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10 CFR 50.4(b)(5)(iii)
10 CFR 50.54(q)(5)
10 CFR 72.4

Serial: BSEP 17-0009

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555-0001

Subject: Brunswick Steam Electric Plant, Unit Nos. 1 and 2
Renewed Facility Operating License Nos. DPR-71 and DPR-62
Docket Nos. 50-325 and 50-324
Revision to Radiological Emergency Response Plan Implementing Procedure

Ladies and Gentlemen:

In accordance with 10 CFR 50.4(b)(5)(iii); 10 CFR 50.54(q)(5); and 10 CFR 72.4; Duke Energy Progress, LLC (Duke Energy), is submitting a revision to Radiological Emergency Response Plan Implementing Procedure OPEP-03.9.3, *First Aid, Medical Care, and Transport for Injured Personnel*, Revision 14, which became effective January 4, 2017.

Duke Energy has evaluated this revision, in accordance with 10 CFR 50.54(q), and determined that the revision is not a reduction in the effectiveness of the Radiological Emergency Response Plan and that the Plan, as changed, continues to meet the standards of 10 CFR 50.47(b) and the requirements of 10 CFR 50, Appendix E. Enclosure 1 provides a 10 CFR 50.54(q)(5) summary for the revised Radiological Emergency Response Plan implementing procedure. Enclosure 2 contains a copy of the revised Radiological Emergency Response Plan implementing procedure.

This document contains no regulatory commitments.

Please refer any questions regarding this submittal to Mr. Lee Grzeck, Manager - Regulatory Affairs, at (910) 457-2487.

Sincerely,

Annette H. Pope
Director – Organizational Effectiveness
Brunswick Steam Electric Plant

AX45
NRR

Enclosures:

1. 10 CFR 50.54(q)(5) Summary for OPEP-03.9.3, Revision 14
2. Copy of OPEP-03.9.3, Revision 14, *First Aid, Medical Care, and Transport for Injured Personnel*

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10 CFR 50.54(q)(5) Summary for OPEP-03.9.3, Revision 14

In accordance with 10 CFR 50.54(q)(5), Duke Energy Progress, LLC, is providing a summary of the revised Radiological Emergency Response Plan implementing procedure being submitted with this letter. Radiological Emergency Response Plan implementing procedure OPEP-03.9.3, *First Aid, Medical Care, and Transport for Injured Personnel*, Revision 14, a copy of which is provided in Enclosure 2 of this letter, became effective on January 4, 2017.

The changes to the Radiological Emergency Response Plan implementing procedure transfers the staffing of the First Aid/Medical Emergency Response Team (MERT) from BSEP Operations to BSEP Site Security as part of the new Duke Fleet standard staffing structure. First Aid/MERT remains a collateral duty supported by on-shift Security personnel qualified as ERO members. Staffing of the Search and Rescue Team will remain with the Fire Brigade responsibility within Operations.

The transfer of First Aid/MERT responsibilities reduces the burden on the Operations staff and does not adversely impact the staffing analysis for the Security organization. This change does not affect the on-shift Operations and Security personnel's ability to perform the functions described in the Emergency Plan. The requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E continue to be met.

Reference: EREG AR Number 2088481

Copy of
OPEP-03.9.3, Revision 14,
First Aid, Medical Care, and Transport for Injured Personnel



BRUNSWICK NUCLEAR PLANT

R
Reference
Use

PLANT OPERATING MANUAL

VOLUME XIII

PLANT EMERGENCY PROCEDURE

0PEP-03.9.3

***FIRST AID, MEDICAL CARE, AND TRANSPORT FOR
INJURED PERSONNEL***

REVISION 14

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1.0 PURPOSE

- 1.1 This procedure shall be implemented during first aid or medical emergency situations requiring trained medical responders at the Brunswick Nuclear Plant for contaminated or non contaminated personnel. Implementation of this procedure is not required for minor first aid cases, or sick calls that do not require any medical training.
- 1.2 This procedure provides guidelines for transport of injured personnel (contaminated, or non contaminated) to offsite medical facilities. These guidelines are applicable to any offsite medical facility and are intended to minimize or prevent the spread of radioactive contamination and protect attending personnel while facilitating prompt medical care.
- 1.3 This procedure provides guidelines for Radiological Control Personnel who are assisting medical facility staff members in the decontamination and restoration of their facilities.

