123 Main Street
White Plains, New York 10601
914 681.6240

John C. Brons
Senior Vice President
Nuclear Generation

November 15, 1985
JPN-85-83
IPN-85-60

Mr. Harold Denton
Director of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Subject: James A. FitzPatrick Nuclear Power Plant
Docket No. 50-333
Indian Point No. 3 Nuclear Power Plant
Docket No. 50-286
NYPA Endorsement of Technical Specification Reform Activities

References:
1. NRC Technical Specification Improvement Project Final Report, "Recommendations for Improving Technical Specifications", September 30, 1985.
2. "Technical Specification Improvements", Atomic Industrial Forum Subcommittee on Technical Specification Improvements, October 1, 1985.

Dear Sir:

The NRC Technical Specification Improvement Project (TSIP) and the Atomic Industrial Forum's (AIF) Technical Specification Improvement Subcommittee have recently completed their efforts and have issued reports which recommend improvements in the criteria used to establish technical specifications. The New York Power Authority strongly endorses these initiatives to re-state the purpose and scope of technical specifications.

The original purpose of technical specifications has been lost with the passage of time. A slow, evolutionary re-interpretation of their original intent has resulted in an uncontrolled expansion of the scope and content of technical specifications. Today, technical specifications are a place for operating restrictions which range from critical for safe operation to little direct safety significance. Consequently, the distinction between the two is blurred.

Only minor differences separate the TSIP and AIF technical recommendations. The sole significant difference is procedural and is that the NRC TSIP recommended that the screening criteria for technical specifications should be established by an NRC Policy Statement. The Power Authority considers a policy statement to be insufficient; as recommended by the AIF, screening criteria must be codified to assure a consistent, stable regulatory environment. Without codification, licensees would be subject to the same processes that caused the current state of technical specifications.

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The NRC TSIP and AIF reports both squarely address a multitude of problems with the current system of technical specifications. Both recommend workable solutions. The Authority considers them both to be a step in the right direction and is anxious to see the Commission move quickly to implement their recommendations. Because of delays inherent in the rulemaking process, short-term guidance in the form of a Generic Letter is essential. As soon as the NRC formally endorses elements of these programs, the Authority will evaluate the recommendations for their applicability to the FitzPatrick and Indian Point 3 power plants.

If you have any questions or would like to discuss this further, please contact Messrs. J. A. Gray, Jr. or P. Kokolakis of my staff.

Very truly yours,

John C. Brons
Senior Vice President
Nuclear Generation

cc: Mr. Domenic B. Vassallo, Chief
Operating Reactors Branch No. 2
Division of Licensing
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Mr. Steven A. Varga, Chief
Operating Reactors Branch No. 1
Division of Licensing
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dr. Thomas Murley, Regional Administrator
U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA 19406

Office of the Resident Inspector
U.S. Nuclear Regulatory Commission
P.O. Box 136
Lycoming, NY 13093

Resident Inspector's Office
Indian Point Unit 3
U.S. Nuclear Regulatory Commission
P.O. Box 66
Buchanan, NY 13093

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 739.8200

New York Power Authority

TO: NRC DOCUMENT CONTROL DESK

FROM: TERRY RYAN DATE: 11/15/85

SUBJECT: INDIAN POINT NO. 3 NUCLEAR POWER PLANT EMERGENCY PLAN AND PROCEDURES DOCUMENT

The enclosed sheets are the revised pages to your Emergency Plan/Procedures Document (assigned controlled copy). Please discard the old sheets, insert the attached sheets, initial and date this routing sheet and return it to Documents Control; Attention: Terry Ryan.

In addition, please review the section revision numbers shown on the new index attached to ensure that you have the most recent of each section incorporated into your controlled copy.

Section	Pages	Date	Initials
EP Procedure Index	Pages 1 & 2, Rev. 35	12/2/85	
IP-1017 TABLE I	Page 8 of 12, Att. 6.4 Only	12/2/85	
IP-1021 Rev. 11	ALL	12/2/85	
APPENDIX B	Page 3 Only		

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EMERGENCY PLAN PROCEDURES INDEX REV. 34 (PAGE 1)

