



Nebraska Public Power District
Nebraska's Energy Leader

NLS2002115

August 28, 2002

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

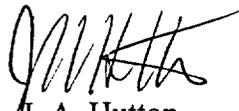
Subject: Emergency Plan Implementing Procedures
Cooper Nuclear Station, NRC Docket 50-298, DPR-46

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 Procedures (EIPs):

EIP 5.7.6	Revision 36	"Notification"
EIP 5.7.24	Revision 20	"Medical Emergency"

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

Sincerely,


J. A. Hutton
Plant Manager

/nr
Enclosures

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

NPG Distribution w/o enclosures

Senior Resident Inspector w/enclosures
USNRC

Records w/o enclosures

**CNS OPERATIONS MANUAL
EPIP PROCEDURE 5.7.6**

NOTIFICATION

USE: REFERENCE Ⓢ
EFFECTIVE: 8/20/02
APPROVAL: SORC
OWNER: R. J. FISCHER
DEPARTMENT: EP

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1. PURPOSE

Provide instructions for initial, follow-up, and termination notifications to responsible State and Local governmental agencies, NRC notifications, initial generation of press releases to the Media, and notifications to other off-site support agencies.

2. PRECAUTIONS AND LIMITATIONS

- [] 2.1 Initial notifications to State/Local agencies shall be performed within 15 minutes of each declaration of an Emergency and/or change in Protective Action Recommendations (PARs).©
- [] 2.2 NRC notification shall be performed immediately following notification of responsible State and Local governmental agencies, and not later than 1 hour after the time of declaration of one of the emergency classes.
- [] 2.3 At an ALERT or higher classification, follow-up notifications to responsible State and Local governmental agencies shall be performed approximately every 60 minutes, or sooner if there is a significant change in the status of the emergency.©

- 2.4 Section 8, "Release Information" of the Notification Report, is completed only when both of the following conditions exist:
 - 2.4.1 Follow-up notification.
 - 2.4.2 A release of Airborne Radioactive material greater than ODAM limits is occurring or occurred during the event.
- 2.5 Notification of termination to off-site agencies shall be performed within 1 hour after the termination of the emergency.
- 2.6 If the Control Room must be evacuated and off-site notification responsibilities have not been transferred to the EOF, the Shift Communicator shall perform off-site notifications over the State Notification Telephone from the TSC or EOF.
- 2.7 If making a notification for an Emergency that occurred but was not reported (e.g., the condition occurred yesterday but was not caught at that time), make the notification to State/Local agencies by performing an initial notification with the Event Declared and Terminated as the same time.
- 2.8 The Emergency Director shall be immediately notified of any difficulties or delays in completing this procedure.

3. ENTRY CONDITIONS

- 3.1 An Emergency has been declared per Procedure 5.7.1.

4. CONTROL ROOM ACTIONS

- 4.1 NOTIFICATIONS FROM CONTROL ROOM.
 - 4.1.1 Emergency Director (ED) direct Operator or Shift Technical Engineer to complete Notification Report per Attachment 1.
 - 4.1.2 ED review form for accuracy.
 - 4.1.3 ED add remarks to the remarks section as appropriate.
 - 4.1.4 ED sign form including date/time.
 - 4.1.5 If FAX available, ED authorize notification to be faxed to State/Local agencies, NRC Operations Center, TSC, and EOF by providing password to Operator or Shift Technical Engineer.
 - 4.1.6 ED direct Shift Communicator to make notifications per Attachment 4.

5. EOF ACTIONS

5.1 NOTIFICATIONS FROM EOF

- 5.1.1 Emergency Director (ED) direct Off-Site Communicator to complete Notification Report per Attachment 1.
- 5.1.2 ED review form for accuracy.
- 5.1.3 ED add remarks to the remarks section as appropriate.
- 5.1.4 ED sign form including date/time.
- 5.1.5 If FAX available, ED authorize notification to be faxed to State/Local agencies, NRC Operations Center, TSC, and EOF by providing password to Off-Site Communicator.
- 5.1.6 ED direct Off-Site Communicator to make notifications per Attachment 5.

6. RECORDS

- 6.1 Attachments 3, 4, and 5 from actual events shall be forwarded to the EP Manager within 5 working days of their completion (Quality Record upon completion).

