan Implementing Procedure:

10-S-01-19 Rev. 13

This letter does not contain any commitments.

Yours truly,

A handwritten signature in black ink, appearing to read "Charles A. Bottemiller".

Charles A. Bottemiller,
Licensing Manager

MJL

attachment: 1. Procedure 10-S-01-19
cc:

(See Next Page)

Hoeg	T. L.	(GGNS Senior Resident)	(w/a)
Levanway	D. E.	(Wise Carter)	(w/a)
Reynolds	N. S.		(w/a)
Smith	L. J.	(Wise Carter)	(w/a)
Thomas	H. L.		(w/o)

Mr. E. W. Merschoff (w/2) Regional Administrator U.S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Drive, Suite 400 Arlington, TX 76011	ALL LETTERS
U.S. Nuclear Regulatory Commission ATTN: Mr. S. P. Sekerak, NRR/DLPM (w/2) ATTN: FOR ADDRESSEE ONLY ATTN: U.S. Postal Delivery Address Only Mail Stop 07D1 Washington, D.C. 20555-0001	ALL LETTERS – U.S. POSTAL SERVICE MAIL DELIVERY ADDRESS ONLY

PLANT OPERATIONS MANUAL

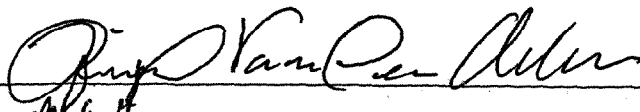

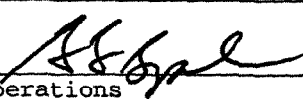
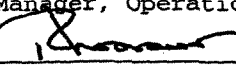

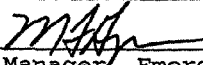
Volume 10
Section 01

10-S-01-19
Revision: 13
Date: 2/21/02

EMERGENCY PLAN PROCEDURE

PERSONNEL INJURY

SAFETY RELATED

Prepared: 
Reviewed: 
Technical
Concurred: 
Manager, Operations
PSRC: 
Approved:  
Plant General Manager Manager, Emergency Preparedness

List of Effective Pages:

Pages 1-7

Attachments I-II

List of TCNs Incorporated:

<u>Revision</u>	<u>TCN</u>
0	None
1	1
2	None
3	None
4	None
5	None
6	None
7	None
8	None
9	None
10	None
11	None
12	None
13	None

GRAND GULF NUCLEAR STATION

EMERGENCY PLAN PROCEDURE

Title: Personnel Injury	No.: 10-S-01-19	Revision: 13	Safety Evaluation
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Facility: Grand Gulf Nuclear StationDocument Reviewed: 10-S-01-19, Personnel Injury

System Designator(s): _____

Check the applicable review(s):

<input checked="" type="checkbox"/>	SCREENING	Sections I, II, and III required
<input type="checkbox"/>	50.59 EVALUATION EXEMPTION	Sections I, II, III, and IV required
<input type="checkbox"/>	50.59 EVALUATION Evaluation #: _____	Sections I, II, III, and V required

NOTE: Only the sections required as indicated above must be included in the Review.

I. SIGNATURES / OVERVIEW

Preparer: [Signature] / Richard Van Den Akker / EOI/NSA-EP Staff / 1-24-02

Signature / Name (print) / Company / Department / Date

Reviewer: M. Rasch M. RASCH EOS TRAINING 1/24/2002

Signature / Name (print) / Company / Department / Date

(PSRC): [Signature] / R. Moorman / EOS / 2/14/2002Chairman's Signature / Date (N/A for Screenings and 50.59
Evaluation Exemptions)List of Assisting/Contributing
Personnel:

Name:

Scope of Assistance:

_____	_____
_____	_____
_____	_____
_____	_____

Description of Proposed Change

This revision to 10-S-01-19 adds the River Region Medical Center as an offsite medical facility, and removes ParkView Regional Medical Center and Vicksburg Medical Center. This revision also corrects Radiation Protection department titles to be consistent with titles in the FSAR.

