
Document Update Notification

COPYHOLDER NO: 103

TO: GSB-ANO-NRC (EMERGENCY RESPONSE
COORD.) - WASHINGTON

ADDRESS: OS-DOC CNTRL DESK MAIL STOP OP1-
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DOCUMENT NO: OP-1903.023

TITLE: PERSONNEL EMERGENCY

CHANGE NO: 034-00-0

ADDITIONAL INFO:

← If this box is checked, please sign, date, and return within 5 days.



ANO-1 Docket 50-313

ANO-2 Docket 50-368

Signature

Date

SIGNATURE CONFIRMS UPDATE HAS BEEN MADE

RETURN TO:

**ATTN: DOCUMENT CONTROL
ARKANSAS NUCLEAR ONE
1448 SR 333
RUSSELLVILLE, AR 72801**

A045

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: PERSONNEL EMERGENCY

SET # 103

DOCUMENT NO.
1903.023

CHANGE NO.
034-00-0

WORK PLAN EXP. DATE
N/A

TC EXP. DATE
N/A

SAFETY-RELATED
 YES NO

IPTE
 YES NO

TEMP ALT
 YES NO

When you see these TRAPS

- Time Pressure
- Distraction/Interruption
- Multiple Tasks
- Overconfidence
- Vague or Interpretive Guidance
- First Shift/Last Shift
- Peer Pressure
- Change/Off Normal
- Physical Environment
- Mental Stress (Home or Work)

Get these TOOLS

- Effective Communication
- Questioning Attitude
- Placekeeping
- Self Check
- Peer Check
- Knowledge
- Procedures
- Job Briefing
- Coaching
- Turnover

VERIFIED BY

DATE

TIME

_____	_____	_____
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FORM TITLE:

VERIFICATION COVER SHEET

**FORM NO.
1000.006A**

**CHANGE NO.
050-00-0**

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: PERSONNEL EMERGENCY	DOCUMENT NO. 1903.023	CHANGE NO. 034-00-0
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AFFECTED UNIT: <input checked="" type="checkbox"/> UNIT 1 <input checked="" type="checkbox"/> UNIT 2	<input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/> ELECTRONIC DOCUMENT <input type="checkbox"/> WORK PLAN, EXP. DATE N/A	SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF CHANGE:

<input type="checkbox"/> NEW	<input type="checkbox"/> PC	<input type="checkbox"/> TC	<input type="checkbox"/> DELETION
<input checked="" type="checkbox"/> REVISION	<input type="checkbox"/> EZ	EXP. DATE: N/A	

DOES THIS DOCUMENT:

1. Supersede or replace another procedure? (If YES, complete 1000.006B for deleted procedure.) (OCAN058107)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2. Alter or delete an existing regulatory commitment? (If YES, coordinate with Licensing before implementing.) (OCNA128509)(OCAN049803)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
3. Require a 50.59 review per LI-101? (See also 1000 006, Attachment 15) (If 50 59 evaluation, OSRC review required.)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4. Cause the MTCL to be untrue? (See Step 8.5 for details.) (If YES, complete 1000.009A) (1CAN108904, 0CAN099001, 0CNA128509, 0CAN049803)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
5. Create an Intent Change? (If YES, Standard Approval Process required)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6. Implement or change IPTE requirements? (If YES, complete 1000.143A OSRC review required.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
7. Implement or change a Temporary Alteration? (If YES, then OSRC review required.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Was the Master Electronic File used as the source document? YES NO

INTERIM APPROVAL PROCESS	STANDARD APPROVAL PROCESS
ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: _____ Print and Sign name: _____ PHONE #: _____ SUPERVISOR APPROVAL: _____ DATE: _____ SRO UNIT ONE : ** _____ DATE: _____ SRO UNIT TWO: ** _____ DATE: _____	ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: 1/27/03 Print and Sign name: Robert L. Fowler PHONE #: 4993 INDEPENDENT REVIEWER: _____ DATE: 1/29/03 ENGINEERING: _____ DATE: N/A QUALITY: _____ DATE: N/A UNIT SURVEILLANCE COORDINATOR (OCNA049803): DATE: N/A SECTION LEADER: Robert L. Fowler DATE: 1/29/03 QUALITY ASSURANCE: _____ DATE: N/A OTHER SECTION LEADERS: _____ DATE: N/A OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OTHER SECTION LEADERS: _____ DATE: _____ OSRC CHAIRMAN/TECHNICAL REVIEWER: (OCNA049312) DATE: 1-29-03 FINAL APPROVAL: _____ Date: 2-6-03 REQUIRED EFFECTIVE DATE: 2/12/03
Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress. Standard Approval required for intent changes or changes requiring a 50.59 evaluation *If change not required to support work in progress, Department Head must sign. **If both units are affected by change, both SRO signatures are required. (SRO signature required for safety related procedures only.)	

