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107	QA MANAGER	QA (UNIT 3/IPEC)	TRL #2A
319	C.STELLATO(NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
354	L.GRANT(LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
376	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
424	J.CHIUSANO(OPS INSTR)	(UNIT 3/IPEC ONLY)	#48
510	L.GRANT(LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
511	L.GRANT(LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
512	C.STELLATO(NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
513	C.STELLATO(NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
517	PLANT MANAGER'S OFFICE	ADMIN/(UNIT 2/IPEC ONLY)	IP2
518	TSC	UNIT 2(UNIT 2/IPEC ONLY)	IP2
520	CONTROL ROOM (UNIT 2)	OPS (UNIT 2 & IPEC ONLY)	IP2
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522	NRC RESIDENT	US NRC(UNIT 2/IPEC ONLY)	IP2
523	ROBERT VOGLE (UNIT 2)	TRAIN/LIB (ALL EP'S)	TODDVILLE
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Indian Point 3

AP-18.2
Revision 10

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Document #	Document Name	New Rev. #/ Date	Old Rev. #/ Date	Instructions
U3	Volume III Emergency Planning Implementing Procedures			
IP-1019	Emergency Use of Potassium Iodide (KI)	10 11/5/02	9 11/18/97	Replace Entire Document
IP-1040	Habitability of the Emergency Response Facilities and Assembly Areas	17 11/5/02	16 11/18/97	Replace Entire Document
IP-1063	Vehicle/Equipment Radiological Check and Decontamination	12 11/5/02	11 11/18/97	Replace Entire Document
TOC	Table of Contents	11/02	8/02	Replace Entire Document

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ENTERGY NUCLEAR NORTHEAST
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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ENTERGY NUCLEAR NORTHEAST
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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Entergy

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EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1019 REV. 10

TITLE: EMERGENCY USE OF POTASSIUM IODINE (KI)

THIS PROCEDURE IS TSR ✓

THIS PROCEDURE IS NOT TSR

WRITTEN BY: Dana Weaver 11/3/02
SIGNATURE/DATE

REVIEWED BY: Rebecca Q Martin 11/4/02
SIGNATURE/DATE

APPROVED BY: [signature] 11/4/02
SIGNATURE/DATE

EFFECTIVE DATE: 11/5/02

PROCEDURE USE IS

REFERENCE

EMERGENCY USE OF POTASSIUM IODIDE (KI)

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IP-1019

EMERGENCY USE OF POTASSIUM IODIDE (KI)

1.0 PURPOSE

1.1 This procedure provides guidance for the use of thyroid blocking potassium iodide (KI). KI is used to saturate the thyroid with stable iodine to limit the uptake of radioiodine.

2.0 RESPONSIBILITY

2.1 The Emergency Director (ED) is responsible for authorizing the administration of KI to Entergy employees. R

2.2 The Radiological Assessment Team Leader (RATL) is responsible for:

A. Assessing the need for administering KI to Entergy employees. R

B. Advising the ED on the administration of KI.

3.0 REFERENCES

3.1 EPA 400-R-92-001, "Manual of Protective Action Guides and Protective Actions for Nuclear Incidents"

3.2 National Council on Radiation Protection Report 55

4.0 PROCEDURE

4.1 The RATL takes the following steps to evaluate if the use of KI should be recommended to the ED.

A. IF a radiological release has occurred or is anticipated, THEN ENSURE monitoring for radioiodine is being conducted in the following areas:

1. Control Room (CR)
2. Operational Support Center (OSC) / Technical Support Center (TSC)
3. Emergency Operations Center (EOF)
4. Other locations where Entergy personnel may be exposed to radioiodine concentrations (e.g. Offsite Monitoring Teams, Repair and Corrective Action Teams and/or Security). R

NOTE:

For the purpose of this procedure the term "Entergy personnel" includes all employees who respond to an emergency at Indain Point. R

B. IF radioiodine samples indicate levels above Minimum Detectable Activity (MDA), THEN REQUEST that isotopic monitoring be conducted, if practical.

C. ASSESS thyroid Committed Dose Equivalent (CDE) for Entergy personnel using actual or estimated data for radioiodine concentrations and stay times. |R

NOTE:

The following Dose Conversion Factors should be used to determine thyroid CDE based on airborne radioiodine concentration:

$$\text{MIX}^{1}\ \text{DCF} = 4.00\text{E}08\ \frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$$

$$\text{I-131 DCF} = 1.30\text{E}09\ \frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$$

$$\text{I-132 DCF} = 7.50\text{E}06\ \frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$$

$$\text{I-133 DCF} = 2.20\text{E}08\ \frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$$

$$\text{I-134 DCF} = 1.30\text{E}06\ \frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$$

$$\text{I-135 DCF} = 3.80\text{E}07\ \frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$$

[1]To be used for the first 24 hours after shutdown when the radioiodine mix is not known. The I-131 DCF is to be used for times greater than 24 hours after shutdown when the radioiodine mix is not known.