**ATTACHMENT 1 COMPLETING NOTIFICATION FORM WITH CNS-DOSE
AVAILABLE**

CAUTION - If CNS-DOSE is not available, notify ED and complete Notification Form using Attachment 2.

1. COMPUTER DOSE PROJECTION/AUTOMATED NOTIFICATION REPORT

1.1 On a PMIS terminal, enter turn-on code "DOSE".

1.2 Complete Notification Report using on-line instructions.

1.3 Deliver printed Notification Report to the ED to complete the remarks section and approve the notification.

1.4 Verify ED signature, date, and time are on the Notification Report and fax using the on-line instructions.

1.5 Provide completed Notification Report to the Communicator.

**ATTACHMENT 2 COMPLETING NOTIFICATION FORM WITH CNS-DOSE
NOT AVAILABLE**

1. COMPLETE NOTIFICATION FORM

- 1.1 Obtain copy of Attachment 3, Notification Report.
- NOTE 1 - Initial Notifications:** Steps 1.2 through 1.19 and 1.28 are required.
- NOTE 2 - Follow-Up Notifications:** Steps 1.2 through 1.28 are required.
- NOTE 3 - Termination Notifications:** Steps 1.2 through 1.9 are required.
- 1.2 **Notification Report Number:** Enter 1 or the next sequential number if more than one has been generated during the event.
- 1.3 **Time of Transmittal:** Leave blank.
- 1.4 **Initial or Follow-Up Report:**
 - 1.4.1 Check Initial Report for EAL classifications or change in PAR.
 - 1.4.2 Check Follow-Up Report for all others including termination.
- 1.5 **Name of CNS Communicator:** Leave blank.
- 1.6 **Classification:** Check the Emergency Classification.
- 1.7 **EAL Number:** Enter the EAL number (e.g., 1.1.2).
- 1.8 **Event Declared (Date/Time):** Enter time and date of the Emergency Declaration in military format (e.g., 14:18).
- 1.9 **Event Terminated (Date/Time):** Enter time and date of the termination in military format (e.g., 14:18).

RELEASE POINT	PRIMARY	BACKUP	DEFAULT VALUES
ERP	CNS DOSE or 100 M MET	60 M MET	13 mph and D Stability Class
All Others Points	CNS DOSE or 10 M MET	60 M MET	8 mph and D Stability Class

- 1.10 **Wind Speed:** Enter wind speed in MPH.

- 1.11 **Wind From:** Enter the direction (e.g., if the wind is coming from the east, enter 90).
- NOTE** - If it is currently raining, SPDS MET will have message "It is raining".
- 1.12 **Precipitation (Yes/No):** Check Yes if there is precipitation. Check No if it is not.
- 1.13 **Stability Classification (A-G):** Check Stability Class (A-G).
- 1.14 **Release Status (Is/Was/Will-Be):**
 - 1.14.1 **Is:** Enter Is if release is currently in excess of ODAM limits or no release in progress/expected.
 - 1.14.2 **Was:** Enter Was if release is now less than ODAM limits.
 - 1.14.3 **Will-Be:** Enter Will-Be if release in excess of ODAM limits is expected.
- 1.15 **Release Type (None/Airborne/Liquid):**
 - 1.15.1 **None:** Check None if releases are currently below ODAM limits.
 - 1.15.2 **Airborne:** Check Airborne if release is, was, or will-be in excess of ODAM limits for airborne activity.
 - 1.15.3 **Liquid:** Check Liquid if release is, was, or will-be in excess of ODAM limits for liquid activity.
- 1.16 **Protective Action Recommendations:** Enter PARs. Verify PAR includes previous PARs if they have changed.
- 1.17 **Prognosis (Stable/Unstable):**
 - 1.17.1 Check Stable if the event is not likely to degrade.
 - 1.17.2 Check Unstable if the event is degrading (e.g., RPV level is lowering or Containment Rad Monitors are trending upward).
- 1.18 **Plant Status (at Power/Shutdown):** Check appropriate box.