FORM TITLE: PROCEDURE/WORK PLAN APPROVAL REQUEST	FORM NO. 1000.006B	CHANGE NO. 051-00-0
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**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: PERSONNEL EMERGENCY

DOCUMENT NO.
1903.023

CHANGE NO.
034-00-0

PROCEDURE **WORK PLAN, EXP. DATE** N/A
 ELECTRONIC DOCUMENT

PAGE 1 **OF** 1

TYPE OF CHANGE:

NEW **PC** **TC** **DELETION**
 REVISION **EZ** **EXP. DATE:** N/A

AFFECTED SECTION:
(Include step # if applicable)

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)

1903.023B

Re-numbered step 3.1 to 5.1.
Deleted step 3.2 since ANO no longer has a physician onsite.
In step 12.4, also deleted reference to the plant physician.

1903.023C

Changed last step on page 1 to no longer require draping the ambulance. The step was changed to allow other methods of contamination control.

Re-worded the second step on page 2 for clarity.

1903.023D

Deleted step 4.2 since ANO no longer has a physician onsite.

Deleted steps 11.2 and 11.3 since these actions are not necessary if the ERO is activated. Re-worded 11.1 to have the OSC Director notify the TSC Director.

FORM TITLE:

DESCRIPTION OF CHANGE

FORM NO.
1000.006C

CHANGE NO.
050-00-0

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 1 of 20 CHANGE: 034-00-0
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TABLE OF CONTENTS

<u>SECTIONS</u>	<u>PAGE NO.</u>
1.0 Purpose.....	2
2.0 Scope.....	2
3.0 References.....	2
4.0 Definitions.....	3
5.0 Responsibility and Authority.....	4
6.0 Limits and Precautions	5
7.0 First Aid Supplies and Equipment.....	5
8.0 Instructions.....	6
9.0 Reporting and Records Management.....	11
10.0 Attachments and Forms	
10.1 Attachments	
10.1.1 Attachment 1 - "Patient Information Form" (Example)	13
10.2 Forms	
10.2.1 Form 1903.023B - "Personnel Emergency Checklist (Shift Manager)"	15
10.2.2 Form 1903.023C - "Emergency Medical Team Scene Leader Check List"	17
10.2.3 Form 1903.023D - "Personnel Emergency Checklist (OSC Director)	19

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 2 of 20 CHANGE: 034-00-0
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1.0 PURPOSE

The purpose of this procedure is to provide for the proper response to a personnel emergency. Guidance is provided for general ANO personnel, Operations Personnel, ANO Emergency Medical Team Personnel and Health Physics Personnel.

2.0 SCOPE

This procedure outlines the general response to be taken during a personnel emergency. The emergency may be medical or contamination related medical and may require that offsite medical assistance be utilized. This procedure is not intended to give medical guidance for use during the emergency.

3.0 REFERENCES

3.1 REFERENCES USED IN PROCEDURE PREPARATION:

- 3.1.1 Emergency Plan
- 3.1.2 1012.019, "Radiological Work Permits"
- 3.1.3 Red Cross First Aid Instruction Pamphlets
- 3.1.4 NCRP Report No. 39, "Basic Radiation Protection Criteria"
- 3.1.5 NCRP Report No. 65, "Management of Persons Accidentally Contaminated with Radionuclides"
- 3.1.6 10CFR50.72(b)(2)(v)

3.2 REFERENCES USED IN CONJUNCTION WITH THIS PROCEDURE:

- 3.2.1 1012.023, "Personnel Contamination Events" (PCE)
- 3.2.2 1903.033, "Protective Action Guidelines for Rescue/Repair and Damage Control Teams"
- 3.2.3 1905.001, "Emergency Radiological Controls"
- 3.2.4 1000.104, "Condition Reporting Operability and Immediate Reportability Determinations"
- 3.2.5 LI-102, "Corrective Action Process"
- 3.2.6 1000.031, "Radiation Protection Manual"
- 3.2.7 Station Directive A6.202, "Public Communications"
- 3.2.8 Emergency Telephone Directory