4.2 IF thyroid CDE is expected to exceed 25 Rem for any Entergy personnel, THEN the RATL should RECOMMEND to the ED that KI be issued to these individuals. |R

4.3 IF thyroid CDE is not expected to exceed 25 Rem for any Entergy personnel THEN, the RATL should NOT RECOMMEND that KI be issued. |R

4.4 Based on the recommendation from the RATL, the ED shall DETERMINE if KI will be issued to Entergy personnel. |R

4.5 IF it is determined that KI will be issued to Entergy personnel, THEN the ED should ENSURE the following guidelines are followed: R

A. If practical, the individual receiving the KI should review either Attachment 5.1, "Patient Package Insert for THYRO-BLOCK Potassium Iodide" OR the actual patient insert accompanying the KI.

B. PRIOR to administering KI, ask individuals if they are allergic to iodine. (If the individual has had allergic reactions to shell fish, this probably indicates an iodine allergy).

C. Administer one tablet (130 mg) of KI for the initial dose followed by daily doses of one tablet per day for 3 to 10 days.

D. Consult with medical representatives as soon as practical after administering KI to receive guidance on total dose requirements. Appendix 'B' in Volume II of the Emergency Plan includes the phone number of a medical representative under contract with Indian Point. R

4.6 KI is kept in the following areas:

- OSC Manager's Locker
- CR Emergency Locker
- EOF Health Physics Locker
- Offsite Monitor Supply Bags R
- Additional supplies are available from Indian Point Medical Offices.

NOTE: R

IP-2 Offsite Monitoring Team Personnel DO NOT carry KI in their vehicles. They will have to be given KI at the EOF or receive it from IP-3 Offsite Monitoring Team Personnel.

5.0 ATTACHMENTS

5.1 Patient Package Insert for THYRO BLOCK Potassium Iodide

END OF TEXT

ATTACHMENT 5.1

PATIENT PACKAGE INSERT FOR THYRO-BLOCK POTASSIUM IODIDE

THYRO-BLOCK®

TABLETS

(POTASSIUM IODIDE TABLETS, USP)

(pronounced poe-TASS-e-um EYE-oh-dyed)
(abbreviated KI)

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YOU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. *DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE.* (SEE SIDE EFFECTS BELOW.)

INDICATIONS

THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

DIRECTIONS FOR USE

Use only as directed by State or local public health authorities in the event of a radiation emergency.

DOSE

Tablets:

ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER: One (1) tablet once a day. Crush for small children.

BABIES UNDER 1 YEAR OF AGE: One-half (1/2) tablet once a day. Crush first.

Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (59° to 86°F). Keep container tightly closed and protect from light.

WARNING

Potassium iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

DESCRIPTION

Each THYRO-BLOCK® TABLET contains 130 mg of potassium iodide. Other ingredients: magnesium stearate, microcrystalline cellulose, silica gel, sodium thiosulfate.

HOW POTASSIUM IODIDE WORKS

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

WHO SHOULD NOT TAKE POTASSIUM IODIDE

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

HOW AND WHEN TO TAKE POTASSIUM IODIDE

Potassium Iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amounts of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

SIDE EFFECTS

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

WHAT TO DO IF SIDE EFFECTS OCCUR

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for instructions

HOW SUPPLIED

THYRO-BLOCK® TABLETS (Potassium Iodide Tablets, USP) bottles of 14 tablets (NDC 0037-0472-20). Each white, round, scored tablet contains 130 mg potassium iodide

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EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1040 REV. 17

TITLE: HABITABILITY OF THE EMERGENCY RESPONSE FACILITIES AND ASSEMBLY AREAS

THIS PROCEDURE IS TSR ✓

THIS PROCEDURE IS NOT TSR

WRITTEN BY: Dawn Weaver 11/3/02
SIGNATURE/DATE

REVIEWED BY: Rebecca A Marbin 11/4/02
SIGNATURE/DATE

APPROVED BY: [signature] 11/4/02
SIGNATURE/DATE

EFFECTIVE DATE: 11/5/02

PROCEDURE USE IS

REFERENCE

HABITABILITY OF THE EMERGENCY RESPONSE FACILITIES AND ASSEMBLY AREAS

TABLE OF CONTENTS

HABITABILITY OF THE EMERGENCY RESPONSE FACILITIES AND ASSEMBLY AREAS

1.0 PURPOSE

1.1 This procedure provides guidance for determining the radiological habitability in the Emergency Response Facilities (ERFs) and Assembly Areas in order to maintain personnel exposure as low as reasonably achievable (ALARA).