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II. SCREENING

A. Licensing Basis Document Review

Does the proposed activity impact the facility or a procedure as described in any of the following Licensing Basis Documents?

<i>Operating License</i>	YES	NO	N/A	<i>CHANGE # and/or SECTIONS TO BE REVISED</i>
Operating License	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
TS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
NRC Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If "YES", obtain NRC approval prior to implementing the change. (See Section 5.1.13 for exceptions.)				

<i>LBDs controlled under 50.59</i>	YES	NO	N/A	<i>CHANGE # and/or SECTIONS TO BE REVISED</i>
UFSAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Section 13.3 Emergency Planning
TS Bases	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Technical Requirements Manual	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Core Operating Limits Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Fire Hazard Analysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fire Protection Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Offsite Dose Calculations Manual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Process Control Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NRC Safety Evaluation Reports ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If "YES", perform an Exemption Review per Section IV <u>OR</u> perform a 50.59 Evaluation per Section V.				

<i>LBDs controlled under 72.48</i>	YES	NO	N/A	<i>CHANGE # and/or SECTIONS TO BE REVISED</i>
Cask UFSAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If "YES", evaluate/process any changes in accordance with 72.48				

<i>LBDs controlled under other regulations</i>	YES	NO	N/A	<i>CHANGE # and/or SECTIONS TO BE REVISED</i>
Quality Assurance Program Manual ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Plan ³	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sections 5.6.1, 6.7.4 and Section D pages 1, 15-18
Security Plan ³	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Inservice Inspection Program ⁴	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inservice Testing Program ⁴	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If "YES", evaluate/process any changes in accordance with the appropriate regulation.				

¹ If "YES," see Section 5.1.5.

² If "YES," notify the responsible department and ensure a 50.54 Evaluation is performed.

³ The Security Plan is classified as safeguards and can only be reviewed by personnel with the appropriate security clearance. The Preparer should notify the security department of potential changes to the Security Plan.

⁴ If "YES", process the change in accordance with the 10CFR50.55a control program.

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- B. Does the proposed activity involve a test or experiment not described in the FSAR? ☐ Yes If "yes," perform an Exemption Review per Section IV OR ☒ No perform a 50.59 Evaluation per Section V.

C. Basis

(Provide a basis for the "no" items checked in Sections II.A and II.B, above. Adequate basis must be provided within the Screening such that a third-party reviewer can reach the same conclusions. Simply stating that the change does not affect TS or the FSAR is not an acceptable basis. If a 50.59 Evaluation is required, this section may be N/A'd.)

An electronic search was conducted on the following Licensing Basis Documents: Technical Specifications, FSAR and Emergency Plan. The search was conducted using the keywords HOSPITAL, MEDICAL, PARKVIEW, VICKSBURG MEDICAL, INJURY, FIRST AID. 10CFR20.1502 was also reviewed.

Searches revealed that the hospitals used to support Grand Gulf are listed in the GGNS Emergency Plan sections 5.6.1, 6.7.4 and appendices B and D, and in the FSAR section 13.3. An Emergency Plan Change and an FSAR change have been initiated (LBDC 2002-010 and Emergency Plan Revision 47).

This change does not affect the level of medical care available to support Grand Gulf during emergencies. The new medical facility will have an emergency room larger than the other two facilities emergency rooms combined, including a decontamination room designed for hazardous material, including radiological. The personnel staffing the new facility have been trained to handle radiological incidents while at the other hospitals.

Offsite medical facilities have no affect on the operation of Grand Gulf Nuclear Station, or the maintenance of plant structures, systems or components. Offsite medical facilities will not affect and tests, procedures or evolutions at Grand Gulf and will have no impact on severity or occurrence of any accidents.

- D. Is the validity of this Review dependent on any other change? (See Section 5.2.2.4 of the EOI 10CFR50.59 Program Review Guidelines) ☒ Yes ☐ No

If "Yes," list the required changes.