3.3 RELATED ANO PROCEDURES:

- 3.3.1 1903.042, "Duties of the Emergency Medical Team"
- 3.3.2 1000.128, "Industrial Safety & Occupational Health"

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 3 of 20 CHANGE: 034-00-0
--	--	---

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE INCLUDE: **[BOLD]** DENOTES COMMITMENTS

3.4.1 LIC 12-74 (P-2880)

A. Form 1903.023C

3.4.2 OCAN058411 (P-9460)

A. Form 1903.023B, Section 1.0 and 2.0

3.4.3 LIC 94-226 (P-14029)

A. 8.3 Note

4.0 DEFINITIONS

4.1 EMERGENCY MEDICAL TEAM - Personnel employed at ANO who are trained to respond to personnel emergencies and provide first aid/rescue.

4.1.1 The Emergency Medical Team (EMT) consists of two groups of employees:

A. Health Physics Technicians who respond to personnel emergencies in support of the volunteer EMT, and provide 24 hour on-shift first aid/rescue coverage.

B. Volunteer Emergency Medical Team Members who respond to personnel emergencies when on-site, and provide emergency medical support during emergency class declarations which require emergency response organization activation.

4.2 SERIOUS INJURY - An injury that requires action specified in this procedure is defined as an injury to any person that has resulted in one or more of the following:

4.2.1 More than a momentary loss of consciousness.

4.2.2 An actual or suspected fracture.

4.2.3 A head injury.

4.2.4 An injury that may have damaged internal organs.

4.2.5 A serious burn.

4.2.6 Hemorrhaging.

4.2.7 Receipt of a large dose of radiation (i.e., greater than 50 R).

4.3 PROTECTED AREA - An area encompassed by physical barriers (i.e., the security fence) and to which access is controlled.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 4 of 20 CHANGE: 034-00-0
---	---	---

4.4 PATIENT INFORMATION FORM - A form used to record information gathered by emergency response personnel in a personnel emergency. This form shall contain as a minimum space for the following information:

- 4.4.1 Name of the injured person.
- 4.4.2 Company that the injured person works for.
- 4.4.3 Date and time the incident occurred.
- 4.4.4 Badge number of the injured person.
- 4.4.5 General description of the occurrence.
- 4.4.6 Injuries noted by the Emergency Medical Team.
- 4.4.7 Treatment or aid given by the Emergency Medical Team.
- 4.4.8 Names of Emergency Medical Personnel responding to the incident.
- 4.4.9 Location for recording more than one set of vital signs (pulse, blood pressure, respirations).
- 4.4.10 Location for recording dosimeter readings.
- 4.4.11 Action levels based on the amount of contamination the injured person may have sustained.
- 4.4.12 Signature blank for person completing form with date and time.
- 4.4.13 Form distribution instructions.
- 4.4.14 The name of the form.

4.5 FIRST AID/RESCUE - First Aid/Rescue is defined as those activities which involve assessment of patient condition, and treatment for those conditions. This includes actions taken to stabilize the patient, determine if additional assistance is needed, and transfer the patient to the next level of care.

5.0 RESPONSIBILITY AND AUTHORITY

5.1 ANO EMPLOYEES - as described in Section 8.1 of this procedure.

5.2 SHIFT MANAGER

- 5.2.1 Responsible for ensuring that ANO Emergency Medical Team Members are dispatched to the scene of a medical emergency (Also dispatch additional HP Personnel, if needed, for radiological concerns).
- 5.2.2 Responsible for coordinating offsite medical assistance.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 5 of 20 CHANGE: 034-00-0
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5.3 OPERATIONAL SUPPORT CENTER DIRECTOR

5.3.1 May relieve the Shift Manager of responsibility for steps 5.2.1 and 5.2.2 above.

5.4 EMERGENCY MEDICAL TEAM - as described in procedure 1903.042, "Duties of the Emergency Medical Team".

5.5 ANO NURSE - as described in procedure 1903.042, "Duties of the Emergency Medical Team".

5.6 HEALTH PHYSICS PERSONNEL

5.6.1 Responsible for determining the level of contamination, if involved.

5.6.2 Responsible for ensuring personnel are surveyed prior to exiting the protected area.

5.6.3 Responsible for monitoring dose rates and time in Radiologically Controlled Areas.

5.6.4 Responsible for providing radiological instructions if time did not permit Emergency Medical Team members to read and sign in on an RWP prior to entering a Radiologically Controlled Area.

