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DAEC EMERGENCY PLANNING DEPARTMENT PROCEDURE TRANSMITTAL ACKNOWLEDGEMENT MEMO (TAM-25)

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	REMOVE	INSERT
EPIP Table of Contents Revision	Rev. 133	Rev. 134
EPIP 4.5 (PWR: 19615)	Rev. 6	Rev. 7

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Print Name _____ Sign Name _____ Date _____

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A045

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EMERGENCY PLAN IMPLEMENTING PROCEDURE	EPIP 4.5
ADMINISTRATION OF POTASSIUM IODIDE (KI)	Rev. 7 Page 1 of 6

Effective Date: 2/10/03

TECHNICAL REVIEW

Prepared by: Don A. John Date: 1/31/03

Reviewed by: Jon Newman Date: 1/31/03
Independent Reviewer

PROCEDURE APPROVAL

I am responsible for the technical content of this procedure.

Approved by: Pauly Sullivan Date: 1/31/3
Manager, Emergency Planning

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1.0 PURPOSE

(1) This procedure provides guidance for recommending and supervising the administration of potassium iodide (KI) to emergency workers who have been, or are expected to be exposed to airborne radioiodine.

2.0 DEFINITIONS

(1) None

3.0 INSTRUCTIONS

3.1 ADMINISTRATION OF POTASSIUM IODIDE

(1) In the event of fuel cladding failure combined with a plant related Emergency Declaration of a Site Area Emergency or General Emergency, the Site Radiation Protection Coordinator (SRPC) should identify the population(s) of emergency workers at risk of exposure to airborne radioiodine.

NOTE

Fuel failure can be identified in a variety of ways, including but not limited to:
- High drywell ARM readings
- High Torus ARM readings
- KAMAN sample analysis
- Field airborne readings

(2) In determining the population(s) at risk, the SRPC should consider the following:

(a) Has an exposure occurred?

(b) Is the individual or group expected to be exposed to airborne radioiodine because of entry into the power block?

(c) Is there an indication of airborne radioiodine in the TSC, OSC, Control Room, or Assembly Areas?

(d) Is there an indication of significant airborne radioiodine concentration in areas that field monitoring teams are exposed to?

(3) The SRPC should obtain approval from the Emergency Coordinator (EC) to initiate a dose regimen of one tablet of KI each day for the at-risk population(s).

(4) The SRPC shall notify the Medical Consultant(s) if the KI dose regimen needs to extend beyond 10 days and if the projected or confirmed thyroid doses exceed 25 REM (CEDE).

(5) Each individual to be provided KI shall be issued one tablet. Use Attachment 1 to document the administration of KI. Ensure that each recipient reads the pharmaceutical information provided with the KI tablets. An individual who refuses to take the KI should not be allowed to enter an environment where KI is necessary. Disposition of this individual shall be at the discretion of the EC and SRPC.

(a) A supply of KI is stored in locker 9, shelf 4 in the TSC.

(b) KI has an approved shelf-life with the expiration date listed on each bottle. However, the expiration date may be extended. Documentation of extensions are available in the TSC.

(c) To ensure that the KI supply is valid, these dates will be inspected during the inventory of the TSC and emergency lockers and the KI replaced as necessary.

(6) The dose regimen of KI should be discontinued when airborne conditions post-fuel break have been remediated.

(7) The dose regimen of KI should not be continued for a period of time in excess of 10 days unless directed otherwise by the Medial Consultant.

4.0 RECORDS

(1) All records generated by this procedure shall be maintained IAW QA Record Retention requirements, exception is for records generated during drills and exercises.

5.0 REFERENCES

(1) DAEC Emergency Plan

(2) Medical Consultant's letter dated 2/15/93 to Iowa Electric

(3) NG 93-1628 memorandum dated 4/16/93

(4) FDA "Guidance for Industry KI in Radiation Emergencies – Questions and Answers" Rev. 1, December 2002, from http://fda.gov/cder/guidance/5386fnl.htm

6.0 ATTACHMENTS

ATTACHMENT 1, "KI ISSUANCE LOG"

ATTACHMENT 1

KI ISSUANCE LOG

NAME	SSN	DATE/TIME OF ISSUANCE	ISSUED BY