- 1.19 **Remarks:** Enter information that will be useful to the off-site agencies in understanding the event, plant conditions, or release information. If dose projections at 10 miles are greater than or equal to 1 REM TEDE or 5 REM CDE, verify that this in the remarks section.
- 1.20 **Section 8, "Release Information"** of the Notification Report is completed only when both of the following conditions exist:
 - 1.20.1 Follow-up notification.
 - 1.20.2 A release of airborne radioactive material greater than ODAM limits is occurring or occurred during the event.
- 1.21 **Release From:** Check the location that was or is exceeding ODAM limits.
- 1.22 **Release Height:** 100 M for ERP and 10 M for any building release. Other is checked if the release is not from a building.
- 1.23 **Release Duration:** If duration is unknown, use the default of 4 hours.
- 1.24 **Start Time:** Enter release start time (e.g., 14:18)
- 1.25 **Stop Time:** Enter release stop time if known; otherwise, enter "UNK".
- 1.26 **Release Rate ($\mu\text{Ci}/\text{sec}$):** Enter release rate in $\mu\text{Ci}/\text{sec}$.
- 1.27 **Projected Integrated Dose (Rem) and Projected Dose Rate (Rem/hr):** Are obtained from CNS DOSE or by hand calculations per Procedure 5.7.17.
- 1.28 Deliver to ED to add remarks, signature, date, and time.

ATTACHMENT 3 COOPER NUCLEAR STATION NOTIFICATION REPORT

Notification Report Number: _____		Time of Transmittal: _____		
<input type="checkbox"/> Initial Report (Complete Sections 1-7 only)		<input type="checkbox"/> Follow-Up Report		
1) Name of CNS Communicator: _____		Call Back Number: 402-825- _____		
2) Classification: <input type="checkbox"/> NOUE; <input type="checkbox"/> Alert; <input type="checkbox"/> Site Area; <input type="checkbox"/> General		EAL Number: _____		
Event Declared (Date/Time): _____		Event Terminated (Date/Time): _____		
3) Meteorological Conditions	Wind Speed: _____ MPH	Wind From: _____ Degrees	Precipitation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stability Class: <input type="checkbox"/> A; <input type="checkbox"/> B; <input type="checkbox"/> C; <input type="checkbox"/> D; <input type="checkbox"/> E; <input type="checkbox"/> F; <input type="checkbox"/> G				
4) ODAM Airborne Release Values: There <input type="checkbox"/> is <input type="checkbox"/> no Release of Radioactive Material Greater than ODAM Limits. ERP = 7.28E5 µCi/sec TG Bldg = 3.6E4 µCi/sec <input type="checkbox"/> was <input type="checkbox"/> an airborne RX Bldg = 3.3E4 µCi/sec <input type="checkbox"/> will be <input type="checkbox"/> a liquid ARW Bldg = 3.6E4 µCi/sec				
5) Protective Action Recommendations (PARS): General Emergency Automatic PAR - Evacuate 2 mi radius/5 mi downwind, go indoors, and monitor EAS/EBS remainder 10 mi EPZ.				
	None	Evacuate Sectors	Go indoors and monitor EAS/EBS in Sectors	
0-2 Miles				
2-5 Miles				
5-10 Miles				
6) Prognosis: <input type="checkbox"/> Stable; <input type="checkbox"/> Unstable		Plant Status: <input type="checkbox"/> at Power; <input type="checkbox"/> Shutdown		
7) Remarks: _____				
8) Release Information (required on follow-up Notification with airborne release >ODAM limits):				
Release From: <input type="checkbox"/> ERP; <input type="checkbox"/> Reactor Building; <input type="checkbox"/> Turbine Building; <input type="checkbox"/> Aug Radwaste Building; <input type="checkbox"/> Other: _____				
Release Height: <input type="checkbox"/> 100 M (ERP); <input type="checkbox"/> 10 M (RB, TB, ARWB); <input type="checkbox"/> Other: _____ ft			Release Rate (µCi/sec)	
Estimated Duration: _____ (Hours)		Noble gas: _____ µCi/sec		
Start Time: _____		Iodides: _____ N/A		
Stop Time: _____		Particulate: _____ N/A		
Distance From Plant	Projected Integrated Dose (Rem)		Projected Dose Rate (Rem/hr)	
	TEDE	CDE (Thyroid)	TEDE	CDE (Thyroid)
Site Boundary				
2 Miles				
5 Miles				
10 Miles				
Emergency Director Signature: _____			Date: _____	Time: _____

Notification Report Number: _____

- 1.1 When directed to perform notification to State and Local Government agencies, perform the following:
 - 1.1.1 Verify ED signature/date/time and remarks section (optional) on Notification Report.
 - 1.1.2 Print your name and call back number on Notification Report, Block 1.
 - 1.1.3 Contact State/Local Agencies using State Notification Telephone System by pressing the "Group Call" button or 7450 from any phone.

