



Nebraska Public Power District
Nebraska's Energy Leader

NLS2002077

June 12, 2002

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D.C. 20555-0001

Gentlemen:

Subject: Emergency Plan Implementing Procedure
Cooper Nuclear Station, NRC Docket 50-298, DPR-46

Pursuant to the requirements of 10 CFR 50, Appendix E, Section V, "Implementing Procedures," Nebraska Public Power District is transmitting the following Emergency Plan Implementing Procedure (EPIP):

EPIP 5.7.24 Revision 19 "Medical Emergency"

Should you have any questions concerning this matter, please contact me.

Sincerely,

J. A. Hutton
Plant Manager

/nr
Enclosure

cc: Regional Administrator w/enclosure (2)
USNRC - Region IV

NPG Distribution w/o enclosure

Senior Resident Inspector w/enclosure
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Records w/o enclosure

A045

Correspondence Number: NLS2002077

The following table identifies those actions committed to by Nebraska Public Power District (NPPD) in this document. Any other actions discussed in the submittal represent intended or planned actions by NPPD. They are described for information only and are not regulatory commitments. Please notify the NL&S Manager at Cooper Nuclear Station of any questions regarding this document or any associated regulatory commitments.

COMMITMENT	COMMITTED DATE OR OUTAGE
None	

CNS OPERATIONS MANUAL EPIP 5.7.24 MEDICAL EMERGENCY	USE: REFERENCE  EFFECTIVE: 5/29/02 APPROVAL: SORC OWNER: J. A. BEDNAR DEPARTMENT: EP
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1. PURPOSE

This procedure is to be used if the Control Room is contacted to provide medical assistance for an individual who is injured or suddenly becomes ill on District property at Cooper Nuclear Station (CNS). Steps related to contamination control shall be omitted if it is determined that the patient is not contaminated.

2. PRECAUTIONS AND LIMITATIONS

- [] 2.1 This procedure is intended to be initiated by the Operations and Radiation Protection personnel on-shift. The Fire Brigade Leader (FBL) is typically designated the Incident Commander and the on-shift Chem/RP Technician initially fulfills the role of RP Technician. The Shift Supervisor maintains the reference copy of this procedure and is responsible for ensuring all actions are taken until control of the incident is transferred to the TSC Director, if applicable. Attachments should be distributed to responding personnel as time and circumstances permit.

- 2.2 This procedure intends that the Shift Supervisor maintain control of the medical emergency at all times, irrespective of ERO activation. However, under extenuating circumstances, the Shift Supervisor may formally delegate his responsibilities to the TSC Director after the initial actions have been completed. The TSC Director shall be in possession of the procedure and communication capabilities at the time of such delegation. The turnover of these responsibilities must be absolutely clear and the person delegated must accept ALL the Shift Supervisor's responsibilities as delineated in this procedure.
- 2.3 Nemaha County Hospital and the University of Nebraska Medical Center are trained in handling contaminated, injured personnel. Initial transport of contaminated personnel must go to one of these facilities.

3. REQUIREMENTS

- 3.1 The NPPD Emergency Plan for CNS does NOT need to be activated to use this procedure.
- 3.2 Ensure following equipment and materials are available:
 - 3.2.1 EMT medical bag and supplies, First-Aid kits.
 - 3.2.2 Radiological survey instrumentation.
 - 3.2.3 Site Communication Systems.

4. ALL PERSONNEL (NPPD AND CONTRACTOR EMPLOYEES)

- NOTE - When performing this procedure, minimize the spread of contamination if time and circumstances permit.
- 4.1 Upon discovering an injured or suddenly ill person, immediately render First-Aid for life threatening emergencies (i.e., stop severe bleeding, restore breathing, or provide CPR) and call for help.
- 4.2 Notify the Control Room by either radio, gaitronics, or telephone (extension 911, 5271, or 5253) and provide following information:
 - 4.2.1 Location of the injured or ill person. Be as specific as possible.
 - 4.2.2 The number of persons involved and their names, if known.
 - 4.2.3 A description of the patient's injury or illness and condition (i.e., whether conscious or unconscious).
 - 4.2.4 Radiological conditions in the area, if known.