Procedure #	Procedure Title	Rev. #	Date
Dose Assessment			
IP-1001	Determination of Magnitude of Release	7	10/85
IP-1003	Obtaining Meteorological Data	5	2/84
IP-1004	Midas Computer System-Dose Assessment Models	4	11/84
IP-1005	Planned Disch. of Cont. Atmos. During Accident Conditions	3	2/84
Environmental Monitoring			
IP-1010	In-Plant/Site Perimeter Surveys	6	3/85
IP-1011	Offsite Monitoring	7	4/85
IP-1015	Post Accident Environmental Sampling and Counting	0	7/84
Protective Actions			
IP-1017	Rec. Protective Actions for Offsite Population	4	1/85
IP-1019	Emergency Use of Potassium Iodide	0	6/84
Personnel Injury			
IP-1021	Radiological Medical Emergency	10	3/85
IP-1023	Use and Set-up of Unit 3 Personnel Decon Suite	1	1/85
Damage Assessment			
IP-1025	Repair and Corrective Action Teams	4	10/85
IP-1027	Emergency Personnel Exposure	3	3/85
IP-1028	Core Damage Assessment	2	1/85
Notification and Communication			
IP-1030	Control Room Emergency Notif., Communication & Staffing	12	5/85
IP-1031	Procedure for EOF Emergency Notification & Communications	3	3/85
IP-1038	Use of the Emergency Communications Systems	6	11/84
Emergency Operation Facilities			
IP-1040	Habitability of the Emergency Facilities	6	1/85
IP-1041	Personnel Monitoring of EOF, TSC and OSC Personnel	5	1/85
IP-1045	Technical Support Center	8	3/85
IP-1047	Operations Support Center	11	4/85
Accountability and Evacuation			
IP-1050	Accountability	9	3/85

Procedure #	Procedure Title	Rev. #	Date
Non-Radiological Emergencies			
IP-1052	Hazardous Waste Emergency	0	5/85
Accountability and Evacuation			
IP-1053	Evacuation of Site	3	4/85
IP-1054	Search and Rescue Teams	3	3/85
Non-Radiological Emergencies			
IP-1055	Fire Emergency	3	3/85
IP-1056	Directing Fire Fighting Personnel in Controlled Areas	3	3/85
IP-1057	Tornado (Hurricane) Emergency	1	10/85
IP-1058	Earthquake Emergency	6	10/85
IP-1059	Air Raid Alert	1	10/85
HP Release Surveys and Decontamination			
IP-1060	Personnel Radiological Check and Decontamination	4	3/85
IP-1063	Vehicle/Equipment Radiological Check and Decontamination	4	3/85
Emergency Equipment and Maintenance			
IP-1070	Periodic Check of Emergency Preparedness Equipment	12	5/85
IP-1076	Beepers	5	6/84
Exercises and Drills			
IP-1080	Conduct of Emergency Exercises and Drills	6	6/84

TABLE I

CONVERSION OF SECTOR/ZONES TO ERPAS FOR DISTANCES OF 0-2, 2-5 & 5-10 MILES

Sector No.	Direction	0-2 Miles	2-5 Miles	5-10 Miles
1	N	2,7,38,44	8,16,45	17,23,24,26,46
2	NNE	1,2,44	7,8,16,18	17,19
3	NE	1,2,44	8,9	10,18,19,20
4	ENE	1,2,3,44	8,9	10,11,12,13,14,20
5	E	1,2,3,4	5,9	11,12,13,14,15
6	ESE	1,3,4	5	12,13,15,21
7	SE	1,4	3,5,6	12,21,22,43
8	SSE	1,4	6,43	22,32,42
9	S	1,4,43,44	30,31	32,33,34,35,42
10	SSW	1,43,44	29,30,31	34,35,36,37
11	SW	1,29,44	30,31	34,36,37,40,41
12	WSW	1,29,44	30,39,40	40,41
13	W	29,39,44	30,40	28
14	WNW	38,39,44	39,40	24,27,28
15	NW	38,39,44	24,26,39,40,45	25,27
16	NNW	38,39,44	7,16,26,39,45	24,25

EMERGENCY RESPONSE PLANNING AREAS

AREA	ERPAS
0-2 mile radius	1,2,3,4,7,29,38,39,43,44
0-5 mile radius	1,2,3,4,5,6,7,8,9,16,18,24, 26,29,30,31,38,39,40,43,44,45

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 739.8200

New York Power Authority

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP- 1021 REV. 10

TITLE " RADIOLOGICAL MEDICAL EMERGENCY "

WRITTEN BY: [signature]

REVIEWED BY: [signature]

PORC REVIEW: [signature] DATE 3/6/85

APPROVED BY: John C Burns DATE 3/8/85

EFFECTIVE DATE: 03/20/85

RADIOLOGICAL MEDICAL EMERGENCY

1.0 INTENT

To describe the procedure to be followed when an individual is injured and contaminated.