NOTIFY FOLLOWING AGENCIES	PHONE	SPEED DIAL #	TIME ON LINE	NAME OF CONTACT
NEMA via Nebraska State Patrol	State Notification Telephone System	04		
Nemaha County EOC via Nemaha County Sheriff		20		
Atchison County EOC via Atchison County Sheriff		19		
Missouri SEMA via Missouri Highway Patrol		22		

- NOTE - If communication is lost with one or more agencies, continue to make notifications to on-line parties. When notifications are complete, call back agencies missing and make report.
- 1.1.4 Record time last party on line as "Time of Transmittal" on Notification Report.
- 1.1.5 When all parties are on line, verify that they have received the faxed notification. Only information on the form is allowed to be communicated unless authorized by the ED.
 - 1.1.5.1 If FAX not received, read the Notification Report line by line.
- 1.1.6 Notify ED notification to State/Local agencies is complete and time follow-up notification is required.

ATTACHMENT 4 SHIFT COMMUNICATOR

- [] 1.2 Contact NRC Headquarters via ENS immediately after Step 1.1.6 and not later than 60 minutes after declaration of an emergency.

NRC	CNS TELEPHONE	ALTERNATE	PERSON CONTACTED	TIME
	Dial # on Phone Sticker	ETD or Speed Dial - 10		

- [] 1.3. When contacted by ENS Communicator in TSC, transfer NRC notification responsibilities and notify ED. ENS communications from the TSC are performed in accordance with Procedure 5.7ENS.

NAME OF ENS COMMUNICATOR	PERFORMED BY	TIME

- [] 1.4. When contacted by Off-Site Communicator in EOF, transfer off-site notification responsibilities and notify ED.

NAME OF OFF-SITE COMMUNICATOR	PERFORMED BY	TIME

Communicator Signature: _____ Date: _____

Notification Report Number: _____

- 1.1 When directed to perform notification to State and Local Government agencies, perform the following:
 - 1.1.1 Verify ED signature/date/time and remarks section on Notification Report.
 - 1.1.2 Print your name and call back number on Notification Report, Block 1.
 - 1.1.3 Contact State/Local agencies using State Notification Telephone System by pressing the "Group Call" button or 7450 from any phone.

NOTIFY FOLLOWING AGENCIES	PHONE	TIME ON LINE	NAME OF CONTACT
NEMA via Nebraska State Patrol	State Notification Telephone System		
Nemaha County EOC via Nemaha County Sheriff			
Atchison County EOC via Atchison County Sheriff			
Missouri SEMA via Missouri Highway Patrol			

- NOTE** - If communication is lost with one or more agencies, continue to make notifications to on-line parties. When notifications are complete, call back agencies missing and make report.
- 1.1.4 Record time last party on line as "Time of Transmittal" on Notification Report.
- 1.1.5 When all parties are on line, verify that they have received the faxed notification. Only information on the form is allowed to be communicated unless authorized by the ED.
 - 1.1.5.1 If FAX not received, read the Notification Report line by line.
- 1.1.6 Notify ED that notification to State/Local agencies is complete and time follow-up notification is required.

ATTACHMENT 5 OFF-SITE COMMUNICATOR

1.2 Perform notifications to the following support agencies, as soon as possible, after the declaration of an ALERT or higher emergency classification, but not until after all notifications are completed as required in Section 1.

AGENCY	PHONE	PERSON CONTACTED	TIME
INPO	(800) 321-0614		
American Nuclear Insurers (ANI)	(860) 561-3433		