6.0 LIMITS AND PRECAUTIONS

6.1 Personnel administering first aid to an injured person in a suspected or undefined radiation field should be joined by a Health Physics representative (in addition to any HP's on the Emergency Medical Team, if needed) with the appropriate radiation monitoring equipment as soon as possible.

6.2 Entry into evacuated or high radiation areas for the purpose of attending to injured individuals shall be in accordance with 1903.033, "Protective Action Guidelines for Rescue/Repair and Damage Control Teams".

6.3 If it is not clear that the individual can be moved without harm, he or she should not be moved until further help arrives, unless the individual would be in danger of loss of life or limb or is in a life threatening radiation field. If questions arise, contact the Health Physics Supervisor or the Shift Manager.

6.4 Individuals who have suffered any of the conditions described in Section 4.2 should receive a medical examination prior to returning to work.

7.0 FIRST AID SUPPLIES AND EQUIPMENT

7.1 First Aid Supplies are maintained in various locations within the protected area. These supplies are located so that they are readily available in an emergency situation.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 6 of 20 CHANGE: 034-00-0
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7.2 To assist St. Mary's Regional Medical Center in the treatment of radiologically contaminated individuals, ANO maintains an emergency kit at St. Mary's Regional Medical Center for use in these situations.

7.3 Equipment or supplies may be provided to assist ambulance personnel.

8.0 INSTRUCTIONS

8.1 ANO PERSONNEL

8.1.1 In the event of a personnel emergency, personnel in the vicinity of the affected individual should:

A. Notify either unit's Shift Manager and provide the following information:

- Location in plant and number of injured people.
- Type of injury.
- If radiation/contamination is involved.
- Name(s) of injured individual(s) and employer, if known.

NOTE

The injured individual should only be moved by trained personnel, unless the individual is in danger of loss of life or limb or is in a known high radiation field.

B. Administer immediate first aid and attention within the limits of their training. This attention should consist of but is not limited to the following:

- Stopping bleeding by applying pressure.
- Using resuscitation techniques if known.
- Keeping the individual calm and comfortable until further help arrives.

C. Remain available at the scene of the accident to provide information to the appropriate medical personnel.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 7 of 20 CHANGE: 034-00-0
---------------------------------	---	-----------------------------------

8.2 OPERATIONS PERSONNEL

8.2.1 For minor and/or non-emergency situations, Operations personnel should direct any requests for medical attention to the ANO Nurse in the Nurse's Station or ANO Medical Facility. If the ANO nurse is not available, treatment of minor injuries (nicks, cuts, etc.) should be determined by the individual and his/her supervisor.

8.2.2 The Shift Manager shall see that emergency assistance is dispatched to seriously ill/injured individuals by:

- A. Activating the Emergency Medical Team (EMT) pagers using the base radio, and
- B. Providing EMT members with the location and type of emergency.

8.2.3 Alert plant personnel that an emergency has occurred by:

- A. Momentarily pressing the page fire tone push-button, and
- B. Making the following announcement using the plant paging system.

"ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL A PERSONNEL EMERGENCY HAS OCCURRED AT (give location). THE EMERGENCY MEDICAL TEAM IS RESPONDING. ALL PERSONNEL SHOULD STAY CLEAR OF THE (give location)"

8.2.4 IF the Emergency Medical Team is summoned, THEN the Shift Manager, or his designee, shall complete Form 1903.023B, "Personnel Emergency Checklist".