2.0 DISCUSSION

This procedure is to be used as guidance when an individual is injured and contaminated at IP-3. In all such instances, it should be the governing rule that required medical attention must take precedence over decontamination whenever the injured's life is considered to be endangered. In such instances, the prompt treatment of the injury must take first consideration. However, when contamination does occur, radiological hazards cannot be ignored and should be dealt with as feasible while the medical condition is being treated.

Rescue personnel should make every attempt to stabilize the patient. If the patient is stabilized and there is no threat to life, the patient should be decontaminated (to the level normally allowed for release, ie. with a maximum of 100 cpm above background) prior to transporting to a hospital. If the patient is not stabilized or his medical condition warrants immediate transportation to the hospital, initial attempts must be made at decon, or at a minimum to remove the contaminated protective clothing and/or wrap him in a blanket to minimize the spread of contamination.

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NOTE: The transportation of a contaminated injured individual to the hospital requires notification as per the Emergency Plan classification, Notification of Unusual Event. Reportable as per IP-1030, i.e. within 15 minutes after the departure of the patient from the site to the offsite hospital.

NOTE: Applicable telephone numbers are found on Attachment 5.1 of this procedure.

Locations of first-aid supplies are found on Attachment 5.2 of this procedures.

3.0 PROCEDURE

3.1 AN EMPLOYEE ARRIVING AT THE SCENE OF THE ACCIDENT WILL:

a) Immediately render lifesaving aid to the best of his ability to the injured individual.

b) Notify (or cause to be notified) the Control Room.

c) The patient should not be moved until the Nurse/EMT/First aider arrives, unless conditions in the area jeopardize the patient's life.

d) The time the patient is left alone should be minimized until medical help arrives.

3.2 THE CONTROL ROOM OPERATOR WILL:

a) Page that there has been a medical emergency and request that the following individuals report to the accident scene:

1. Nurse (Normal Work Hours)
2. EMT/First Aider
3. H.P. Technician
4. Shift Supervisor
5. NPO Rover

b) Ensure notification of the above by making follow-up phone calls to their work areas on a line other than the page line.

The follow-up call to the HP should be made to the HP Control Point.

c) Call IP-3 Security:

i) Give the location of the accident.

ii) Request that they stand-by to escort ambulance to closest access point to patient and be on stand-by to bring protective clothing packages, dosimetry, and yellow herculite for ambulance to ambulance workers (found in the Security Emergency Locker).

d) Call the Radiological & Environmental Services Superintendent to advise of the situation.

3.3 AT THE ACCIDENT SCENE:

a) The Nurse/EMT/First Aider will render life saving aid, making every effort to stabilize the patient.

b) Move victim if radiological conditions warrant and injuries allow such movement.

c) The Health Physics Technician will immediately establish the safety of the area, set up a buffer zone with step-off pad as appropriate, and assist the Nurse/EMT/First Aider.

d) All nonessential personnel in the immediate area should be instructed to leave.

e) The Shift Supervisor should be in frequent contact with the Control Room, and coordinate the Medical Emergency Response from the accident scene.

3.4 THE PATIENT'S CONDITION WILL DETERMINE ONE OF THE FOLLOWING:

a) The need to transport directly to the hospital with initial attempts at decon.

b) The need to decontaminate at the Unit 3 decon suite (See IP-1023).

3.5 IF AND WHEN TRANSPORTATION TO THE HOSPITAL IS REQUIRED. The Control Room shall:

a) Call the Verplanck Ambulance

b) Call Peekskill Hospital to alert them of the ambulance arrival of a contaminated or possibly contaminated individual.

c) Call Security:

i) Notify IP-3 Security of the ambulance's need for access.

ii) Instruct Security to meet the ambulance at the fork in the road (near the middle parking lot) and to direct it to the vehicle access point closest to the injured individual.

iii) Instruct Security to bring protective clothing packages, dosimetry, and yellow herculite for ambulance attendents use (found in Security Emergency Locker).

d) A Medical Respresentative should be notified as to the patients condition and need to transport to the hospital. (If the patients life is at risk transport 1st and make notification to the Medical Representative 2nd)

e) After being advised by Security that the patient has left for the hospital, again call the Peekskill Hospital to advise them of the patients condition upon departure from the site.

f) Make the required notification under the Emergency Action Level Notification of Unusual Event, within 15 minutes after the Ambulance leaves the site.