2.0 RESPONSIBILITY

2.1 The Emergency Director (ED) is responsible for determining if relocation of an ERF or the evacuation of an Assembly Area is warranted.

2.2 The Radiological Assessment Team Leader (RATL) has the overall responsibility to determine radiological habitability in all ERFs and Assembly Areas and shall ensure that adequate radiological monitoring is being performed in the Emergency Operations Facility (EOF).

2.3 The Operational Support Center (OSC) Health Physics (HP) Team Leader will ensure that adequate radiological monitoring is performed in the OSC, Technical Support Center (TSC), Control Room (CR) and Assembly Areas.

2.4 The facility managers of the ERFs are responsible for ensuring this procedure is followed within their facility.

3.0 REFERENCES

3.1 EPA 400, "Manual of Protective Action Guides and Protective Actions for Nuclear Incidents".

3.2 10CFR20, "Standards for Protection Against Radiation".

3.3 IP-2002, "CR Health Physics Technician"

3.4 IP-2209, "OSC HP Technician"

3.5 IP-1027, "Emergency Personnel Exposure".

3.6 IP-1050, "Accountability"

3.7 IP3-RES-93-427, Memorandum from Dauer to Mayer, "PAG Source Terms".

4.0 PROCEDURE

4.1 ERF and Assembly Area Radiological Monitoring:

A. Radiological monitoring of the ERFs and Assembly Areas is covered by the following procedures:

Control Room: IP-2002, "CR Health Physics Technician"
OSC/TSC: IP-2209, "OSC HP Technician"
Assembly Areas: IP-1050, "Accountability"

B. IF conditions warrant, THEN the OSC HP Team Leader will send HP Technicians to the Assembly Areas to perform additional radiological monitoring.

4.2 Guidelines for eating, drinking and smoking during a Radiological Release:

> NOTE:
>
> Overheated individuals SHALL NOT be denied fluids due to the radiological conditions in the ERF.

A. IF a radiological release is occurring or has occurred, THEN eating, drinking or smoking should not be allowed in Assembly Areas unless authorized by the OSC HP Team Leader following the establishment of appropriate radiological monitoring.

B. IF a radiological release is occurring or has occurred, and the radiological conditions within an ERF are not known, THEN eating, drinking or smoking should not be allowed.

C. IF a radiological release is occurring or has occurred, and the radiological conditions within an ERF are known, and the total airborne radioactivity concentration (excluding noble gasses) exceeds 1 DAC (Derived Air Concentration defined in Reference 3.1), THEN eating, drinking or smoking should not be allowed.

D. All consumable items (eg: food, water, cigarettes) which may have become radiologically contaminated shall be monitored by Health Physics prior to consumption.

4.3 Guidelines for Relocation ERFs:

NOTE:

The following Dose Conversion Factors should be used to determine Committed Effective Dose Equivalent (CEDE) and thyroid Committed Dose Equivalent (CDE) based on airborne concentrations:

Particulate DCF = 2.66E07 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

MIX[1] DCF = 4.00E08 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

I-131 DCF = 1.30E09 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

I-132 DCF = 7.50E06 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

I-133 DCF = 2.20E08 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

I-134 DCF = 1.30E06 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

I-135 DCF = 3.80E07 $\frac{\text{mRem/hr}}{\mu\text{Ci/cc}}$

1 To be used for the first 24 hours after shutdown when the radioiodine mix is not known. The I-131 DCF is to be used for times greater than 24 hours after shutdown when the radioiodine mix is not known.

A. Relocation of an ERF should not be considered if the expected total accumulated dose equivalent to the staff in the ERF will be less than 500 mRem TEDE (Total Effective Dose Equivalent as defined in Reference 3.2) or 5 Rem Thyroid TODE (Total Organ Dose Equivalent as defined in Reference 3.2). However, transfer of the EOF to the Alternate EOF (AEOF) location may be performed due to expected doses below these levels provided such a transfer is performed without adversely impacting the function of the EOF.