Emergency Plan Revision 47

LBDC Change 2002-010

E. References

[Discuss the methodology for performing the LBD search. State the location of relevant licensing document information and explain the scope of the review such as electronic search criteria used (e.g., key words) or the general extent of manual searches per Section 5.2.2.4 of LI-101.]

Documents:

FSAR, Technical Specifications,
GGNS Emergency Plan, 10CFR20.1502

FSAR Sections Reviewed:

13.3 Emergency Planning

18.0 Response to TMI related
Requirements

Keywords:

HOSPITAL, MEDICAL, PARKVIEW, INJURY,
FIRST AID

FSAR Figures Reviewed:

None

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III. ENVIRONMENTAL SCREENING

If any of the following questions is answered "yes," an Environmental Review must be performed in accordance with NMM Procedure EV-115, "Environmental Evaluations."

Will the proposed Change being evaluated:

Yes No

- ☐ ☒ Involve a land disturbance of previously disturbed land areas in excess of one acre (i.e., grading activities, construction of buildings, excavations, reforestation, creation or removal of ponds)?
- ☐ ☒ Involve a land disturbance of undisturbed land areas (i.e., grading activities, construction, excavations, reforestation, creating, or removing ponds)?
- ☐ ☒ Involve dredging activities in a lake, river, pond, or stream?
- ☐ ☒ Increase the amount of thermal heat being discharged to the river or lake?
- ☐ ☒ Increase the concentration or quantity of chemicals being discharged to the river, lake, or air?
- ☐ ☒ Discharge any chemicals new or different from that previously discharged?
- ☐ ☒ Change the design or operation of the intake or discharge structures?
- ☐ ☒ Modify the design or operation of the cooling tower that will change water or air flow characteristics?
- ☐ ☒ Modify the design or operation of the plant that will change the path of an existing water discharge or that will result in a new water discharge?
- ☐ ☒ Modify existing stationary fuel burning equipment (i.e., diesel fuel oil, butane, gasoline, propane, and kerosene)?
- ☐ ☒ Involve the installation of stationary fuel burning equipment or use of portable fuel burning equipment (i.e., diesel fuel oil, butane, gasoline, propane, and kerosene)?
- ☐ ☒ Involve the installation or use of equipment that will result in an air emission discharge?
- ☐ ☒ Involve the installation or modification of a stationary or mobile tank?
- ☐ ☒ Involve the use or storage of oils or chemicals?
- ☐ ☒ Involve burial or placement of any solid wastes in the site area that may effect runoff, surface water, or groundwater?

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10CFR50.54(q) SCREENING**1. DOCUMENT INFORMATION**

Procedure/Document Number: 10-S-01-19	Proc./Doc. Revision: 13
Document Title: Personnel Injury	
Brief Description of Proposed Revision: Revision 13 adds River Region Medical Center to the list of offsite medical facilities and removes Parkview Regional Medical Center and Vicksburg Medical Center. Emergency Plan Revision 47 and FSAR change LBDC 2002-010 include these changes. This revision also corrects Radiation Protection department titles to be consistent with those in the FSAR.	

2. SCREENING

A.) Does the proposed revision require a change to the Emergency Plan? ___ Yes ___ <u>X</u> No
B.) Does the proposed revision change the site Emergency Action Levels (EALs)? ___ Yes ___ <u>X</u> No
If the answer to either question is YES, then a 50.54(q) evaluation must be performed.

3. APPROVAL

Screening Completed By: _____

Signature

Date

Screening Reviewed By: _____


Signature

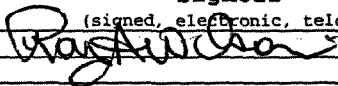
Date

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RPTS FORM

10CFR50.59 Review Required?	(X) Yes	If Yes, attach 50.59 Review Form
	() No	Not required per LI-101

Cross-Discipline review required?	(X) Yes	(Note affected Departments Below)
	() No	
Preparer Initials>>> 		

Department Cross-Discipline Reviews Needed	Signoff (signed, electronic, telcon)
Radiation Protection	

Does this directive contain Tech Spec Triggers? () YES (X) NO

REQUIREMENTS CROSS-REFERENCE LIST

Requirement Implemented Name	by Directive Paragraph Number	Directive Paragraph Number That Implements Requirement
GGNS Emergency Plan	6.7.3.S1, S2 & 6.7.4.S5	6.3.1 (Note) & 6.4.1
10 CFR 50	72.B.3.XII	6.1.2 (Caution)

* Covered by directive as a whole or by various paragraphs of the directive.

