

CONTROLLED COPY NO: 19  
TO: Document Control Center - NRC File Room

DOCUMENT CHANGE NOTICE NO. 151

Date: January 30, 2003

From: YNPS Site Services Department

Document: Implementing Procedures to the Emergency Plan

1. Enter the attached documents in your manuals and/or files, discard all obsolete copies, and return this form to the Site Services Department at Yankee-Rowe within 30 Calendar days.

2. SAFEGUARDS INFORMATION DOCUMENTS

ALL OBSOLETE copies shall be returned to the Security Shift Supervisor for SHREDDING. SAFEGUARDS INFORMATION documents shall be hand-to-hand delivered or enclosed in two properly sealed and addressed envelopes. Return this form to the Site Services Department.

DESCRIPTION OF CHANGE: ISSUANCE: Implementing Proc. to the E-Plan

List of Effective Pages      Table of Contents      DCN No. 151      1/30/03

PROCEDURE NO.      REV. NO.

AP-3305      27

**DOCKET NO. 50-29**  
**LICENSE NO. DPR-3**

Please sign and return to: Renee Prilipp  
Yankee Atomic Electric Co.  
49 Yankee Rd.  
Rowe, MA 01367

Departmental Working Copies have been Reviewed and Working Copy Files Updated.

N/A  
Departmental Signature (N/A if not applicable)

The above documents have been entered in the applicable Department Manuals and/or files and all Obsolete copies have been discarded or identified as obsolete. [3, 5.2.15, Paragraph 9, Item 4] SAFEGUARDS INFORMATION documents will be handled per #2 above.

Signature

Date

Nims501  
A045

YANKEE NUCLEAR POWER STATION  
IMPLEMENTING PROCEDURES TO THE EMERGENCY PLAN  
TABLE OF CONTENTS

TABLE OF CONTENTS

Rev. 151

IMPLEMENTING PROCEDURES

Classification of Emergencies	OP-3300	Rev. 21
Medical Response and Confined Space Response Actions	AP-3305	Rev. 27
Control Room Actions During an Emergency	OP-3315	Rev. 20
Technical Support Center (TSC) Activation and Operations	OP-3324	Rev. 16
Release of Public Information Under Emergency Conditions	OP-3343	Rev. 15
Security Force Actions Under Emergency Conditions	OP-3344	Rev. 26
Emergency Preparedness Drills and Exercises	AP-3400	Rev. 11
Emergency Equipment Readiness Check	AP-3425	Rev. 8
Technical Support Center (TSC) Readiness Check	AP-3426	Rev. 17
Emergency Preparedness Training	AP-3450	Rev. 10
Responsibilities for Maintaining and Implementing the Emergency Preparedness Program for YNPS	AP-3451	Rev. 1
Revision Process for the YNPS Defueled Emergency Plan	AP-3452	Rev. 3

MEDICAL RESPONSE AND CONFINED SPACE RESPONSE ACTIONS

SCOPE

This procedure outlines the basic requirements and actions to be followed by plant personnel in the event of an incident requiring medical response including a confined space emergency. It includes the notifications, response of specific plant personnel, and the actions to consider when injuries may be complicated by radiation exposure or contamination.

ENCLOSURES

AP-3305- Pgs. 1-3  
Attachment A - Pgs. 1-4  
APF-3305.1 - Pg. 1  
APF-3305.2 - Pg.1  
Attachment B - Pgs. 1-5  
Attachment C - Pgs. 1-2  
Attachment D - Pgs. 1-2  
Attachment E - Pg. 1  
Attachment F - Pg. 1

REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. Plan and Procedures for Treatment and Decontamination of Radioactively contaminated and Injured Patients at North Adams Regional Hospital.
3. AP-0227, "Condition Reporting and Investigation"
4. DP-2016, "Event Administrative Actions"
5. OP-Memo 2E-4, "ERO Augmentation"
6. Qualified Personnel Manual
7. AP-0620, "Confined Space Permits: Requests, Issue, Use, Update and Termination"
8. AP-0621, "Incident and Injury Reporting and Management"
9. OP-3017, "Fire Emergency"

DEFINITIONS

**Incident** - a workplace event, regardless of the severity, that results in a worker experiencing what can be categorized as an injury, first aid, illness, report only, near miss, overexposure, or an OSHA recordable or lost time.

**First Aid/Injury** - an incident that requires first aid treatment as defined by OSHA, 29 CFR 1904 "Recordkeeping Guidelines." (i.e., ice pack, band-aid, etc.)