- 4.2.5 Other emergency conditions present (i.e., fire, explosion, etc.).
 - 4.3 Remain with the patient until assistance arrives unless hazardous conditions exist.
5. SHIFT SUPERVISOR
- NOTE 1** - The Shift Supervisor must ensure Steps 5.1 through 5.6 or Attachment 3, Steps 1.1 through 1.6, are performed prior to transferring responsibility to another person. Steps may be performed in any logical order at the discretion of the Shift Supervisor.
 - NOTE 2** - Additional EMT response information that needs to be communicated after either Step 5.1.1 or 5.1.2 has been completed can be sent via the use of the e-mail system to the CNS EMT pager group address "CNS EMT [Pager]".
 - 5.1 Alert the EMTs and dispatch them to the location of the medical emergency.
 - 5.1.1 By EMT pager group 402-633-0930 (primary means).
 - 5.1.2 By gaitronics announcement (alternate means).
 - 5.2 Inform the EMTs of the emergency location and the number of EMTs, if known, already responding.
 - 5.3 Designate the third responding EMT or an alternate person if three EMTs do not respond as the ambulance driver. Direct them to obtain keys to the ambulance from Access Control if necessary, start the ambulance, and monitor Frequency 3 for directions.
 - 5.3.1 In the absence of EMT qualified personnel, dispatch two First-Aid trained Station Operators to the emergency location to provide First-Aid.
 - 5.4 If the patient is within a Radiologically Controlled Area or an emergency has been declared, dispatch the on-shift Chem/RP Technician to the scene with instrumentation suitable for frisking.
 - 5.5 Dispatch the Fire Brigade Leader (or designate and dispatch an Incident Commander) to the scene with a communications device (radio or cellular phone).

- 5.6 Consider making a gaitronics announcement (typical example below):
"ATTENTION ALL STATION PERSONNEL, MEDICAL EMERGENCY, MEDICAL EMERGENCY, ALL PERSONNEL STAY OFF GAITRONICS UNLESS EMERGENCY RELATED". Repeat. This consideration should be based on the reported severity of the illness or injury, the number of patients involved, the need to transport, and the need to heighten the awareness of the medical emergency for general plant personnel.
- 5.7 Notify the Plant or Operations Manager of the situation. Their responsibility is to consider notifying the patient's family. This consideration should be based on the severity of the illness or injury, if patient is being transported, etc.
- 5.8 Establish communications with the Incident Commander. If radio communications are used, ensure Frequency 3 on portable radios (F2 on Consoles) are used, if possible.
- 5.9 Determine from the Incident Commander (FBL) if the patient will be transported and whether patient will be "non-contaminated" or "contaminated".
- 5.10 If patient will be transported, coordinate obtaining the appropriate ambulance to transport the patient to the Nemaha County Hospital.
 - 5.10.1 Non-contaminated transportation (order of preference, if available):
 - 5.10.1.1 CNS ambulance (must have EMT and driver available). Designate an ambulance driver if a third EMT is not standing by (EMTs are the preferred drivers).
 - 5.10.1.2 Off-site ambulance. Contact 911, request an ambulance.
 - 5.10.2 Contaminated transportation (order of preference, if available):
 - 5.10.2.1 CNS ambulance (must have EMT, Chem/RP, and driver available). Designate an ambulance driver if a third EMT is not standing by. EMTs are the preferred drivers.
 - 5.10.2.2 Off-site ambulance. Contact 911 and request an ambulance for a contaminated patient.
 - a. Auburn Rescue Squad.
 - b. Nemaha County Hospital Ambulance.
 - 5.10.3 Coordinate ambulance departure/arrival with station security.