2.0 REFERENCES

- 2.1 OPEP-02.6.12, Activation and Operation of the Operational Support Center
- 2.2 AD-RP-ALL-2009, Personnel Contamination Monitoring, Decontamination, and Reporting
- 2.3 EPL-001, Emergency Phone List Brunswick
- 2.4 OSI-05, Security Post Duties, Responsibilities and Patrol Procedures
- 2.5 OOI-01.07, Notifications
- 2.6 ANSI N45.2.9, A.6.1
- 2.7 OPT-34.2.2, First Aid Supplies and Rescue Equipment Inspection/Inventory

3.0 DEFINITIONS

- 3.1 Medical Emergency - An injury or illness that poses an immediate threat to a person's life or health which requires assistance from medically trained personnel.
- 3.2 First Aid - Provision of limited care for an illness or injury, which is provided, usually by a lay person, to a sick or injured person until definitive medical treatment can be provided, or until the illness or injury is dealt with (as not all illnesses or injuries will require further treatment). It generally consists of a series of simple medical techniques that an individual, either with or without formal medical training, can perform with minimal equipment.

4.0 RESPONSIBILITIES

4.1 Medical Emergency Response Team (MERT)

- 4.1.1 The Medical Emergency Response Team is an on shift response team, available on a 24-hour basis. The Medical Emergency Response Team members are responsible for providing emergency medical response and care consistent with their qualifications.
- 4.1.2 Upon activation of the Emergency Response Facilities, the Medical Emergency Response Team reports to the OSC, as a unit, and provides medical response as well as their other Security duties.

4.2 Radiological Controls Personnel

- 4.2.1 Radiological Controls personnel will be notified of potentially contaminated or contaminated personnel requiring medical assistance in accordance with this procedure. Radiological Controls personnel are responsible for establishing and maintaining proper radiological control measures during the on-site care, transport, and off-site care of potentially contaminated, or contaminated personnel.
- 4.2.2 Included in these responsibilities will be preparation and decontamination of medical facilities, radiological control and decontamination of emergency transport vehicles, and control or disposing of any radioactive waste materials generated.

4.3 Operations Shift Manager

- 4.3.1 In all situations when the Emergency Response Facilities are not activated, the Operations Shift Manager is responsible for implementation of this procedure and coordination of on-site and off-site medical response, including ensuring the accumulation of information on Attachment 6, Medical Transport Form.
- 4.3.2 In accordance with Security procedures, personnel responding to an emergency condition at BNP may be temporarily exempt from the search provisions upon determination by the Operations Shift Manager with concurrence by the Security Shift Supervisor. The compensatory measures for the search provisions are described in Security procedure 0SI-05 Security Post Duties, Responsibilities and Patrol Procedures.

4.4 Plant Operations Director (POD)

4.4.1 Upon activation of the Emergency Response Facilities the Plant Operations Director is responsible for coordinating off-site medical response with the Communications Director, Security Director, Radiological Controls Director and EOF staff; including, ensuring the accumulation of information on Attachment 6, Medical Transport Form.

4.5 Environmental & Radiological Control Coordinator (E&RC)

4.5.2 Upon activation of the Emergency Response Facilities, the E&RC Coordinator in the OSC is responsible for coordinating radiological monitoring and decontamination of potentially contaminated or contaminated personnel requiring medical assistance.

4.5.3 If a potentially contaminated, or contaminated injured patient is to be transported to an off-site facility for medical treatment, the E&RC Coordinator will dispatch additional Radiological Controls Personnel to the medical facility to prepare the facility for receiving the patient in accordance with Attachment 2, Radiological Controls Preparation for Arrival of Contaminated Patient at the Hospital.

4.6 Operations Coordinator

4.6.1 Upon activation of the Emergency Response Facilities, the Operations Coordinator is responsible for coordinating on-site first aid medical operations when the Emergency Response Facilities are activated. The position is also responsible for providing the necessary status information to the OSC, TSC and Control Room.