**Illness** - an incident usually determined by medical personnel and based upon physiological data or evidence of a change in health status resulting from work related or non work related conditions.

**Medical Emergency** - an incident that has resulted in a serious, possible life threatening injury or illness that requires immediate treatment and transportation to a hospital.

**Confined Space Emergency** - a situation where a worker or workers are unable to exit a confined space due to illness or injury.

**Days Away/Lost Time** - a work related incident that results in a worker not being permitted to return to work based on the advice of a licensed health care provider.

**OSHA Recordable** - a workplace incident or exposure that results in loss of consciousness, lost work days, restriction of work activities, transfer to another job, or requires medical treatment as defined by OSHA 29 CFR 1904 "Recordkeeping Guidelines".

**Report Only** - an incident that did not result in an injury/illness and no treatment was required but it was reported as per site requirements (AP-0621 "Incident/Injury Reporting and Management Procedure")

**Near Miss** - an incident that was unplanned, undesired, did not result in, but had the potential to result in injury to a worker if he/she had been in the vicinity, or an incident that caused property damage or interruption of service.

**Over-exposure** - a workplace incident that resulted in the worker exceeding the permissible exposure limit (PEL) of the hazard.

**Licensed Health Care Professional/Provider** - an individual that has the training and a license to practice medicine in their field (MD, RN, LPN, Nurse Practitioner, Therapist).

**DISCUSSION**

This procedure is initiated by the Plant Shift Supervisor (PSS) when the Control Room is notified of an incident. The incident may include a Confined Space Rescue, Medical Assessment and Treatment, minor Injury or Illness, Near Miss, Report Only, or an Overexposure. The most likely sequence is as follows:

- The incident is identified.
- The incident is reported to the Control Room.
- The Control Room contacts the Security Shift Supervisor and/or Health Services Coordinator and they respond to the scene.
- The Emergency Medical Response Team is deployed.

- Patient assessment and first aid is performed.
- An ambulance service and hospital are notified.
- The affected individual departs the site.
- The scene is cleaned up or barricaded.
- The hospital is contacted with follow up data.
- Documentation of incident is completed and the participants meet for a self assessment.

The Fire Brigade members are trained in confined space rescue and the majority of the members are also trained as certified first responders for first aid. These personnel are trained to respond to an emergency incident that may be complicated by radiation exposure and / or contamination or the need for rescue. Those responding to the emergency may encounter adverse radiological conditions and should follow the guidance of radiation protection trained personnel prior to entering a radiological controlled area. Qualified fire brigade members and medical response team members are listed in the Qualified Personnel Manual (QPM).

**PRECAUTIONS**

None

**PREREQUISITES**

1. Medical response personnel have been trained as a Certified First Responder and in CPR and Automated External Defibrillation (AED).

**PROCEDURE**

1. Based on your assigned function, follow the procedural guidance of the appropriate attachment listed below:

<u>Attachment</u>	<u>Title and Implementation Responsibilities</u>
A	Control Room Personnel
B	Medical Response Trained Personnel
C	Radiation Protection (RP) Trained Personnel
D	Ambulance and Hospital Response Trained Personnel
E	Security Personnel
F	Confined Space Rescue Trained Personnel

**FINAL CONDITIONS**

As specified in the appropriate attachment.

ATTACHMENT A  
CONTROL ROOM PERSONNEL

This attachment will be completed by Control Room personnel after receiving notification of an incident and/or Confined Space Emergency. Control Room personnel will act as the primary communications point for ambulance/plant/hospital communications. The North Adams Regional Hospital Emergency Response Plan [2] establishes two categories for radiological medical emergencies:

Code Magenta - Treatment and decontamination of a patient with non-life threatening injuries. The Radiation Emergency Area (REA) in this type of incident will be in the decontamination room.

Code Magenta Trauma Room - Treatment and decontamination of a patient with life threatening injuries. The REA in this type of incident will be in the Trauma Room.

Based on information received from YNPS (APF-3305.1) and from ambulance personnel, hospital personnel will determine which of the above categories to prepare for.

PROCEDURE

1. The Control Room receives a report of an incident. (That may consist of an injury, illness, first aid, a report only, near miss, overexposure, or confined space emergency.)
2. If the reported incident involves a confined space or medical emergency the Control Room will make an announcement to call out the medical response team via the Gaitronics. Make the following announcement using the plant page system:

- a. Select the appropriate announcement:

"Attention in the Plant, Attention in the Plant"  
"Medical Emergency, Medical Emergency, Medical Emergency."  
"Medical Team members proceed to \_\_\_\_\_."  
(location)

"All other personnel stand clear of the area."