NOTE

The Component Database Change Request statement is applicable only to Volume 06 and 07 maintenance directives.

Component Database Change Request generated and the backup documentation available for setpoint and/or calibration data only ☐ Yes ☒ N/A CDBCR # _____

Current Revision Statement

Revision 13:

- Adds River Region Medical Center and removes Vicksburg and ParkView Medical Centers.
- Minor editorial changes.
- Corrects Radiation Protection titles.

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1.0 PURPOSE AND DISCUSSION

1.1 Purpose

- 1.1.1 To provide guidance on response to, reporting of, and transfer of injured personnel under the following conditions:
- Injured person requiring transport to an offsite medical care facility
 - Any injuries discovered during an emergency classification

1.2 Discussion

- 1.2.1 By agreement between Entergy Operations, Inc. and the primary and backup medical care facilities, personnel at the Grand Gulf Nuclear Station sustaining injuries from ionizing radiation or injuries complicated by radiation exposure or radioactive contamination are to be provided care and treatment at those facilities. Procedures and equipment for this care and treatment are maintained at these facilities.

An individual whose clothing, skin and/or wounds are contaminated with radioactive material may present a radiation hazard to attending personnel in the absence of adequate procedures to prevent the spread of the contaminant, or control the radiation exposure in the event of radioactive shrapnel wound.

Since radiation injuries are not immediately life-threatening, primary attention should always be directed to traumatic life-threatening injuries. After such treatment is rendered, the patient should be decontaminated.

2.0 RESPONSIBILITIES

- 2.1 The Superintendent, Radiation Protection - Is responsible for the implementation of the First Aid Program at GGNS.
- 2.2 The Radiation Protection Supervisor - Is responsible for the administration and management of the First Aid Program including:
- The assignment of an EMT to each Radiation Protection shift.
 - Maintenance of first aid supplies and medical emergency response equipment.
 - Transportation of injured personnel to the hospital and contamination control measures as necessary.
- 2.3 All GGNS personnel - Are to immediately report observed serious injuries to the Control Room. Personnel within the Protected Area requiring minor first aid are to report to Radiation Protection for medical treatment.
- 2.4 The OSC Coordinator - Is responsible for organizing and dispatching of First Aid Teams per EPP 10-S-01-29 when the OSC is operational.
- 2.5 The Emergency Director - Is responsible for notifying the Information Specialist regarding worker injuries during a declared emergency.

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3.0 REFERENCES

3.1 First Aid, 01-S-08-17

4.0 ATTACHMENTS

4.1 Attachment I - Transport Routes to Claiborne County Hospital

4.2 Attachment II - Transport Routes to River Region Medical Center

5.0 DEFINITIONS

5.1 OSC - Operations Support Center

5.2 TSC - Technical Support Center

5.3 RPS - Radiation Protection Supervisor

5.4 REA - Radiation Emergency Area

6.0 DETAILS

6.1 Reporting of Injuries

6.1.1 Any individual finding an injured person who requires major medical assistance is to immediately notify the Control Room by the quickest available means.

a. The following information should be provided to the Control Room:

- (1) Name and location of the injured person
- (2) Extent of injuries
- (3) Name of the caller

NOTE

Maintain communications with the Control Room until all reported information is properly acknowledged.

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6.1.2 The Control Room is to perform the following actions:

- a. Immediately notify the Radiation Protection (RP) Lab.
- b. Consider notifying Plant Personnel of the event via the PA System, requesting unnecessary personnel stay clear of the area.
- c. Notify the OSC if activated and provide the applicable information about the location of the worker and extent of injuries, if known.
- d. Notify the Emergency Director in the TSC (if operational).