8.2.5 If onsite, the ANO Nurse will respond in conjunction with the Emergency Medical Team.

8.2.6 The Shift Manager shall see that arrangements are made for treatment based upon the assessment of the emergency medical personnel at the scene. This may include:

- A. Notification of Pope County Emergency Medical Services if an ambulance is needed.
- B. Guidance on Excessive Radiation Dose

If the injured individual or individual(s) attending to the injured individual are suspected of having received a radiation dose in excess of 50 Rem (TEDE), arrangements should be made between the initial attending physician and ANO Management (Vice President, Operations - ANO or Shift Manager/TSC Director/EOF Director) to transport those individuals to the University of Arkansas Medical Sciences Center in Little Rock for treatment, as necessary, after examination at St. Mary's Regional Medical Center.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 8 of 20 CHANGE: 034-00-0
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- 8.2.7 If the injured individual will be transported to a medical facility, the Shift Manager or OSC Director shall call the appropriate medical facility and advise them of the number of individuals involved, whether or not contamination is involved and the nature of the injuries.
- St. Mary's Regional Medical Center (include the appropriate action level - refer to Step 8.4.2)
 - University of Arkansas Medical Sciences Hospital
- 8.2.8 If an ambulance has been requested to come onsite, the Security Shift Commander shall be notified so that Security personnel will be ready to receive and escort the ambulance personnel. (Routine ambulance access point - North Gate; routine ambulance receiving area - Maintenance Facility Breezeway unless otherwise directed.)
- 8.2.9 An escort, as indicated below, should accompany the injured individual(s) to an offsite hospital in order to provide any necessary information or assistance to the offsite medical personnel and provide periodic updates to the Shift Manager (or other individual(s), as directed).
- A. If the individual is contaminated, a Health Physics representative shall accompany in the ambulance.
 - B. If the individual is not contaminated, the EMT Scene Leader shall designate an Emergy employee to accompany the individual to an offsite hospital.
- 8.2.10 The injured employee's supervisor should respond in accordance with Procedure 1000.128, "Industrial Safety and Occupational Health".

8.3 EMERGENCY MEDICAL PERSONNEL

[NOTE]

During a "Personnel Emergency" the Emergency Medical Team may enter Radiologically Controlled Areas without SRDs or Alarming Dosimeters as long as an HP Technician is providing radiological instructions and is monitoring dose rates and time in the area. Prompt medical attention shall take precedence over HP procedures when an individual is seriously injured.]

- 8.3.1 Emergency Medical Personnel should respond per procedure 1903.042, "Duties of the Emergency Medical Team".

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 9 of 20 CHANGE: 034-00-0
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8.4 HEALTH PHYSICS PERSONNEL (If radiation/contamination is known or suspected)

NOTE

Medical attention and transportation to an offsite medical facility take precedence over decontamination measures for seriously injured individual(s).

8.4.1 IF the injured individual is contaminated and will require transport to the hospital, THEN a Health Physics Technician shall be IMMEDIATELY dispatched to the Emergency Department at St. Mary's Regional Medical Center to assist the hospital staff in preparing to receive a contaminated patient.

8.4.2 The following action levels for St. Mary's Regional Medical Center shall be referenced and provided to the Shift Manager or the OSC Director.

		<u>Action Levels</u>	<u>Level of Response for St. Mary's Regional Medical Center Contamination Control</u>
A.	LEVEL I	No contamination involved	None
B.	LEVEL II	Any contamination above ANO's release limits and <1000 counts per minute above background as measured by a frisker	Routine sterile procedures for septic situations
C.	LEVEL III	≥1000 counts per minute above background as measured by a frisker	Full-scale response

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 10 of 20 CHANGE: 034-00-0
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8.4.3 The following precautionary measures should be taken at the scene of the accident (as allowed by the nature of the injury):

- A. Take precautions (coverings, use of stretcher, etc.) to prevent the spread of contamination during movement and transport of the individual.
- B. Move the individual to a "clean" area, as allowed by step 6.3.
- C. Remove contaminated clothing.
- D. Survey the individual for surface contamination.
- E. Decontaminate the affected areas removing as much contamination as possible per 1012.023, "Personnel Contamination Events" (PCE).
- F. Cover remaining areas.

8.4.4 If the situation requires an ambulance and Pope County Emergency Medical Service personnel must enter a potentially contaminated area, the following assistance should be provided by Health Physics personnel:

<u>NOTE</u> Prompt medical attention shall take precedence over HP procedures when an individual is seriously injured.
--

- A. Assist in donning protective clothing.
- B. Provide dosimetry devices (these may be obtained from the Control Room emergency kit if necessary).
- C. Provide a brief description of radiological conditions they will encounter during the response.
- D. Provide special information to perform the task.
- E. Bag equipment (to reduce chances of contamination).
- F. Provide HP escort.
- G. Assist in exiting the Controlled Access Area (to include any necessary decontamination).