OR

"Attention in the Plant, Attention in the Plant"  
"Confined Space Emergency, Confined Space Emergency, Confined Space Emergency" (Describe the nature of the emergency and its location.)

"Rescue and medical team members proceed to \_\_\_\_\_."  
(location)

All other personnel stand clear of the area."

- b. Repeat the announcement.

3. If the incident is neither a confined space emergency nor medical emergency the Control Room will contact the Health Services Coordinator (HSC) and/or Security Shift Supervisor (SSS) and describe the nature of the incident (if known).
4. The HSC and/or SSS will respond to the scene and determine whether there is a medical emergency and/or the need for additional medical response team support. If additional response is needed the HSC and/or SSS will contact the Control Room to make the appropriate announcement.
5. Maintain communications with medical/rescue team for medical and/or radiological information. Contact or request additional assistance for medical/rescue personnel as necessary.
6. Initiate DP-2016, "Event Administrative Actions."
7. For a medical emergency that occurs on a backshift, weekend, or holiday: (Refer to OP-Memo 2E-4 for contact numbers)
  - a. For radiological emergencies, call an off-duty Radiation Protection Technician and have them report to the plant or meet the patient at the hospital.
  - b. For radiological emergencies, notify the Safety Oversight Manager/RPM or alternate for assistance in evaluating the radiological conditions described in Attachment C.
  - c. Notify the Duty Call Officer and the Plant Superintendent.
8. Record all pertinent data regarding the medical emergency in the Control Room Log.
9. Complete APF-3305.1, "Medical Emergency Status and Notification Form," using all available medical and/or radiological information received from the Medical response personnel.
10. If necessary, call in replacements for the shift complement within two hours.
11. Upon notification by a medical response person that transportation to an off-site medical facility is required, then contact Shelburne Control 9-911 (Back up No. 9-625-8200):
  - a. Request that an ambulance respond to Yankee Nuclear Power Station in Rowe
  - b. State the nature of the injury
    - 1) Level of consciousness (alert, confused, unconscious)
    - 2) Is patient breathing or not
    - 3) Vital signs (if known)

- 4) Any known medical history (recent hospitalization, history of cardiac problems, etc.)
- 5) Identify first aid treatment in progress (medical team evaluating, CPR in progress, etc.)
- 6) Relay the condition of the patient and if the Automated External Defibrillator (AED) is in use to the ambulance and hospital staff.

**NOTE:** Only indicate contamination if RP has confirmed and data is available or if suspected of being contaminated (e.g., wearing full PC's, or injuries in contaminated area where frisking is not possible). Ambulance personnel are prepared to address contaminated injuries and do not necessarily need to know this ahead of arrival.

- 7) State whether or not the individual is contaminated
- 8) Provide Plant Shift Supervisor's phone number - (413-424-2235)
- 9) Wait for the 911 dispatcher to hang up before disconnecting call.

**NOTE:** Per agreements signed under the Emergency Plan, any injured person who is contaminated will be transported to the North Adams Regional Hospital. If injured person is not contaminated, then either Franklin Medical Center or North Adams Regional Hospital may be used.

12. If RP has confirmed that the individual is contaminated, or if the individual is suspected of being contaminated (e.g., wearing full PC's or injuries in a contaminated area where frisking is not possible) then contact the North Adams Regional Hospital (9-663-3701):
  - a. Identify yourself as calling from Yankee Nuclear Power Station and ask to speak to the EMERGENCY ROOM TRIAGE NURSE MANAGER.
  - b. State the nature of the injury and that the individual is contaminated (provide information contained on APF-3305.1)
  - c. Provide Plant Shift Supervisors phone number (424-2235).

**NOTE:** Emergency dosimetry is not necessary if the victim is not contaminated.

13. Contact the Security Shift Supervisor to inform him that an ambulance has been called and to expedite access of ambulance personnel to the emergency area by assigning an officer as an escort and issuing dosimetry and visitors badges to the ambulance personnel. If applicable initiate OP-3017, Attachment A, "Vehicles and Personnel Access during an



Emergency Incident". Ensure officer retrieves visitors' badges and injured person(s) badge(s) prior to exiting the site.