CAUTION

If a contaminated injured person is transported to an offsite medical facility, the NRC shall be notified within four hours, in accordance with 01-S-06-5.

6.2 Immediate Actions

6.2.1 Upon receiving notification of a medical emergency:

- a. Dispatch a First Aid Team to the scene of the medical emergency. The First Aid personnel should be equipped with the following:
 - (1) First Aid trauma kit
 - (2) Portable radio
 - (3) Radiological survey instruments and personnel protective equipment (i.e., respiratory protection devices, PCs) suitable for the hazards at the location and the nature of the event which caused the injury (i.e., fire, explosion).
- b. The First Aid Team should establish and maintain communications with the RP Lab, Control Room, or TSC and provide periodic updates.

6.2.2 First Aid personnel are to perform the following actions at the scene of the medical emergency:

- a. Determine the injured person's physical condition and extent of injuries.
- b. Administer first aid necessary to sustain life and to stabilize the injured worker.
- c. Move the injured person to a safe location if life-threatening radiological or physical hazards are present.
- d. If the injury occurred in a radiologically posted area, perform a contamination survey of the injured worker and read the worker's dosimetry.

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6.2.2 (Cont.)

- e. Provide the following information to the RP Lab or OSC HP Coordinator:
- (1) Name and location of the injured person.
 - (2) Extent of injuries and treatment being administered.
 - (3) Personnel contamination survey and dosimeter results for the injured worker.
 - (4) The need for an ambulance or other assistance.

NOTE

Radiation Protection (OSC HP Coordinator) must notify the Control Room and provide the above information.

- f. Prepare the injured worker for transfer to the hospital.
- g. Radiation Protection personnel at the scene of the medical emergency must perform radiological surveys as necessary to protect team members and support personnel.

6.3 Ambulance Transport

NOTE

The transport of injured persons is normally provided by the regional ambulance service. If the regional ambulance service is unavailable, the injured person should be transported in company owned or private vehicle.

- 6.3.1 The Control Room must notify Security if an Onsite or an Offsite ambulance is requested and must specify the patient pickup point.
- a. The Security Coordinator must ensure that Offsite ambulance crews are issued dosimetry at the entrance to the Protected Area.
 - b. Radiation Protection personnel at the scene of the medical emergency must ensure that Offsite ambulance crew members are properly wearing the appropriate dosimetry and protective clothing for entry into radiologically controlled areas.

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6.3.2 The Shift Manager should notify the On-Call Duty Manager and inform him of the transportation of an injured contaminated worker to the hospital.

6.3.3 The RP Supervisor/Shift Lead HP (OSC HP Coordinator) receiving the initial information must notify the hospital and provide the following information as soon as possible.

- a. Name of injured worker(s)
- b. Extent of injuries
- c. Contamination levels on injured worker(s), if applicable
- d. Expected arrival time at hospital, if known.

NOTE

The hospital must receive this information as soon as possible in order to make the necessary preparations for the emergency treatment of the worker. The hospital phone numbers are listed in the Emergency Telephone Book.

6.3.4 GGNS personnel should perform the following enroute to the hospital:

- a. Perform a detailed contamination survey of the injured worker if the injury occurred in a Radiologically Controlled Area.

NOTE

- A frisker is normally maintained in the Onsite Ambulance.
- Surveys may be limited or impractical due to the extent of injuries received by the worker.

6.4 Offsite Medical Facilities

6.4.1 The Radiation Protection Supervisor/Shift Lead HP (OSC HP Coordinator) is responsible for determining which medical facility to use. Facilities available for use include:

- a. Claiborne County Hospital
- b. River Region Medical Center

6.4.2 Attachment I and II are used to determine transportation routes to the medical facilities.

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6.4.3 Process for selecting hospital facilities during non-radiological emergencies is:

a. Non-contaminated, non-life threatening:

River Region Medical Center, or Claiborne County Hospital.
Street Clinic in Vicksburg is recommended where applicable.

b. Non-contaminated, life threatening - transport to Claiborne County Hospital.

c. Plant Safety and EMT personnel may also authorize hospital locations during non-radiological emergencies using the guidelines above.