4.7 Site Security

4.7.1 Site Security has the authority for directing related incident emergency activities and coordinating if any additional assistance is required.

4.8 Site Emergency Coordinator

4.8.1 In all situations when the Emergency Response Facilities are activated, the Site Emergency Coordinator is responsible for implementation of this procedure and coordination of on-site medical response.

4.9 Radiological Controls Director

4.9.1 In all situations when the Emergency Response Facilities are activated, the Radiological Controls Director is responsible for the management of radiological personnel and actions.

4.10 Emergency Preparedness

4.10.1 Review documentation generated by this procedure and submit records associated with personnel contamination and exposure to Document Services for retention as a QA record.

4.11 Document Services

4.11.1 Retain records in accordance with guidelines established in ANSI N45.2.9, A.6.1, and appropriate plant and corporate procedures.

5.0 INSTRUCTIONS

5.1 General

- 5.1.1 The Brunswick Nuclear Plant Emergency Plan does not need to be **activated** to enter this procedure.
- 5.1.2 This procedure shall be implemented during first aid or medical emergency situations requiring trained medical responders at the Brunswick Nuclear Plant for contaminated or non contaminated personnel. Implementation of this procedure is not required for minor first aid cases, or sick calls that do not require any medical training.
- 5.1.3 The primary care hospital for the Brunswick Nuclear Plant is Doshier Memorial Hospital with New Hanover Regional Medical Center available as an alternate. The phone numbers for these facilities are provided in EPL-001, Emergency Phone List Brunswick.
- 5.1.4 If possible, contaminated patients should not **leave** the facility for medical treatment until **decontamination** can be accomplished at the plant site.
- 5.1.5 Individuals **providing** care for injury victims should provide first aid consistent with their training and observe radiological control measures to every extent possible.

NOTE: The responsibilities and limits on the actions of private organizations and local support services groups (i.e. hospitals, doctors, and rescue squads) are delineated in the agreement appended to the Radiological Emergency Response Plan (OERP).

- 5.1.6 In the case of severe injury, or life-safety, first aid **and** medical treatment take precedence over personnel decontamination. In general, the order of medical treatment will be:
 - 1. Care of severe physical injuries
 - 2. Personnel decontamination
 - 3. First aid to other injuries
 - 4. Ambulance service (if necessary)
 - 5. Definitive medical treatment and subsequent therapy, as required
- 5.1.7 Under no circumstances should information concerning personnel injury or fatality be **released** outside the Duke Energy organization until the immediate family has been **notified** by senior site supervision, or corporate management.
- 5.1.8 Attachment 5, Patient Radiation & Medical Status, Attachment 3, Radiological Control Assistance to the Hospital Staff upon Arrival, and Attachment 7, Medical Incident Report, should be forwarded to Emergency Preparedness Supervisor for **review** and for **submittal** to Document Services for retention as a QA Record.

5.1 General

5.1.9 If necessary, helicopter landing zones are identified to assist with evacuation or mobilization of personnel. If a request is made for helicopter assistance, notify site security immediately and the BrunswickCounty 911 Center. Numbers are located in EPL-001. The helicopter landing zones are:

- 1. BNP TAC Parking Lot: 33° 57' 19" N, 78° 00' 36" W
- 2. BNP Contractor Parking Lot: 33° 57' 28" N, 78° 00' 49" W
- 3. South Brunswick High School: 34° 00' 30" N, 78° 02' 58" W
- 4. Brunswick County Airport: 33° 55' 47" N, 78° 04' 29" W
- 5. Brunswick County EOC: 34° 03' 15" N, 78° 09' 54" W

Status of Emergency Response Facilities	Refer to Page
Emergency Response Facilities are Not Activated	Page 10, Section 5.2
Emergency Response Facilities are Activated	Page 12, Section 5.3