14. Notify the Public Affairs Representative. (refer to OP-Memo 2E-4 for contact numbers)
15. Notify Site Manger whenever personnel leave the site to seek off-site treatment.
16. For radiological medical emergencies in which the injured worker is sent to the hospital, notify the Massachusetts Department of Public Health. (This is an informational call, give the department representative the information on the Medical Emergency Status and Notification Form (APF-3305.1), refer to OP-MEMO 2E-6 for telephone numbers.)

**FINAL CONDITIONS**

1. The patient has left the site and has arrived at the off-site medical facility.
2. All pertinent data has been recorded in the Control Room Log.
3. Initiate a Condition Report for this incident. [3]
4. Notify the Emergency Room Contact Person if the AED was used on the patient. (See OP-Memo 2E-6)

**MEDICAL EMERGENCY STATUS AND NOTIFICATION FORM**

PATIENT: Name: _____			
Location: _____		Date/Time: _____ / _____	
AMBULANCE REQUIRED/REQUESTED      YES [ ]    NO [ ]			
MEDICAL PROBLEMS: (including vital signs): _____ _____			
FIRST AID MEASURES GIVEN: _____ _____			
WAS AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USED      YES [ ]    NO [ ]			
RADIATION INJURY:			
•	EXPOSURE?	Yes    No	mR/ (received)
•	EXTERNAL CONTAMINATION?	Yes    No    Possible	mR/hr*
•	INTERNAL CONTAMINATION (INHALATION)	Yes    No    Possible	
•	Decontaminated?	Yes    No	
Special equipment needed by ambulance or at hospital?		Yes    No	
List special equipment needed: _____ _____			
Transporting Ambulance Company:		Charlemont	Other (specify)
AMBULANCE ETA: At Plant:		At Hospital:	
•	RP will accompany the patient to the hospital		
•	RP will meet the patient at the hospital.		
NOTES: _____ _____ _____			

Name of Plant Person Making Call: \_\_\_\_\_

Name of Hospital Person Receiving Call: \_\_\_\_\_

\*Contamination should be reported to the hospital in mR/hr. Convert as necessary: 4,000 pm = 1 mR/hr.

# YANKEE ATOMIC ELECTRIC CO. Emergency/Injury Evaluation Form

PATIENT INFORMATION

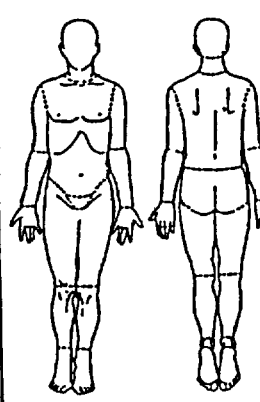
Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Assessed by: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Recorded by: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_  
 Description of Problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