B. IF the total expected dose equivalent in an ERF is expected to exceed 500 mRem TEDE or 5 Rem Thyroid TODE, THEN consideration should be given to relocate the ERF based on the following:

1. Total expected dose equivalent.

2. The effect relocating the ERF will have on the accident mitigation effort.

3. The exposures of individuals in the ERFs.

C. IF the 10CFR20 exposure limits are expected to be exceeded for individuals in the ERF, THEN relocation of the ERF should occur unless one of the following exists:

1. Relocation would result in the ERF staff receiving a greater dose than the dose received by staying in the ERF.

2. The ED has determined that the ERF staff are performing a function which meets the criteria for receiving Emergency Worker Dose Limits as defined in IP-1027, "Emergency Personnel Exposure".

5.0 ATTACHMENTS

None

END OF TEXT

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EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1063 REV. 12

TITLE: VEHICLE/EQUIPMENT RADIOLOGICAL CHECK AND DECONTAMINATION

THIS PROCEDURE IS TSR ✓

THIS PROCEDURE IS NOT TSR

WRITTEN BY: Dawn Weaver 11/3/02
SIGNATURE/DATE

REVIEWED BY: Rebecca A Martin 11/4/02
SIGNATURE/DATE

APPROVED BY: [signature] 11/6/02
SIGNATURE/DATE

EFFECTIVE DATE: 11/5/02

PROCEDURE USE IS

REFERENCE

VEHICLE/EQUIPMENT RADIOLOGICAL CHECK AND DECONTAMINATION

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R

IP-1063

VEHICLE/EQUIPMENT RADIOLOGICAL CHECK AND DECONTAMINATION

1.0 PURPOSE

This procedure describes the methods of checking vehicles and equipment for contamination and their subsequent decontamination at the Indian Point Energy Center(IPEC) Service Center when required. R

2.0 RESPONSIBILITIES

2.1 The Radiological Assessment Team Leader (RATL) is responsible for ensuring this procedure is followed.

2.2 The Emergency Director (ED) is responsible for authorizing vehicles or equipment to leave the site with measurable contamination or without being radiologically monitored when otherwise required.

2.3 The Operations Support Center (OSC) Health Physics (HP) Team Leader is responsible for dispatching HP technicians to perform radiological monitoring if requested by the Emergency Operations Facility (EOF).

3.0 REFERENCES

3.1 EP-Form #16 "Vehicle Contamination Check"

3.2 EP-Form #17 "Equipment Contamination Check"

NOTE:
For this procedure, measurable contamination is defined as > 100 CPM above background using a frisker.

4.0 PROCEDURE

4.1 IF a radiological release is occurring or has occurred, THEN the RATL shall determine if vehicles and equipment require radiological monitoring or decontamination prior to leaving the site using the following guidelines:

A. Radiological and decontamination of vehicles and equipment leaving the site should NOT be performed IF:

1. There is known or expected measurable contamination immediately offsite.

2. The radiological monitoring or decontamination effort will lead to personnel evacuating the site receiving excess radiation exposure due to increased time spent in the plume.

OR

3. Results of site surveys indicate that no measurable contamination is present.

B. Radiological monitoring may be ended if no measurable contamination is found on a representative amount of equipment or vehicles.

4.2 Upon request from the RATL, the OSC HPTL shall dispatch Health Physics technicians to perform site surveys and radiological monitoring of vehicles and equipment.

4.3 Radiological monitoring of vehicles and equipment should be performed as follows:

A. Take large area wipes of vehicles or equipment and count wipe with a frisker.

B. IF large area wipes show measurable contamination, THEN use paper smears to attempt to isolate the location of the contamination.

C. Take direct readings with a frisker to spot check vehicle and equipment for fixed contamination.

4.4 IF the vehicle or equipment is contaminated, THEN perform the

following:

A. Have the vehicle or equipment moved to the decontamination location in the northeast corner of the IPEC Service Center (see Attachment 5.1, "IPEC Service Center Layout"). R

B. Position the vehicle or equipment close to the corner water run-off opening. This will allow contamination to run off into a small depression where it will be contained and concentrated by the land contour.

C. Isolate and post the run off area, as necessary.

D. Using hoses hooked up to the nearest fire hydrant or utilizing a Fire Department pumper, decontaminate the vehicle or equipment.

E. IF the vehicle or equipment is still contaminated, THEN continue the decontamination effort.

4.5 Record all required data on EP-Form #16, "Vehicle Contamination Check" or EP-Form #17, "Equipment Contamination Check". Return these forms to the RATL or HPTL.

4.6 IF it is necessary to have a vehicle or piece of equipment leave the site either with measurable contamination or without being monitored THEN the ED shall authorize such action.

5.0 ATTACHMENTS R

5.1 IPEC Service Center Layout

END OF TEXT

ATTACHMENT 5.1

IPEC SERVICE CENTER LAYOUT