- [] 5.11 If patient will be transported, contact the Nemaha County Hospital. Inform the Emergency Room Supervisor or Floor Supervisor a patient is coming from CNS by calling the dedicated Nurse's station telephone at 274-6123. Ensure they understand the patient's radiological condition (non-contaminated or contaminated) and the estimated time of arrival (ETA).
- [] 5.12 Once the ambulance leaves the site, make a gaitronics announcement similar to the example below if the decision to make a gaitronics announcement was made at the initiation of the event:

"ATTENTION ALL STATION PERSONNEL, THE MEDICAL EMERGENCY IS TERMINATED, RESUME NORMAL OPERATIONS."
Repeat.

- [] 5.13 Verify if contact has been made with the patient's immediate family by the Plant or Operations Manager if the decision to perform notification was made.

6. EMT PERSONNEL (OR FIRST-AID TRAINED STATION OPERATORS ON BACK SHIFT)

- [] **NOTE** - When performing this procedure, minimize the spread of contamination to the extent practical based on the nature of the emergency. Medical treatment takes precedence over radiological controls. Steps may be performed in any logical order at the discretion of the EMT.

- [] 6.1 Upon pager activation or gaitronics page, contact the Control Room.
- [] 6.2 Respond swiftly but safely to the emergency scene with emergency response equipment or ambulance, as directed.
- [] 6.3 Take immediate control of the patient and advise the Incident Commander upon arrival, of the medical needs, and additional actions or equipment required at the scene.
- [] 6.4 Provide care to the patient until the individual is transferred to the hospital, you are relieved by equivalent or more advanced trained medical personnel, or treatment is complete.
- [] 6.5 Coordinate with Radiological Protection personnel. Weigh injuries against decontamination. Tell the RP Technician and Incident Commander whether decontamination will be performed.
- [] 6.6 If transport to the hospital is needed, inform the Incident Commander.
- [] 6.7 If the station ambulance is the method of transport, accompany the patient to the hospital.

- [] 6.8 Turn over care to the hospital or equivalent/more advanced medical personnel.
- [] 6.9 If patient was transported contaminated, ensure you are surveyed by Radiological Protection Personnel prior to return to the site unless another emergency dictates immediate EMT/ambulance need.

7. RADIOLOGICAL PROTECTION PERSONNEL

- [] 7.1 Respond swiftly to the scene with an E-140 or equivalent survey instrument and report to the Incident Commander.
- [] **NOTE** - Medical treatment takes precedence over radiological controls; however, minimize the radiological concerns whenever practical at the direction of the EMT or First-Aid provider in charge. Steps may be performed in any logical order at the discretion of the Chem/RP Technician.
- [] 7.2 Follow Radiological Protection practices, as much as possible, to prevent or minimize the spread of contamination.
- [] 7.3 Provide guidance to other team members with respect to Radiological Protection practices. Recommend possible methods of transporting the patient in a non-contaminated condition.
- [] 7.4 Notify the Incident Commander if additional Radiological Protection is required.
- [] 7.5 Coordinate radiological concerns with the Incident Commander (i.e., radiation levels, contamination levels, methods to minimize radiological concerns, etc.).
- [] 7.6 Survey the patient and surrounding area for radiological contamination. Inform the Incident Commander of survey results.
- [] 7.7 Particular attention should be given to the vicinity of the injury. Document the survey results. Attachment 1, or similar form, may be used for this purpose.
- [] 7.8 If the intent is to transport the patient in a non-contaminated state, survey all personnel not exiting through a portal monitor. This includes personnel leaving by ambulance.
- [] 7.9 Accompany any patient transported in a contaminated condition to the hospital.

7.10 Provide support to ambulance and hospital personnel to maintain control of radiological conditions. Request additional Radiological Protection personnel respond to the hospital with monitoring equipment if needed. Use Radiological Protection procedures to collect any contaminated material. Return all contaminated material to the station.

7.11 Survey all personnel treating or transporting a contaminated patient (doctors, nurses, EMTs, ambulance drivers, etc.).