History: (Medications, Allergies, Illnesses) \_\_\_\_\_

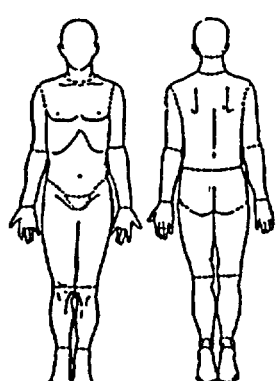
PHYSIOLOGICAL STATUS

Pulse		Blood Pressure	Respiratory	Skin	Neurological	Coma Assessment		Abdominal
Initial Time	Rate	Initial	Initial	Capillary Refill <input type="checkbox"/> Absent <input type="checkbox"/> Delayed <input type="checkbox"/> Normal	Motor Function Right    Left <input type="checkbox"/> Moves Arms <input type="checkbox"/> <input type="checkbox"/> Moves Legs <input type="checkbox"/>	Pupils Right    Left <input type="checkbox"/> Reactive <input type="checkbox"/> <input type="checkbox"/> Unreactive <input type="checkbox"/>	None To Pain To Speech Spontaneously	<input type="checkbox"/> Nausea
Repeat Time	Rate	Repeat	Repeat	Condition <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Dry <input type="checkbox"/> Cyan <input type="checkbox"/> Warm <input type="checkbox"/> Red <input type="checkbox"/> Cool <input type="checkbox"/> Normal	Sensory Present Distal to Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			None Incomprehensible Inappropriate Confused Oriented
Repeat Time	Rate	Repeat	Repeat		Injury <input type="checkbox"/> Pain <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Edema <input type="checkbox"/> Abrasion <input type="checkbox"/> Avulsion <input type="checkbox"/> Laceration	Pulse Present Distal to Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	None Flacid	
Repeat Time	Rate	Repeat	Repeat	Radial Pulse <input type="checkbox"/> Reg. <input type="checkbox"/> Irreg <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong		Initial Temp		None Extends to Pain Flexes to Pain Withdraws Localizes Pain Obeys Commands
Repeat Time	Rate	Repeat	Repeat		Neck Veins <input type="checkbox"/> Distended <input type="checkbox"/> Flat <input type="checkbox"/> Normal	Repeat	None Flacid	
Repeat Time	Rate	Repeat	Repeat	Status of BP <input type="checkbox"/> Normal <input type="checkbox"/> Falling <input type="checkbox"/> Increasing	Consciousness Level <input type="checkbox"/> Normal <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi-Conscious <input type="checkbox"/> Seizure Activity	None Flacid		<b>Musculoskeletal</b> <input type="checkbox"/> Closed Fracture <input type="checkbox"/> Open Fracture <input type="checkbox"/> Joint Involvement <input type="checkbox"/> Back/Spinal Injury <input type="checkbox"/> Sprain/Strain
Repeat Time	Rate	Repeat	Repeat	Respiratory Effort <input type="checkbox"/> Absent <input type="checkbox"/> Shallow <input type="checkbox"/> Retractive <input type="checkbox"/> Air Hunger <input type="checkbox"/> Normal <input type="checkbox"/> Partial Obstruction <input type="checkbox"/> Total Obstruction <input type="checkbox"/> Pain			None Flacid	
Repeat Time	Rate	Repeat	Repeat	Peripheral Pulse <input type="checkbox"/> Present <input type="checkbox"/> Absent		None Flacid		<b>Musculoskeletal</b> <input type="checkbox"/> Closed Fracture <input type="checkbox"/> Open Fracture <input type="checkbox"/> Joint Involvement <input type="checkbox"/> Back/Spinal Injury <input type="checkbox"/> Sprain/Strain

NARRATIVE

<b>Action Taken:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>Injury/Illness Code</b> (Check all that apply)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Head trauma</td><td>Alcohol</td></tr> <tr><td>Spinal trauma</td><td>Burn</td></tr> <tr><td>Torso trauma</td><td>Poison/Drug</td></tr> <tr><td>Extremity Trauma</td><td>Psychiatric</td></tr> <tr><td>Other Trauma</td><td>Respiratory</td></tr> <tr><td>Suspected MI</td><td>Stroke/CVA</td></tr> <tr><td>Other Cardiac</td><td>Other Medical</td></tr> <tr><td>Abdominal Illness</td><td></td></tr> </table>	Head trauma	Alcohol	Spinal trauma	Burn	Torso trauma	Poison/Drug	Extremity Trauma	Psychiatric	Other Trauma	Respiratory	Suspected MI	Stroke/CVA	Other Cardiac	Other Medical	Abdominal Illness		<b>Indicate Injured Area</b> 
	Head trauma	Alcohol																	
	Spinal trauma	Burn																	
	Torso trauma	Poison/Drug																	
	Extremity Trauma	Psychiatric																	
	Other Trauma	Respiratory																	
	Suspected MI	Stroke/CVA																	
	Other Cardiac	Other Medical																	
	Abdominal Illness																		
	<b>Treatment</b>																		
Airway Inserted	MAST Inflated																		
Assisted Ventilation	Oxygen    liters																		
Bleeding Controlled	Mask																		
Burn Care	Cannula																		
Cervical Immobilized	Spinal Immobilized																		
C P R	Splinting																		
Endotracheal Intub	Suctioning																		
Extraction Equipment	Turn on Side																		
Heimlich Maneuver	No Treatment Given																		
<b>Transported:</b> Time: _____ By: _____																			

CONTAMINATION

<b>Indicate Contaminated Area(s)</b> 	<b>Mode of Entrance:</b> <input type="checkbox"/> Skin <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation	<b>Level</b> _____ dpm _____ mr/hr _____ est exposure - REM	<b>Treatment.</b> _____ decon procedure _____ potassium iodide
<b>Narrative</b> _____ _____ _____ _____ _____			
Name of R P. Attendant _____			

ATTACHMENT B  
MEDICAL/RESCUE RESPONSE TRAINED PERSONNEL

This attachment will be used by the medical/rescue response personnel after receiving notification of an incident/medical/rescue emergency from the Control Room. Since many of these incidents are unique, the steps in this attachment serve as an outline of the medical response personnel actions. Therefore, actual response actions may be improvised based on the expertise and assessment by the medical response trained personnel.