6.4.4 Contaminated personnel with minor or major injuries should be transported to one of the medical facilities identified in 6.4.1.

6.4.5 Patients must be delivered to hospital facilities as follows:

a. All injured workers who are not contaminated should be transported directly to the hospital Emergency Room.

b. Contaminated personnel should be transported to the hospital Radiation Emergency Area.

6.4.6 When a contaminated injured worker is transported to the hospital, GGNS personnel at the hospital should provide the following support, if available:

a. Provide the physician with all available information concerning the accident and the contamination hazards present, upon request.

b. Assist the hospital staff, if possible.

c. Coordinate the collection and disposal of contaminated waste materials.

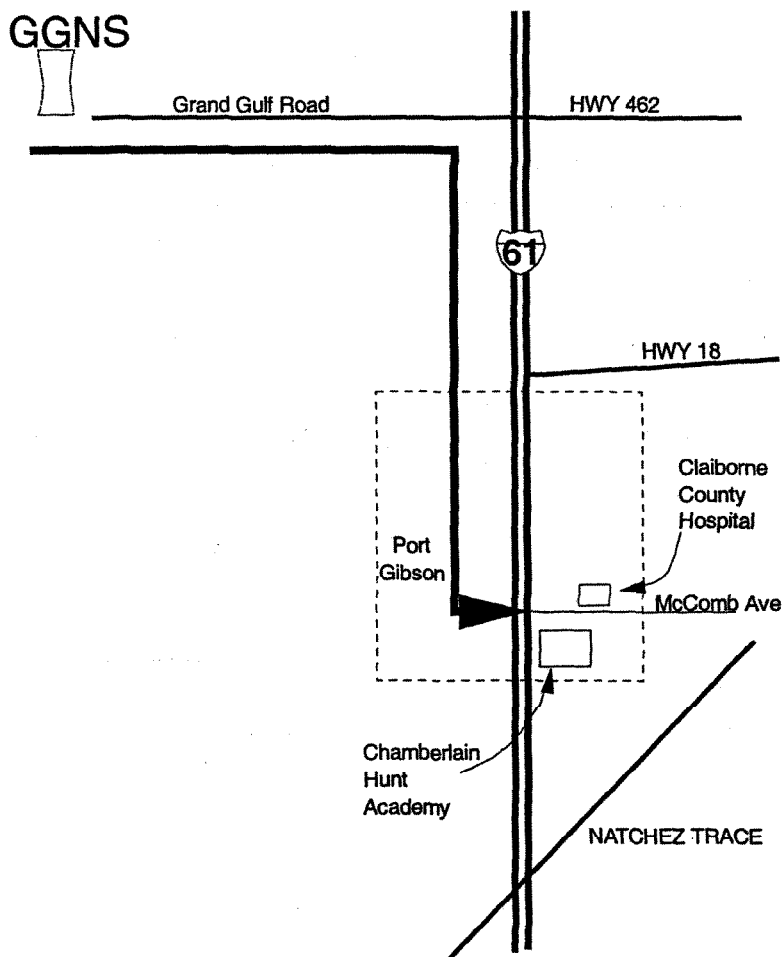
d. Collect Offsite ambulance crew dosimetry and perform contamination survey of ambulance. Arrange for decontamination, if necessary.

6.5 Hospital Preparation to Receive Patients

6.5.1 The hospital room REA (Radiation Emergency Area) is normally set up by hospital personnel before the arrival of the patient.