8. INCIDENT COMMANDER

NOTE - The Incident Commander shall be an individual designated by the Shift Supervisor. Normally the Fire Brigade Leader will function as the Incident Commander.

8.1 Obtain a portable radio or cellular phone.

8.2 Establish and maintain communications with the Control Room. If a radio is used, use F3 for portables or F2 on base units.

8.3 Proceed to the emergency location. Establish a control point in a safe non-contaminated area; close to the scene.

8.4 Act as liaison between the EMT, Radiological Protection, and the Control Room. Relay information and requests for additional equipment, supplies, or manpower to the Shift Supervisor or TSC Director.

8.5 Confer with the EMTs, First-Aid Providers, and Radiological Protection personnel to determine:

8.5.1 Nature and extent of the injuries.

8.5.2 Patient's name.

8.5.3 Radiological concerns.

8.5.4 Whether the patient will be transported to the hospital AND whether they will be non-contaminated or contaminated.

8.5.4.1 Station ambulance. Non-contaminated or contaminated.

8.5.4.2 Auburn Rescue Squad or Nemaha County Hospital Ambulance. Non-contaminated or contaminated.

8.5.4.3 Nemaha, Brownville, or other rescue squad (non-contaminated patients only).

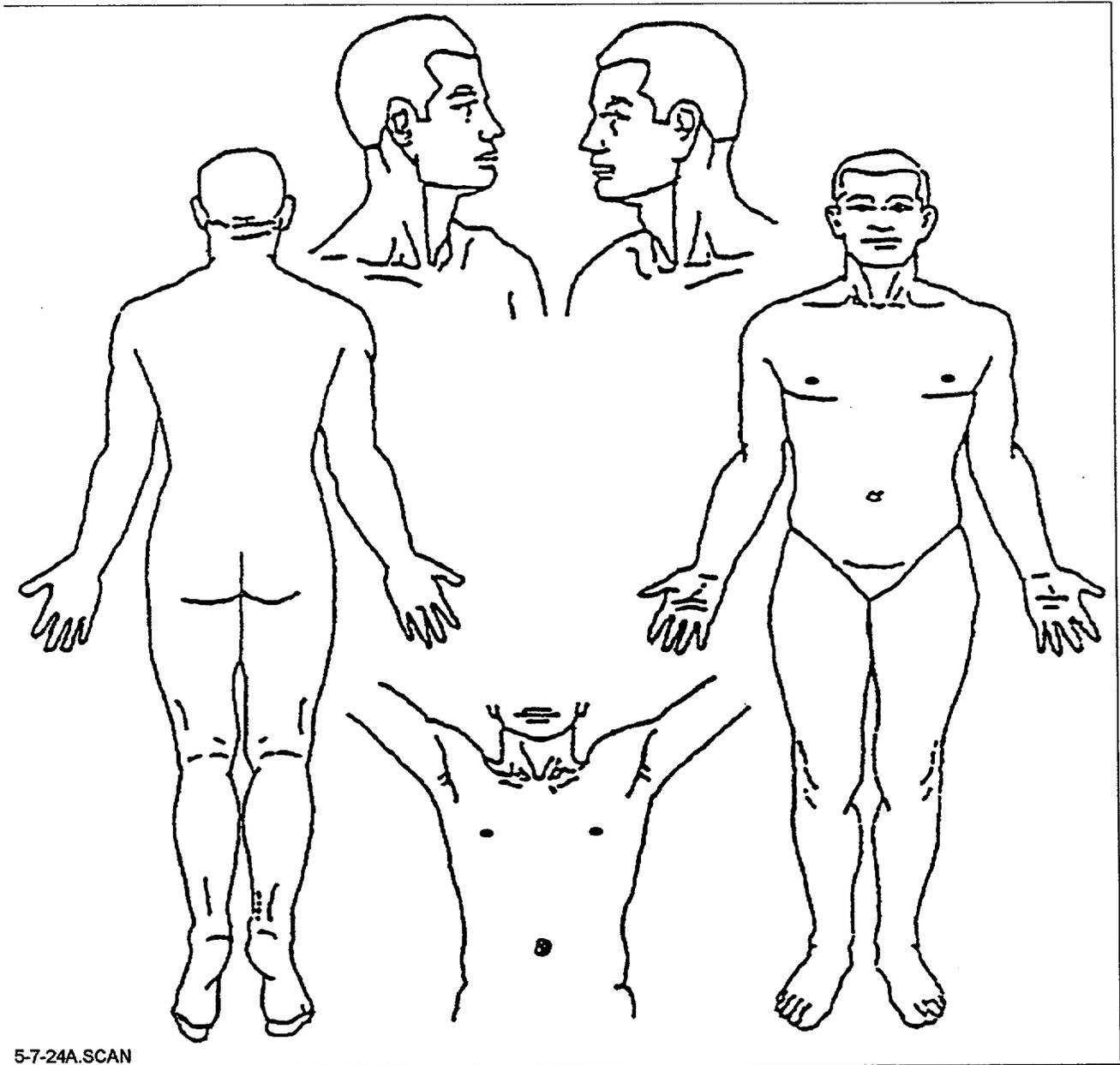
- 8.6 Coordinate with the Shift Supervisor the time of departure/arrival and location for the ambulance.
- 8.7 Ensure EMTs accompany patient to the hospital if the station ambulance is used.
- 8.8 If the patient is contaminated, ensure Radiological Protection personnel accompany the patient to assist in radiological concerns during transport and at the hospital.
- 8.9 Inform the Shift Supervisor when the ambulance leaves the site.
- 8.10 Request assistance and coordinate returning the accident scene to a normal condition.