PROCEDURE

A. Incident Reporting

1. The initial reporting of an incident comes to the Control Room. The incident may consist of a Medical Event (Injury, Illness), Report Only, Near Miss, Overexposure, Medical Emergency or Confined Space Emergency.

\*\*\*\*\*  
CAUTION: If the incident involves a confined space, also follow the procedural requirements of Attachment F.  
 \*\*\*\*\*

2. If the incident is a Confined Space Emergency or a Medical Emergency, an announcement will be made to call out the emergency medical response team via the gaitronics.
3. If the incident is not a confined space emergency or medical emergency, the Control Room then notifies the Health Services Coordinator (HSC) and/or Security Shift Supervisor (SSS).

B. Incident Response

1. The HSC and/or SSS respond to the scene and assess the incident.
2. Respond to the incident with the following equipment:
  - Emergency Bag with the Automated External Defibrillator (AED)

NOTE: If after the assessment, the incident is determined NOT to be a Medical Emergency and is NOT an illness or injury that requires transportation via an ambulance for off-site treatment follow the requirements in Section D of this attachment.

3. Survey the scene to ensure that it is safe for medical /rescue personnel to approach the victim.

**NOTE:** Rescue and treatment of all victims should be the primary concern. Radiation exposure or contamination of the victim should be a secondary concern.

**NOTE:** Always treat the medical condition first prior to moving the victim unless other life-threatening hazards exist (eg. fire, estimated dose greater than 100 rem TEDE, etc.)

4. Determine if the need to rescue or move the victim (prior to providing medical treatment) exists due to life-threatening hazards to the victim and rescuers.
5. Conduct a "Primary Survey" and provide first aid for urgent care needs. Notify the Control Room of the victim's condition, if an ambulance is required, and to send additional medical response personnel to the scene.
6. Conduct a "Secondary Survey" and provide additional treatment as needed.
7. If more than two medical response personnel are at the scene, then designate a medical team leader.
8. The medical team leader will delegate the following duties to other team members or standby personnel:
  - Assign a person to record the emergency medical assessment on the "Emergency/Injury Evaluation Form" provided in the Emergency bag.

**NOTE:** It is important that only one person be the communication link to the Control Room to avoid confusion.

- Assign a person to act as the medical team communicator (eg., Security Officer with radio). This person will maintain communications with the Control Room until the emergency is terminated.

Important information to communicate includes:

- Emergency area conditions.
- Evaluation of the need for life-saving actions.
- Decision to call for an ambulance
- Total number of accident victim(s).
- Name(s) of victim(s).
- Radiological conditions.

- Medical actions performed.
- Notify the Control Room when the victim and medical response personnel are clear of the emergency area. Record the time from Control Room.
- Notify the Control Room when the victim is transferred to the ambulance.

9. Remain with the victim until:

- The victim has been turned over to the ambulance crew.
- The victim can take care of himself or herself.
- The victim can be placed in the care of the Health Services Coordinator.

C. Patient Transfer (if required)

**NOTE:** If possible, the transfer point should be outside the Restricted Area.

1. Assist in transporting the victim to the closest access to the ambulance.

**NOTE:** It is the responsibility of all responding site personnel (RP, Security and Medical Team) to ensure that EMTs and ambulance crew adhere to proper RP practices.

2. As soon as possible after their arrival, the medical response personnel should brief the ambulance crew on the status of the victim. Report:
  - The victim's medical status.
  - Treatment methods used.
  - Where to transport the victim.
  - Any radiological concerns.
3. Assist the ambulance crew with patient transfer to the ambulance stretcher.
4. Inform the Plant Shift Supervisor of the victim's status, the victim has left the site and any other pertinent information. Record the time of the transfer on APF-3305.2.
5. Provide the ambulance crew with two copies of the Injury Evaluation Form (APF-3305.2). Inform them that the pink copy is for the hospital Emergency Department staff, the

yellow is for the ambulance and the white copy for the Health Services Coordinator.

6. In the event of radiological injuries, a radiation protection trained person should accompany the victim in the ambulance, if possible.

D. NON-EMERGENCY MEDICAL ASSESSMENT AND TREATMENT

1. When the Control Room receives a report of an incident that is unknown, the HSC and/or SSS shall respond and conduct an assessment.

NOTE: If it is determined to be a medical or confined space emergency, the Control Room will be contacted and the appropriate announcement will be made according to step 3 of Attachment A. Then the requirements of Step B of this attachment will be followed.