Communicator Signature: _____ Date: _____

1. DISCUSSION

- 1.1** All notifications and communications will be handled from the Control Room (CR) until the Technical Support Center (TSC) and Emergency Operations Facility (EOF) are activated. The responsibility of generating press releases to the media may be transferred to NPPD Corporate Communications Department personnel prior to activation of the Joint Information Center (JIC).
- 1.2** During a declared Emergency at CNS, Emergency notifications to the State of Nebraska; State of Missouri; Atchison County, Missouri; and Nemaha County, Nebraska are accomplished through the State Notification Telephone System. The CNS State Notification Telephone System is a conference-calling system. When the handset to this hotline is picked up, and the "Group Call" button is pushed, dedicated telephones will automatically ring at Nebraska State Patrol, Missouri Highway Patrol, Atchison County Sheriff's Department, and Nemaha County Sheriff's Department. The utilization of law enforcement agencies as initial points of contact provides for 24 hour coverage. The dedicated lines listed also have extension lines which ring at the following facilities respectively: Nebraska Emergency Management Agency EOC, Missouri State Emergency Management Agency EOC, Atchison County EOC, and Nemaha County EOC. Once the EOCs become operational, notifications may be made using the extension lines at the EOCs with concurrence between the respective EOC and law enforcement agency.
- 1.3** Notifications to the NRC are normally accomplished through the Emergency Notification System (ENS). The Emergency Notification System is a dedicated telephone system which is manned 24 hours by the Duty Officer at the NRC Headquarters Operations Center.
- 1.4** During any notification activity, if the primary communications system fails, communication methods shall be attempted such as alternate telephones, National Warning System (NAWAS), base station radio, or relay through a third party. Alternate telephone numbers are listed in the Emergency Telephone Directory.
- 1.5** At an ALERT or higher emergency classification, to receive continuous and detailed information, the NRC will likely request an open line of communication with the Control Room (CNS) until the TSC is operational.

- 1.6 The Public Affairs Duty Officer (PADO) shall be notified by pager by the CNS ANS and instructed to contact the Shift Communicator in the Control Room. Upon being contacted by the PADO, the Shift Communicator will ensure all information from the Initial CNS Notification Report is relayed to the PADO. In such cases, that it is not feasible to relay the information via telephone in a timely manner, the Notification Report may be faxed to the PADO. PADO functions shall be superseded by the activation of the Joint Information Center (JIC). The JIC shall receive follow-up information from the Technical Information Coordinator in the EOF.
- 1.7 The On-Call Emergency Preparedness Coordinator should assume the responsibility of coordinating press releases after being notified and responding to a Notification of Unusual Event (NOUE).
 - 1.7.1 Assist the Shift Communicator in ensuring communications are established with the PADO and information from the CNS Notification Reports is relayed to the PADO per Procedure 5.7.23.
 - 1.7.2 This responsibility shall be for the period immediately after the declaration of the NOUE and continue until the responsibility is transferred to appropriate NPPD Corporate Communications Department personnel.
 - 1.7.3 Any press release that is generated during this period should be reviewed and approved by the Emergency Director.
- 1.8 Authorized Representatives of the Governors of Nebraska and Missouri may be represented in the EOF and set up Forward Command Posts at some other location.

2. REFERENCES

2.1 CODES AND STANDARDS

- 2.1.1 10CFR50.
- 2.1.2 NPPD Emergency Plan for CNS.

2.2 PROCEDURES

- 2.2.1 Emergency Plan Implementing Procedure 5.7.1, Emergency Classification.

2.3 MISCELLANEOUS

2.3.1 CNS Emergency Telephone Directory.

2.3.2 NRC Inspection Report 89-35, Item 1.

2.3.3 NCR 93-52.

2.3.4 NRC Inspection Report 94-11.

2.3.5 NRC Inspection Report 94-29, Item 1.

2.3.6 QA Observation 93-05A.

2.3.7 QA Report 86-06.

2.3.8 RCR 2001-0181, Action #2, Require State/Local Notification within 15 minutes of a PAR or change in PAR.

2.4 NRC COMMITMENTS

2.4.1 © NRC Inspection Report 92-14. Commitment affects Steps 2.1 and 2.3.

2.4.2 © NRC Inspection Report 98-12 (NLS980074-05 and NLS980074-06). Commitment affects Steps 2.1 and 2.3.

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1. PURPOSE

This procedure is to be used if the Control Room is notified of an injury or illness that constitutes a medical emergency 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 A medical emergency should be declared when a individual has requested emergency medical assistance from the Control Room for any of, but not limited to, the following symptoms:

[] 2.1.1 Is or becomes unconscious.

[] 2.1.2 Has trouble breathing or breathing in an abnormal pattern.

[] 2.1.3 Has chest pain or chest pressure.

[] 2.1.4 Is bleeding severely.

[] 2.1.5 Has pressure or pain in abdomen.

[] 2.1.6 Severe vomiting or passing blood.