9. CNS AMBULANCE DRIVER

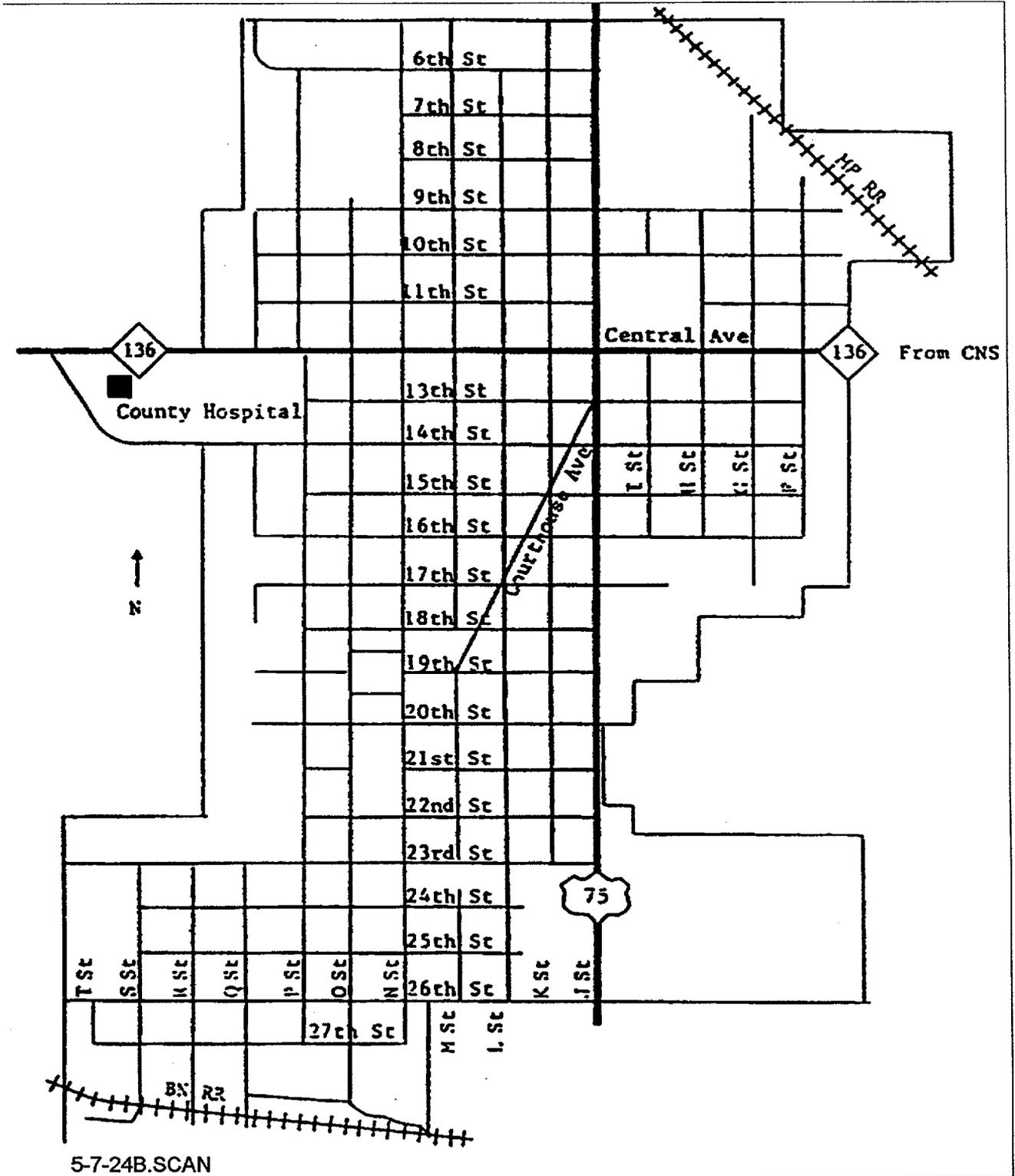
- 9.1 Obtain a key to the ambulance from Security Access Control.
- 9.2 Drive the ambulance to the plant location as directed by the Control Room or Incident Commander.
- 9.3 Be familiar with the route to the hospital per Attachment 2.
- 9.4 Drive the ambulance to the designated hospital in a safe manner.
- 9.5 Remain with the ambulance at the hospital until released by Radiological Protection personnel.

NAME: _____ TIME: _____ DATE: _____

Indicate Wounds and/or Contaminated Areas:



5-7-24A.SCAN



To be completed by the Shift Supervisor or his designee.

1. MEDICAL EMERGENCY CHECKLIST

- [] 1.1 Alert the EMTs. EMT group pager number is (402) 633-0930 or use gaitronics.
- [] 1.2 Inform the EMTs of the emergency location and the number of EMTs already responding.
- [] 1.3 Instruct the third EMT calling in to obtain the ambulance keys from Security access control, report to the ambulance, prepare it for use, and monitor Frequency 3 for further instructions. If a third EMT does not call in, designate an ambulance driver.
- [] 1.4 If the patient is within a Radiologically Controlled Area or an emergency has been declared, dispatch the on-shift RP Technician to the scene with instrumentation suitable for frisking.
- [] 1.5 Dispatch the Fire Brigade Leader or (a designee and an Incident Commander) to the scene with a communications device (cell phone or portable radio).
- [] 1.6 Consider making a gaitronics announcement as follows: **"ATTENTION ALL STATION PERSONNEL, MEDICAL EMERGENCY, MEDICAL EMERGENCY, ALL PERSONNEL STAY OFF GAITRONICS UNLESS EMERGENCY RELATED"**. Repeat. This consideration should be based on the reported severity of the illness or injury, the number of patients involved, the need to transport, and the need to heighten the awareness of the medical emergency for general plant personnel.
- [] **NOTE** - If the ERO has been activated, the remaining steps may be transferred to the TSC Director after adequate turnover has occurred.
- [] 1.7 Notify the Plant or Operations Manager of the situation.
- [] 1.8 Maintain communications with the Incident Commander (F3 on portable radios, F2 on base units).
- [] 1.9 If the patient is to be transported off-site, coordinate the ambulance location with the Incident Commander and contact Security to coordinate egress from the Protected Area.