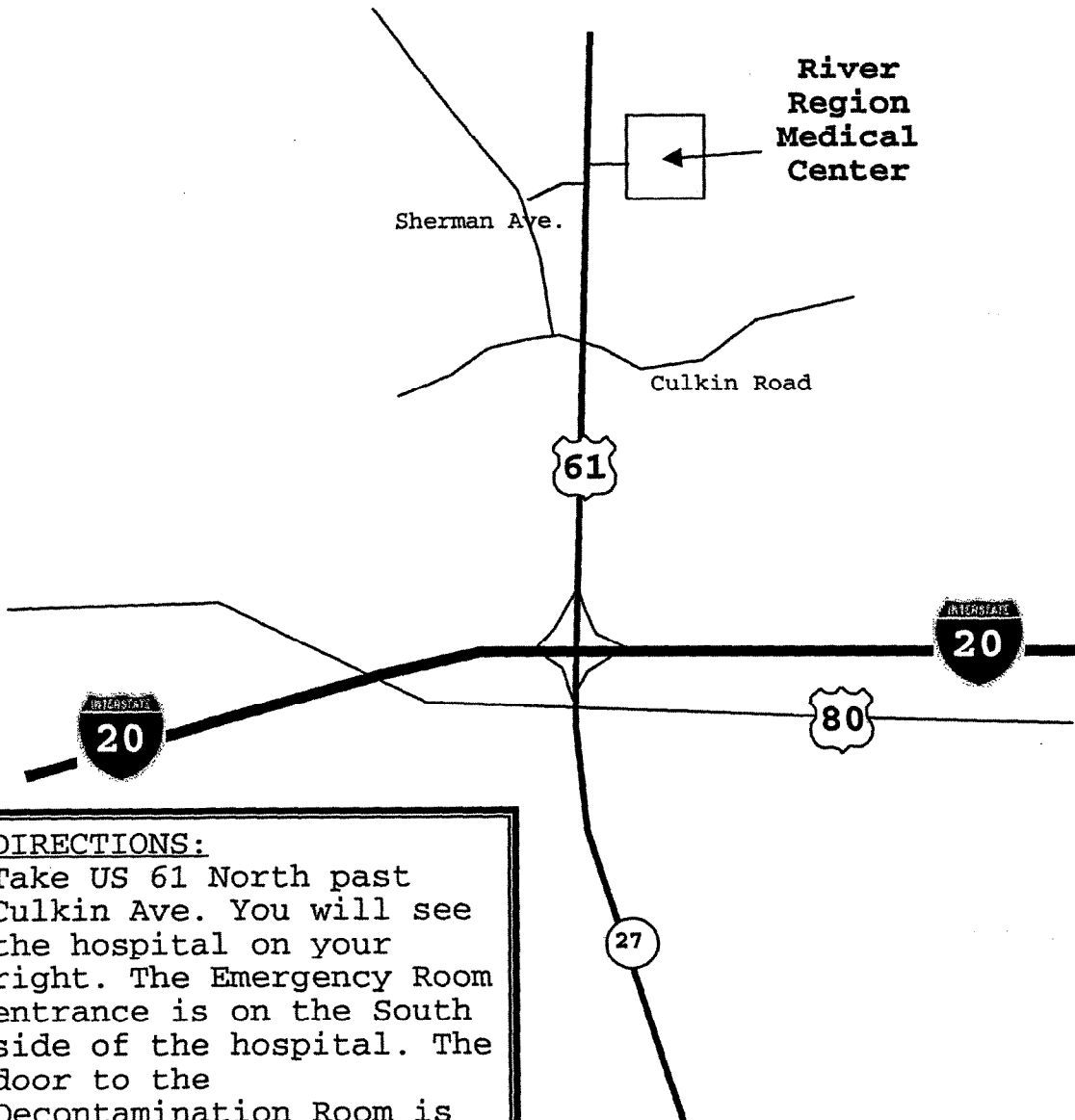
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Attachment I	Page 1 of 1

DIRECTIONS TO CLAIBORNE COUNTY HOSPITAL



10-S-01-19	Revision: 13
Attachment II	Page 1 of 1

DIRECTIONS TO RIVER REGION MEDICAL CENTER

**DIRECTIONS:**

Take US 61 North past Culkin Ave. You will see the hospital on your right. The Emergency Room entrance is on the South side of the hospital. The door to the Decontamination Room is to the right of the ER entrance.