- 2.1.7 Has seizures, severe headaches, or slurred speech.
- 2.1.8 Appears to have been poisoned.
- 2.1.9 Has injuries to the head, neck, or back.
- 2.1.10 Has possible fractures or broken bones.
- 2.1.11 Appears dizzy, disoriented, or confused.
- 2.1.12 Will be transported to an off-site medical facility by station ambulance.

2.2 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.

2.3 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.

2.4 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.

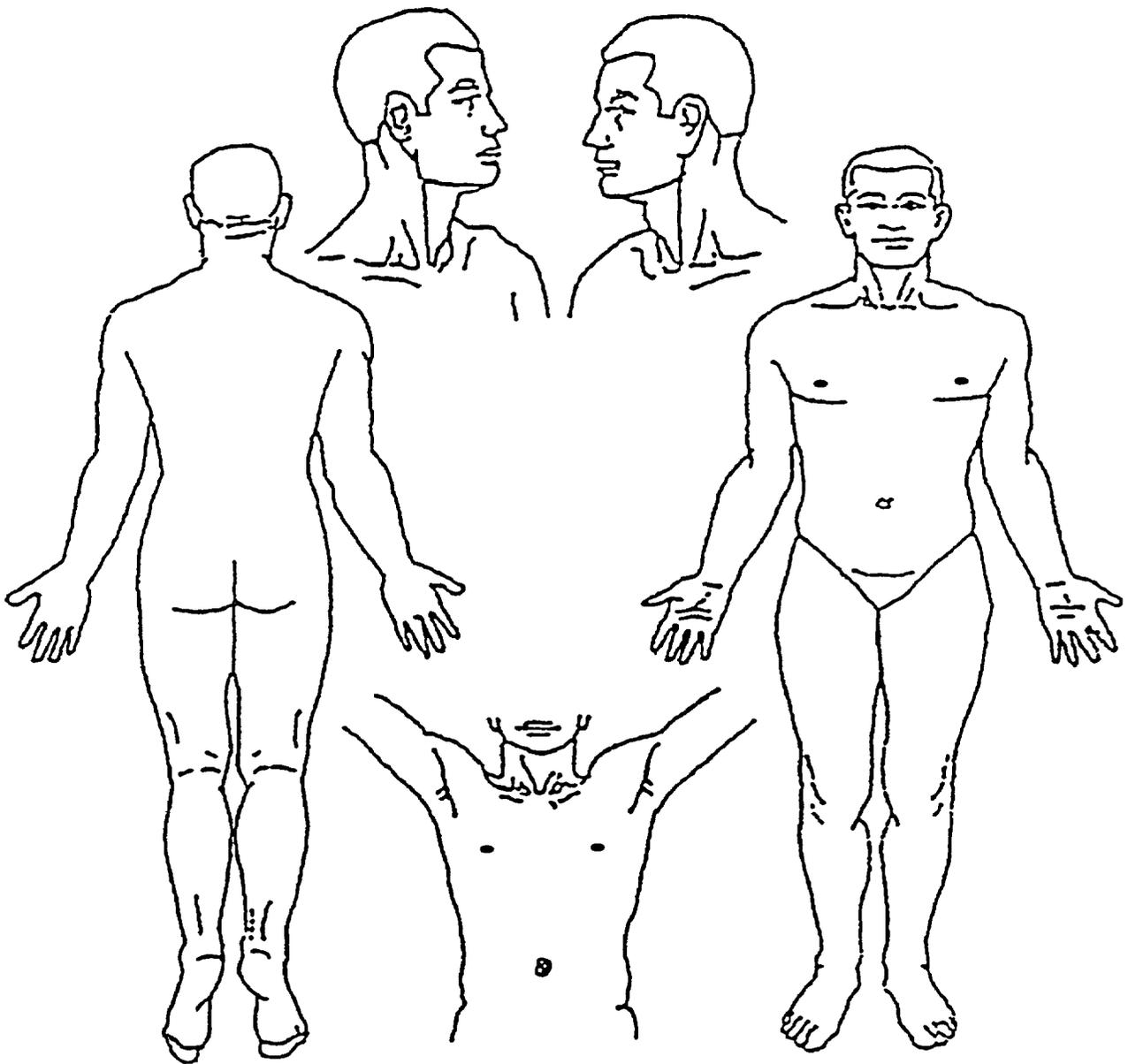
9. CNS AMBULANCE DRIVER

- 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.