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 11 of 20 CHANGE: 034-00-0
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- 8.4.5 A Health Physics representative, in addition to the one dispatched to St. Mary's Regional Medical Center, shall accompany an injured and contaminated patient both onsite and to offsite medical facilities. This HP should:
- A. Remain with the victim from the scene of the accident to the Emergency Department and provide advice and assistance concerning radiological controls.
 - B. Attempt to answer any questions the attending physician may have concerning the victim.
 - C. After decontamination efforts are complete at the hospital, remove the injured person's TLD for further dose determination and coordinate as necessary with Dosimetry and Radwaste.

8.4.6 The HP that assisted the hospital staff in the set-up of the emergency room shall ensure that the ambulance and Pope County Emergency Medical Services personnel are surveyed after the victim(s) has been transported into the emergency room.

8.4.7 Both of the HPs at the hospital should provide assistance and offer advice concerning the clean-up and decontamination of the facilities and equipment.

8.5 Health Physics Personnel (If radiation/contamination is not suspected)

8.5.1 If a personnel injury occurs within the protected area and contamination is not suspected, Health Physics personnel shall ensure that the individual is surveyed prior to exiting the site.

8.5.2 Personnel leaving the protected area will normally exit through a portal monitor. If a portal monitor and/or frisker is not available at an exit point from the protected area, Health Physics shall provide a portal monitor or frisker for the period of time that the exit is open.

9.0 REPORTING AND RECORDS MANAGEMENT

- 9.1 A written report of the personnel injury or accident should be completed in accordance with procedure 1000.128, "Industrial Safety & Occupational Health".
- 9.2 The "Patient Information Form" should be distributed in the following manner:
- 9.2.1 Forward the original to the Manager, Emergency Planning.
 - 9.2.2 Forward a copy to the ANO Medical Department.
- 9.3 Form 1903.023B should be forwarded to the Manager, Emergency Planning.
- 9.4 Form 1903.023C should be forwarded to the Manager, Emergency Planning.

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 12 of 20 CHANGE: 034-00-0
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10.0 ATTACHMENTS AND FORMS

10.1 ATTACHMENTS

10.1.1 Attachment 1 - "Patient Information Form" (Example)

10.2 FORMS

10.2.1 Form 1903.023A - Deleted

10.2.2 Form 1903.023B - "Personnel Emergency Checklist - Shift Manager"

10.2.3 Form 1903.023C - "Emergency Medical Team Scene Leader Check List"

10.2.4 Form 1903.023D - "Personnel Emergency Checklist - OSC Director"

PROC./WORK PLAN NO. 1903.023	PROCEDURE/WORK PLAN TITLE: PERSONNEL EMERGENCY	PAGE: 13 of 20 CHANGE: 034-00-0
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ATTACHMENT 1

PATIENT INFORMATION FORM
(EXAMPLE)

PATIENT INFORMATION FORM																															
*PATIENT'S NAME _____	*BADGE # _____																														
*PATIENT'S SUPERVISOR _____	*COMPANY _____																														
*DATE/TIME OF INJURY _____ / _____	*LOCATION _____																														
*DESCRIPTION OF OCCURRENCE: _____ _____ _____																															
*INJURIES NOTED: _____ _____ _____																															
MEDICAL TEAM TREATMENT: _____ _____ _____																															
MEDICAL PERSONNEL RESPONDING _____ _____ _____ _____	<table border="1"> <thead> <tr> <th colspan="5">VITAL SIGNS</th> </tr> </thead> <tbody> <tr> <td>Time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B/P</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Resp.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dosimeter Reading</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	VITAL SIGNS					Time					B/P					Pulse					Resp.					Dosimeter Reading				
VITAL SIGNS																															
Time																															
B/P																															
Pulse																															
Resp.																															
Dosimeter Reading																															
<p>*Action Level: Check appropriate box</p> <p><input type="checkbox"/> Level I No contamination involved</p> <p><input type="checkbox"/> Level II Contamination above ANO's release limits and <1000 counts per minute above background as measured by a frisker.</p> <p><input type="checkbox"/> Level III ≥1000 counts per minute above background as measured by a frisker</p>																															
<p>Notify Shift Manager/OSC Director of action level. If transported to hospital, the HP escort is responsible for reporting contamination levels. For contamination levels and decontamination records, refer to HP Procedure 1012.023, Personnel Contamination Events.</p>																															
FORM COMPLETED BY _____	DATE/TIME _____																														
*Information to be provided to the Control Room.																															
DISTRIBUTION: Original - Emergency Planning	Copy - ANO Medical Department																														

NOTE

Emergency telephone numbers are contained in the Emergency Telephone Directory.