ATTACHMENT 3 MEDICAL EMERGENCY CHECKLIST

- 1.10 If the station ambulance or a driver is unavailable, contact the Auburn Sheriff/Dispatcher by dialing 911 from the Control Room, or 274-3298, 274-3139, or 274-4977. The preferred method of transport for contaminated patients is the Auburn Rescue Squad with the Nemaha County Hospital Rescue Squad as a backup.
- 1.11 Coordinate the ambulance departure/arrival with station security.
- 1.12 Notify the Nemaha County Hospital of a patient in transit by calling the dedicated Nurse's station telephone at 274-6123. Inform the Emergency Room Supervisor or Floor Supervisor of following:
 - 1.12.1 Caller's name: _____ from Cooper Nuclear Station.
 - 1.12.2 Telephone call-back number. The preferred number is (402) 825-4511 or (402) 825-5601 if control of the incident has been transferred to the TSC Director.
 - 1.12.3 Whether the patient is radiologically contaminated: YES; NO
 - 1.12.4 The nature of the injury or illness (if known): _____
 - 1.12.5 Patient's name and age (if known): _____
 - 1.12.6 Estimated time of ambulance arrival at the hospital: _____
- 1.13 Verify the Plant or Operations Manager made contact with the patient's immediate family if the decision to perform notification was made.
- 1.14 Make a gaitronics announcement terminating the medical emergency and returning the station to normal operations if the decision to make a gaitronics announcement was made at the initiation of the event.
- 1.15 An 8 hour report to the NRC is required by 10CFR50.72(b)(3)(xii) if a radioactively contaminated person is transported to an off-site medical facility for treatment.

EVENT NUMBER: _____

Route completed form to the Emergency Preparedness Department.

1. DISCUSSION

- 1.1 This procedure is a Reference Use procedure. The Shift Supervisor or TSC Director, as applicable, shall be responsible for ensuring that all applicable steps are performed. Checklists (attachments) are included to ensure that each activity is addressed. There may be instances where the Emergency Medical Team, using their best judgment, may deviate from the procedure to provide the best possible medical care.
- 1.2 During a medical emergency, the most important consideration is the health of the patient(s). Where practical, efforts to prevent or minimize the spread of contamination shall be practiced.
- 1.3 This procedure assumes that any patient within a Radiologically Controlled Area (RCA) is potentially contaminated. During a plant emergency, areas normally free of contamination, may be contaminated. Decontamination attempts per Procedure 9.RADOP.7 shall be consistent with the severity of the medical concerns and the medical care giver (EMT or First-Aid trained responder) is the final authority on whether decontamination will be attempted.
- 1.4 This procedure is applicable to CNS employees and contractor personnel.
- 1.5 Letters of agreement have been obtained from medical facilities and ambulance services to provide care and treatment to injured CNS personnel, including those who are potentially contaminated. Names and telephone numbers for these facilities can be found in the CNS Emergency Telephone Directory.
- 1.6 This procedure relies on the Incident Command structure. This structure is used by Control Room staff in response to station fires. Personnel other than Operations personnel may also be trained and used as Incident Commanders for medical emergencies.

2. REFERENCES

2.1 CODES AND STANDARDS

- 2.1.1 10CFR50.72(b)(3)(xii).
- 2.1.2 American National Red Cross, Multi-Media Standard First-Aid.
- 2.1.3 NPPD Emergency Plan for CNS.

2.1.4 NUREG 0654, Revision 1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

2.2 PROCEDURES

2.2.1 Emergency Plan Implementing Procedure 5.7.15, OSC Team Dispatch.

2.2.2 Radiological Protection Procedure 9.RADOP.7, Contamination Control.

2.3 MISCELLANEOUS

2.3.1 CNS Emergency Telephone Directory.