ATTACHMENT 1 BODY MAP

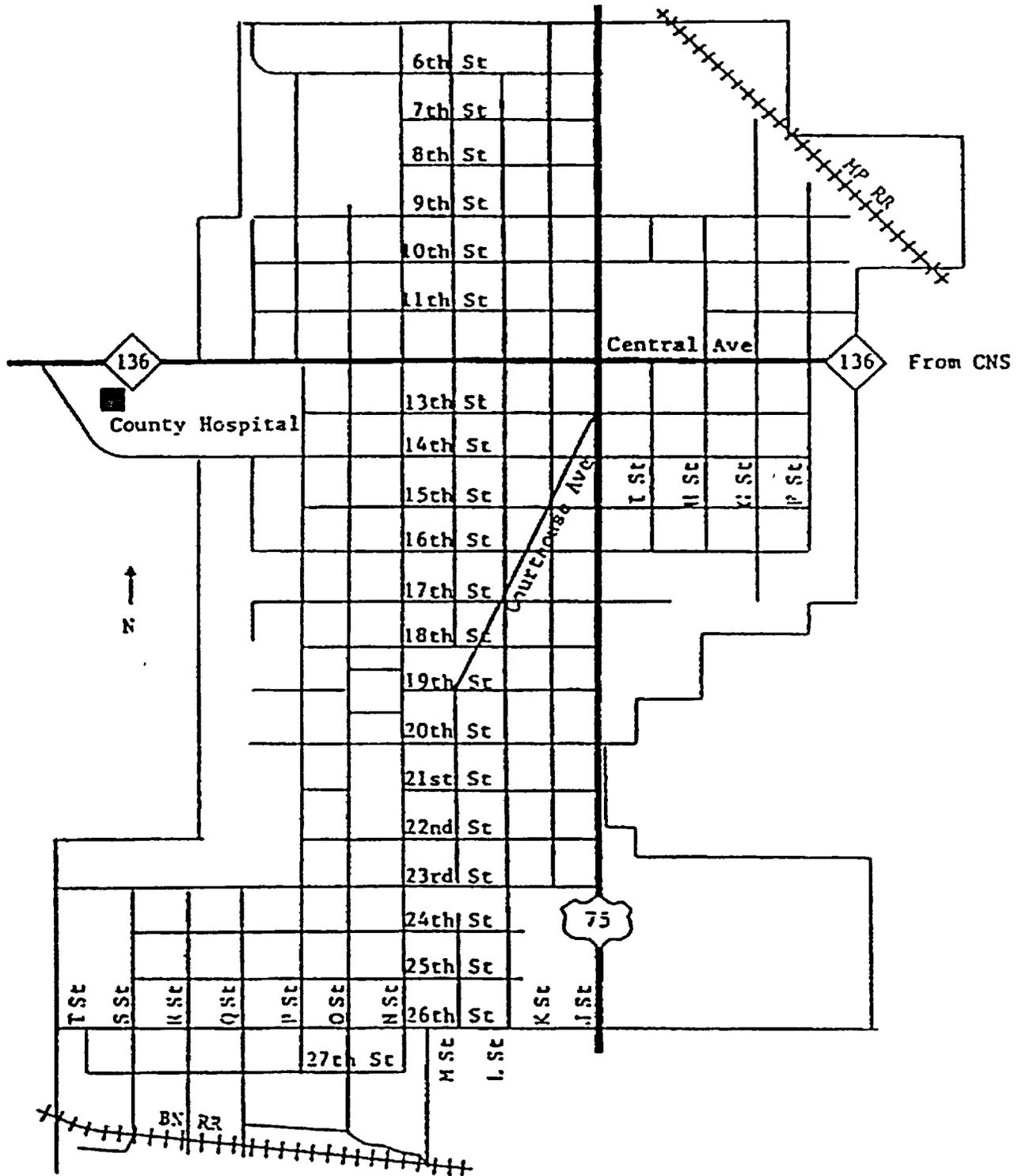
NAME: _____ TIME: _____ DATE: _____

Indicate Wounds and/or Contaminated Areas:



5-7-24A.SCAN

ATTACHMENT 2 NEMAHA COUNTY HOSPITAL ROUTE MAP



5-7-24B.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.