- [1.0 Notify the Emergency Medical Team by activating the radio-voice pagers using the base radio.
- 2.0 Alert plant personnel that an emergency has occurred by:
- 2.1 Momentarily press the page fire tone push-button, and
- 2.2 Make the following announcement using the plant paging system:]

"ATTENTION ALL PERSONNEL. ATTENTION ALL PERSONNEL. A PERSONNEL EMERGENCY HAS OCCURRED AT (give location). THE EMERGENCY MEDICAL TEAM IS RESPONDING. ALL PERSONNEL SHOULD STAY CLEAR OF THE (give location).

- 2.3 Note the time: _____
- 3.0 Dispatch a Health Physics Technician to the scene.
- 4.0 Dispatch an Operator to the scene with a hand held radio.
- 4.1 Instruct the Operator to switch to radio Channel 1.
- 4.2 Instruct the Operator to assist the Emergency Medical Team as needed.
- 4.3 Instruct the Operator to take actions to ensure plant conditions and/or job site activities remain in a safe condition.
- 5.0 Notify the ANO Medical Department:
- 5.1 ANO Duty Nurse (pager 964-3936)
- 6.0 **IF** communications with the Emergency Medical Team has not been established within 5 minutes,
OR if requested by the Emergency Medical Team Scene Leader,
THEN repeat step 1.0.

NOTE

Radio communication between the Control Room and the emergency scene should be done on Channel 1.

Telephone or Gai-tronics may be also used as a back-up method of communications if needed.

- 7.0 Has the Emergency Medical Team requested an ambulance?
- Yes (GO TO step 8.0)
- No (GO TO step 13.0)

FORM TITLE:

PERSONNEL EMERGENCY CHECKLIST (SHIFT MANAGER)

FORM NO.

1903.023B

REV.

034-00-0

8.0 **IF** an ambulance is needed,
THEN gather the following information:

8.1 Number of injured personnel: _____

8.2 Nature of injuries: _____

8.3 Contamination level (check appropriate box):

Level 1 No contamination involved

Level 2 Any contamination above ANO's release limits and < 1000 counts per minute above background as measured by a frisker.

Level 3 ≥ 1000 counts per minute above background as measured by a frisker.

8.4 Is an Automated External Defibrillator (AED) in use?

Yes

No

8.5 Direct the ambulance to: _____

8.6 Name(s) and badge number(s) of injured personnel:

Name(s)

Badge(s)

9.0 Notify Pope County Emergency Medical Services (use a direct commercial telephone line and dial 9-1-1). Provide the dispatcher with the information in Step 8.1 - 8.4.

10.0 Notify St. Mary's Regional Medical Center Emergency Department (968-6211), and provide them with the information in 8.1 - 8.4.

11.0 Notify Security (3383) that an ambulance is responding to the site and the location to where the ambulance is to report (see 8.5).

FORM TITLE: PERSONNEL EMERGENCY CHECKLIST (SHIFT MANAGER)	FORM NO. 1903.023B	REV. 034-00-0
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[EMERGENCY MEDICAL TEAM SCENE LEADER CHECKLIST]

CALL OUT RESPONSE

- Verify scene safe.
- Assign patient care responsibilities.
- Appoint communicator. Name _____
- Appoint an H.P. to perform radiological controls. Name _____
- Assign one team member to complete Patient Information Form. Name _____
- Determine if ambulance is needed. YES NO
- If yes, instruct Control Room/OSC to call 9-1-1 to dispatch Pope County Emergency Medical Services. Time _____
- Direct the Control Room/OSC to have the ambulance respond to: _____
- Have Communicator provide Control Room with information from the Patient Information Form.
- Request H.P. to the scene if none have arrived. Name _____
- Assign a security officer to clear the area if necessary. Name _____
- If the patient is contaminated and stable, perform the following:
 - a. If the scene is safe, decon patient at scene.
 - b. Move patient to CA-1 for decontamination.
 - c. Decon as time permits while waiting on the ambulance.
- If transporting a contaminated injured patient, wrap the patient or place the patient in a body bag to contain contamination. Name _____

Check which steps were performed ()

FORM TITLE. EMERGENCY MEDICAL TEAM SCENE LEADER CHECKLIST	FORM NO. 1903.023C	REV. 034-00-0
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If the patient is contaminated, ensure that the patient's dosimetry remains with the patient.