2. If the HSC and/or SSS determine the need for additional assistance, the Control Room will be contacted.
3. After the initial assessment is completed, the HSC and/or SSS will provide first aid as indicated. Both the assessment and treatment shall be documented on the form APF-0621.1, "Yankee Nuclear Power Station Incident Form." The first page is completed by the individual and page 3 is completed by those who provided the assessment/treatment.

NOTE: The assessment and treatment of the illness or injury shall be completed prior to the individual returning to work activities.

E. Equipment Return

1. Return all emergency medical equipment to the proper location(s).
2. Replace used equipment and supplies. Contact the HSC for access to supplies.
3. Replace the oxygen tank after every use.

F. Refusal of Services

NOTE: If the individual is contaminated with any hazardous material then a refusal of services cannot be granted.

1. If the individual refuses to accept medical assessment or treatment, APF-0621.2 page 1 "Release of Responsibility When Refusing Services" shall be completed.

2. If the individual refuses to accept transportation to the hospital or other health care facility by ambulance or other means, APF-0621.3 "Release From Responsibility When Refusing Transportation To The Hospital By Ambulance Service" shall be completed.

**FINAL CONDITIONS**

1. The victim has left the site for further treatment or placed in the care of the Health Services Coordinator, the victim is able to care for himself/herself, or is cleared to return to work activities.
2. The Emergency Medical Response team has cleaned up the scene, disposed of biohazards properly, replaced used supplies and oxygen tank.
3. A final status of the victim/incident has been reported to the Control Room.
4. All appropriate paperwork and forms for the incident have been completed.
5. At the conclusion of the incident, all medical response team members who participated will meet and informally discuss the incident, any concerns, problems, ways to improve or acknowledge positive actions. This information shall be documented, signed by all participants and forwarded to the Health office within 24 hours of the incident. The listing of participants will provide the Health Coordinator with the means to answer any questions.



ATTACHMENT C

ON-SITE RADIATION PROTECTION (RP) TRAINED PERSONNEL

This attachment will be used by Radiation Protection (RP) trained personnel who may respond to a medical emergency involving radiological accident injuries.

PROCEDURE

A. Incident Response

1. Proceed to the emergency area with a survey instrument.
2. Determine the dose rate and contamination levels in the emergency area.

NOTE: Rescue and treatment of all accident victims is the primary concern. Radiation exposure or contamination of the victim are a secondary concern.

3. a. Estimate the total doses received or expected to be received by the victim.
- b. Assess the personnel contamination status of the victim.

NOTE: Always treat the medical condition first prior to moving the victim unless other life threatening hazards exist (eg. fire, estimated dose greater than 100 rem TEDE, etc.)

4. Based on Steps 2 and 3 above, consult with the medical response personnel to determine if the victim's injuries take precedence over his or her radiation exposure and/or bodily contamination. Have a medical response person notify the Control Room of the team's decision.
5. Evaluate, suggest, and initiate radiation protection measures for the medical response personnel and the victim.
6. Perform a radiological survey as time permits and note areas of contamination on the victim. Attempt to identify the isotope(s) present and the amount of activity.

\*\*\*\*\*  
CAUTION: Gross decontamination of the victim should be accomplished to the extent that the stability of the patient is not endangered.  
 \*\*\*\*\*

7. Decontaminate the victim and/or maintain contamination control as practicable (e.g., remove the victim's contaminated clothing, jewelry, and gross contaminants as practicable).

8. Assist in transporting the victim to the closest access to the ambulance.
9. If necessary, provide any appropriate protective clothing to the ambulance personnel.
10. Notify the Control Room as to the contamination status of the victim.

**FINAL CONDITIONS**

1. Survey equipment has been returned to its proper storage location(s).
2. Any documentation has been forwarded to the Radiation Protection Manager.

ATTACHMENT D

RADIATION PROTECTION TRAINED PERSONNEL ASSISTING AMBULANCE AND  
HOSPITAL PERSONNEL

This attachment will be used by personnel trained to respond with the ambulance and hospital personnel. Generally, the plant's RP trained responder will remain with the victim and the hospital's RP trained responder will provide protection/care for their personnel.