3.6 In addition, in any case where transportation to the hospital is required for an injured-contaminated individual:

a) The IP-3 staff shall bring the patient to the ambulance.

b) Ambulance attendents should be provided with protective clothing & dosimetry.

c) Ambulance driver should not touch patient and should be given dosimetry. Protective clothing is not required.

d) An H.P. Technician will accompany the injured to the hospital with a dosimeter charger and dosimeters for Ambulance and hospital personnel. He will remain with the patient surveying and monitoring as required. He will monitor the Hospital Room before and after the patient's arrival, and advise hospital personnel of the necessary H.P precautions.

3.7 The Control Room is to be notified by Security as soon as the patient has left for the hospital.

3.8 If the decision is made to transport the patient to a facility other than the Peekskill Community Hospital, the Medical Support Staff and Radiological and Environmental Services Superintendent will decide the mode of transportation to be used, and will make the necessary arrangements.

3.9 The Power Authority is a member of the Emergency Medical Assistance Program (EMAP) provided by Radiation Management Corp. of Phila., PA. EMAP provides the following services.

a. Consultation and laboratory services
b. Dispatch of personnel to site if needed.
c. Assistance to responsible physicians.
d. Patient evaluation and care at a definitive care center.

EMAP should only be contacted by, or after consultation with, the Radiological and Environmental Services Supt. The 24 hour emergency number for EMAP is (215) 243-2990.

4.0 CHECKLISTS

The checklists on pages 5-10 provide general information for the following personnel.

4.1 Control Room
4.2 Shift Supervisor
4.3 EMT/First Aider
4.4 Health Physics
4.5 Nurse
4.6 Security

5.0 ATTACHMENTS

5.1 Medical Assistance Telephone Numbers
5.2 First Aid Supplies

RESPONSIBILITY OF CONTROL ROOM

GENERAL INSTRUCTIONS

1. Page that there has been a medical emergency and request that the Nurse, EMT/First Aider, H.P., N.P.O. Rover & S.S. to report to the accident scene. (Follow-up with call to individuals' work areas to ensure notification).

2. Call H.P. Control Point and have the Watch H.P. report to accident scene.

3. Call RESS to advise of situation.

4. Call Ambulance and Hospital advising them of patient's possible contaminated condition. (Call hospital again upon departure of ambulance to advise of patient's updated condition).

5. Utilize the Security Officer in the Control Room. Keep them advised of status and have them make calls to the Security Building re: ambulance arrival, etc. They can also be used to provide a direct radio communications link to the accident scene (and therefore the Shift Supervisor) if a Security Officer is at the scene.

6. Call Security and advise them of the ambulance's arrival. Have Security meet the ambulance at the fork in the road near the middle parking lot and direct the ambulance to the closest vehicle access to the patient. Have Security bring protective clothing packages and dosimetry for the ambulance attendents.

7. Call Medical Representative for IP-3 to notify of the transport of a contaminated individual offsite.

8. Make required Emergency Plan Notifications under Notification of Unusual Event.

NOTE: If necessary in the case of multiple contaminated patients, arrange for the Unit 3 - Unit 1 transportation routes to be opened (IP-1022).

RESPONSIBILITY OF THE SHIFT SUPERVISOR

GENERAL INSTRUCTIONS

1. Respond to page from Control Room and report to the accident scene.

2. Take charge at the accident scene coordinating all activities.

3. Keep the Control Room well informed and up-to-date as to the patient's condition and status at the accident scene.

4. Assist in rendering first aid if qualified.

5. Advise Control Room to call ambulance if needed and specify ambulance access point.

6. Meet arriving ambulance crew:

   Introduce self
   Advise crew of patient's status when possible
   Determine ambulance personnel qualifications (ie. EMT)
   Advise them that an HP will, and site medical personnel may, accompany the patient in the ambulance. If a site EMT has initiated treatment of the patient, he must continue to accompany the patient to the hospital unless 1) the ambulance crew includes a EMT to whom he can turnover the patient or 2) the EMT is required for licensee coverage.

7. Coordinate transfer of patient from site to ambulance.

8. Advise Control Room when ambulance leaves the site.

RESPONSIBILITY OF THE EMT/FIRST AIDER

GENERAL INSTRUCTIONS

1. Respond to page from Control Room and report to designated location with a first aid kit (and stretcher).

2. Obtain emergency equipment and Anti-C clothing from the emergency cabinet in the Control Room or from the normal supply at the Control Point. Don coveralls before entering the Controlled Area.

3. Render immediate care in coordination with Health Physics activities. (Move victim from highly contaminated area or away from source only when it is definite that this will not create any further injury).

4. If necessary, move the victim to the Unit 3 Decon Suite (and the Unit 1 Decontamination Room in the event of multiple victims).