Dispatch an Entergy employee to the receiving hospital to provide updates on patient status to the Shift Manager or OSC Director.

Name _____

If the patient is contaminated, notify the Radwaste Supervisor for transportation of radioactive material from the hospital back to ANO.

Name _____

Notify Control Room or OSC that patient has left ANO enroute to Hospital, and that Personnel Emergency is terminated.

Time Notified _____

Confirm plant status with Control Room or OSC.

Normal Conditions
NUE
Alert
Site Area Emergency
General Emergency

Assign EMT members to restore Medical Kits to service, and complete Kit inventory form. Name _____

As soon as possible provide Shift Manager or OSC Director with details of incident.

NARRATIVE SUMMARY OF INCIDENT RESPONSE:

Name of Injured Person _____

Badge Number _____

Signature _____
Scene Leader

Date _____

* When complete, forward this form to the Manager, Emergency Planning.

FORM TITLE: EMERGENCY MEDICAL TEAM SCENE LEADER CHECKLIST	FORM NO. 1903.023C	REV. 034-00-0
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- 1.0 Dispatch the Emergency Medical Team from the OSC Assembly Area.
- 2.0 Dispatch a Health Physics Technician to the scene.
- 3.0 Dispatch an Operator to the scene with a hand held radio.
- 3.1 IF there is no operator available in the OSC,
THEN have the Control Room dispatch an operator.
- 3.2 Instruct the Operator to switch to radio Channel 1.
- 3.3 Instruct the Operator to assist the Emergency Medical Team as needed.
- 3.4 Instruct the Operator to take actions to ensure plant conditions and/or job site activities remain in a safe condition.
- 4.0 Notify the ANO Medical Department.
- 4.1 ANO Duty Nurse (pager 964-3936)
- 5.0 Has the Emergency Medical Team requested an ambulance?
- Yes (GO TO step 6.0)
- No (GO TO step 11.0)
- 6.0 IF an ambulance is needed,
THEN gather the following information:
- 6.1 Number of injured personnel: _____
- 6.2 Nature of injuries: _____
- 6.3 Contamination level (check appropriate box):
- Level 1: No contamination involved
- Level 2: Any contamination above ANO's release limits and <1000 counts per minute above background as measured by a frisker.
- Level 3: ≥ 1000 counts per minute above background as measured by a frisker.
- 6.4 Is an Automated External Defibrillator (AED) in use?
- Yes No
- 6.5 Direct the ambulance to: _____

FORM TITLE:

PERSONNEL EMERGENCY CHECKLIST (OSC DIRECTOR)

FORM NO

1903.023D

REV.

034-00-0

6.6 Name(s) and badge number(s) of injured personnel:

Name (s)	Badge (s)
_____	_____
_____	_____
_____	_____
_____	_____

7.0 Notify Pope County Emergency Medical Services (dial 9,911 on the OSC Director's phone). Provide the dispatcher with the information in Steps 6.1 through 6.4.

8.0 Notify St. Mary's Regional Medical Center Emergency Department (968-6211), and provide them with the information in 6.1 through 6.4.

9.0 Notify Security (3383) that an ambulance is responding to the site and the location to where the ambulance is to report (see 6.5).

10.0 IF contamination is known or suspected (level 2 or 3), AND injured personnel are to be transported offsite, THEN perform the following:

10.1 Dispatch at least one Health Physics Technician to the hospital immediately.

10.2 Ensure that one Health Physics Technician accompanies the patient onsite and to the hospital.

10.3 Have St. Mary's Emergency Department staff (968-6211) notify a physician from Occupational Medical Consultants.

11.0 FOLLOW-UP ACTIONS

11.1 IF injured personnel are transported to the hospital, THEN notify the TSC Director.

Signed: _____
OSC Director

Date: _____

*When complete, forward this form to the Manager, Emergency Planning.

FORM TITLE: PERSONNEL EMERGENCY CHECKLIST (OSC DIRECTOR)	FORM NO. 1903.023D	REV. 034-00-0
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