PROCEDURE

1. Coordinate with the ambulance crew to maintain contamination control during patient transport.
  2. Advise the hospital Radiation Emergency Area (REA) staff of exposure problems in terms of:
    - The patient's exposure.
    - Staff exposure.
    - The location, level, and potential for spreading any contamination.
  3. Dress in protective clothing prior to entering the hospital REA, if required to enter the REA.
  4. Assist in controlling radiation exposure at the hospital:
    - a. Determine the adequacy of traffic control in the REA, post-contamination areas, as necessary.
    - b. Supervise and regulate the radiological protection of personnel involved throughout emergency treatment.
    - c. Assist the hospital's Radiation Safety Officer in monitoring and evaluating personnel exposure.
- NOTE: The ambulance crew must be monitored and decontaminated, if necessary, before being permitted to leave.
- NOTE: The ambulance must be monitored and decontaminated, if necessary, before being permitted to leave the hospital area.
- d. Ensure that all involved personnel are monitored and decontaminated, as necessary, prior to leaving the REA.
  5. Assist in the decontamination of the patient, as permitted by the REA doctor in charge.
  6. Survey the patient and stretcher in the Buffer Zone to ensure that neither became contaminated in the transfer. Decontaminate if required.

NOTE: All specimens shall be labelled "Biohazard container".

7. Save and label all specimens of urine, vomitus, feces, blood, tissue, and metals from patient and return them to the plant for use in radiation evaluations, as appropriate.
8. Survey equipment and hospital property after the emergency. Record radiation surveys of personnel and property.
9. Assist the hospital staff with REA decontamination activities.
10. Collect patient and ambulance dosimetry, if issued, and return it to the plant.
11. Collect used protective clothing and all other contaminated material and wastes. Package and return this material to the plant for laundering or disposal.

FINAL CONDITIONS

1. The patient has been placed in the care of the hospital.
2. All specimens collected (except for blood) have been forwarded to the Yankee Environmental Lab for radiological evaluation or are properly labeled and stored at YNPS for subsequent disposition.

ATTACHMENT E

SECURITY PERSONNEL

This attachment will be used by Security personnel after receiving notification of a medical emergency.

PROCEDURE

	<u>Time Done</u>	<u>Initials</u>
<b>NOTE:</b> The following actions apply only if an ambulance is required to transfer the victim off-site.		
1. Notify the Control Room when the ambulance arrives at the Gatehouse.	_____	_____
2. Provide an officer to escort the ambulance to the transfer point, if available.	_____	_____
3. a. Issue dosimetry to the ambulance crew if they will be entering the Restricted Area or are transporting a contaminated injured individual.	_____	_____
b. Instruct the Security Officer escorting the ambulance to ensure that the victim's ID badge and key card are removed before the victim leaves the site.	_____	_____
4. Maintain communications with the officer escorting the ambulance, if available.	_____	_____
5. a. Verify that the officer escorting the ambulance has exchanged the victim's normal dosimetry and replaced it with emergency dosimetry.	_____	_____
b. Forward the victim's regular dosimetry to the Radiation Protection Department at the conclusion of the emergency.	_____	_____
6. Retrieve all security badges prior to the ambulance leaving the site.	_____	_____
7. Notify the Control Room when the ambulance leaves the plant site.	_____	_____

FINAL CONDITIONS

1. The victim has left the site.

ATTACHMENT F  
CONFINED SPACE RESCUE TRAINED PERSONNEL

This attachment will be used by confined space trained personnel.

PROCEDURE

\*\*\*\*\*  
CAUTION: Emergency rescue teams must consist of trained individuals and an attendant at the entry point.  
\*\*\*\*\*

NOTE: Before responding, obtain information from the Plant Shift Supervisor regarding the type of hazards and required PPE.

1. Respond with the following equipment, as necessary:

- Rescue "Grab and Go" Bag
- Self Contained Breathing Apparatus (SCBA)
- Personal Protection Equipment
- Safety Harness and Lifeline
- Rescue Tripod and Winch Retrieval System
- Portable Lighting
- Ventilation Equipment

NOTE: Non-entry rescue is preferred, however, entry rescues if needed may be performed provided rescue personnel are wearing protective equipment appropriate for the hazards within the confined space.

2. If entry is required:

- a. Obtain a verbal emergency entry authorization from the Plant Shift Supervisor.

NOTE: Adhere to the 2 in - 2 out concept for confined space entries into potential IDLH atmospheres.

- b. Don SCBA, as necessary, and harness, attach lifeline, obtain lighting, if necessary, enter the confined space and retrieve the injured individual(s).

NOTE: All efforts should be made to remove the injured individual(s) so that medical treatment can take place outside the confined space, unless doing so will endanger their life.

FINAL CONDITIONS

- 1. Complete a Confined Space Work Permit (CSWP) after the emergency rescue is completed, if rescue entry has occurred.