5. Assist in decontamination of the victim, ie. removal of contaminated clothing.

6. Decontaminate self, if necessary.

7. Assist with the delivery of victim to ambulance.

8. Assist transfer of victim from ambulance to hospital.

9. Assist Hospital Radiation Casualty team as needed.

RESPONSIBILITY OF HEALTH PHYSICS PERSONNEL

GENERAL INSTRUCTIONS

1. Specify Anti-C Clothing and monitoring equipment for team members. As a minimum, all personnel responding to a Medical Emergency call in the Controlled Area shall don coveralls before entering.

2. Respond to scene with proper survey instruments.

3. Direct all non-injured to safe area.

4. Measure and evaluate fields.

5. Identify contaminated areas on victim and mark them.

6. Direct initial decontaminated procedures.

7. Restrict access to area as necessary.

8. Discuss with the RESS, or Shift Supervisor or Medical Representative the route to Decontamination Area, either on or offsite. (If necessary in the event of multiple victims, use IP-1022 for specific requirements to transport to IP-1 Decon Suite).

9. Accompany the injured to Decontamination Suite and remain with him including his transportation and decontamination at the hospital or until relieved by another H.P.

10. Follow procedures as outlined for EMT/First Aider.

11. The H.P. will be responsible to advise Medical personnel as long as any radiation hazard exists to rescue personnel. The H.P. will monitor and advise of allowable working time, exposure limits and shielding.

12. Accompany the patient to hospital providing dosimetry for the drivers (the ambulance driver should remain behind the wheel and not come in contact with the patient. (Dosimeter charger should be brought). Provide dosimetry for hospital personnel (located at hospital).

13. Survey hospital room before and after victim is treated. Assure all unnecessary major hospital equipment is out of room. (The Power Authority is responsible for all contaminated equipment replacement).

14. Inventory and bag all hospital equipment for future pick up and disposal.

RESPONSIBILITY OF NURSE

GENERAL INSTRUCTIONS

1. Respond to the Control Room's call to report to the accident scene or decontamination room.

2. Put on protective clothing and dosimetry which are necessary for Controlled Area entry.

3. In the event of mass casualties, initiate Triage procedure.

4. Evaluate the patient's condition and

    a) Render emergency care as necessary.

    b) Request emergency transport if needed.

5. Provide gross decontamination at accident scene to the extent possible

6. Re-evaluate the patients condition:

    a) If the patients condition does not permit further decon, transport directly to the hospital.

    b) If the patient is stable and medical conditions permit, move the patient to the Unit 3 Decon Suite.

        i. Continue to evaluate and treat the patient's medical condition.
        ii. Confer with medical representative as necessary.
        iii. Initiate medical decon procedures utilizing H.P. for continuous monitoring of contaminated areas.
        iv. If considered necessary; collect all urine, stool, vomitus, etc. and label.
        v. If necessary; draw 1 tube blood for CBC (lavender top) mixing well, 1 full clot tube (red top) for chemistries, being careful to obtain from noncontaminated area. Specimens should be drawn prior to starting any I.V. fluids.
        vi. When the patient is decontaminated as much as possible, decontaminate self and prepare to go with the patient to the hospital, maintaining life support as required.

7. Provide medical report form re: radiation casuality and accompany patient to the hospital, retain duplicate copies.

SECURITY RESPONSIBILITY

GENERAL INSTRUCTIONS:

1. Meet ambulance at fork in road near middle parking lot.

2. Escort the ambulance to the vehicle access point closest to the injured person.

3. Bring protective clothing package, dosimetry, and yellow herculite for ambulance attendent's use.

4. Establish communications between Security Officers in Control Room and at accident scene.

5. Notify the Control Room when the ambulance leaves the site.

FIRST AID SUPPLIES

Locations of First Aid lockers and/or supplies:

a) 33' elevation First Aid Room
b) Security Building & Vehicles
c) S.S. Office
d) H.P. Control Point
e) Outside Nuclear NPO Office
f) Decon Room
g) Medical Fac. at Training Trailers

Locations of Stretchers:

a) Outside H.P. Control Point
b) Decon Room
c) 33' Elevation First Aid Room
d) Outside Nuclear NPO Office
e) Medical Fac. at Training Trailers
f) S.S. Office
g) PAB-Hallway to 80' Airlock

Locations of Resuscitator/Inhalators:

a) S.S. Office
b) Security Building
c) Decon Room
d) H.P. Control Point
e) Outside Nuclear NPO Office
f) Medical Fac. at Training Trailers
g) 33' Elevation First Aid Room