5.2 Coordination of Response From the Control Room & Security Alarm Stations

- 5.2.1 Concurrently **enter** all applicable attachments.
- 5.2.2 Upon **notification** of a first aid or medical emergency request, the Control Room will **notify** the Security Alarm Station, who will control all portions of the medical response.
- 5.2.3 The Security Alarm Station will dispatch at least one Medical Responder via Security radio or the most effective communication method available.
- 5.2.4 The Security Alarm Station will **establish** communications with the on-scene Medical Responder **and monitor** activities.
- 5.2.5 **Document** status of the medical emergency **and if** the individual(s) needs offsite medical treatment, **then record** the necessary information on Attachment 6 Medical Transport Form.
- 5.2.6 **If** the victim is contaminated, or has the potential to be contaminated **then notify** Radiological Control Personnel for radiological monitoring and decontamination of the Patient(s).
- 5.2.7 **If** offsite transport/assistance is **requested** by the on scene medical responder, **then notify** Brunswick County (BC) 911 Center for assistance.
- 5.2.8 When communicating with the Brunswick County 911 dispatcher, provide information on Attachment 6, Medical Transport Form.

5.2 Coordination of Response From the Control Room & Security Alarm Stations

- 5.2.9 **If** the transported patient(s) are contaminated, **or** potentially contaminated, **then** contact Radiation Protection to **dispatch at least** one Radiological Control person to the receiving hospital to **provide** assistance in accordance with Attachment 2, Radiological Controls Preparation for Arrival of Contaminated Patient at the Hospital. Designate another Radiological Controls technician(s) to accompany the victim(s), if RC resources are available or are not needed to maintain minimum shift staffing and /or support site needs.
- 5.2.10 Patient Supervision, Control Room Supervision, **or** as delegated, **shall** expedite the notification of patient status to immediate family members, particularly in severe injury cases, including the name of the receiving hospital.
- 5.2.11 **Notify** the Site Safety Representative **and** appropriate plant management.
- 5.2.12 **Refer** to OOI-01.07, Notifications, Attachment 1, for Reportability Evaluation Checklists.

5.3 Cordination of Response From the TSC & OSC

NOTE: MERT response will be dispatched immediately without going through the mission authorization process, and radiological controls personnel will be provided if needed. Accountability will be maintained via the Security Alarm Station. However, a Mission Authorization Form should be completed at the earliest convenience in order to ensure proper accountability, and documentation.

NOTE: The Control Room, TSC and OSC should enter this Section concurrently.

- 5.3.1 Concurrently **enter** all applicable attachments.
- 5.3.2 Upon **notification** of a first aid or medical emergency request, the Control Room or Security Alarm Station will **notify** the TSC to have at least one Medical Responder dispatched from the OSC.
- 5.3.3 The Security Alarm Station will be **notified** for accountability purposes.
- 5.3.4 If it is necessary to alert the MERT responder of a Medical Emergency, **then** the Security Alarm Station will **initiate** communications via Security radio or the most effective communication method available.

NOTE: If necessary the Control Room may defer all communications to the OSC Operations Coordinator.

- 5.3.5 Security Alarm Station will **establish** communications with the on-scene Medical Responder. They will **monitor** activities **and act** as a liaison between the medical responders and the TSC.
- 5.3.6 The TSC POD will **ensure** documentation of the status of the medical emergency. If the individual(s) needs offsite medical treatment, **then ensure** the necessary information is **recorded** on Attachment 6, Medical Transport Form.
- 5.3.7 If the victim is contaminated, or has the potential to be contaminated, the TSC Radiation Controls Director will **notify** E&RC Coordinator to **dispatch** Radiological Controls Personnel for radiological monitoring **and** decontamination of the patient(s).

5.3 Cordination of Response From the TSC & OSC

- 5.3.8 If offsite transport/assistance is **requested** by the on scene medical responder, the Communications Director will then **notify** Brunswick County (BC) 911 Center for assistance.
- 5.3.9 When communicating with the Brunswick County 911 dispatcher, **provide** information on Attachment 6, Medical Transport Form.
- 5.3.10 **Notify** the Security Director of the request for off-site assistance **and provide** the location where the emergency response vehicle is directed to respond (including RCA gate entry).
- 5.3.11 If the transported patient(s) are contaminated, or potentially contaminated, **then contact** the TSC Radiation Controls Director to have the E&RC Coordinator **dispatch at least** one Radiological Control person to the receiving hospital to provide assistance. Designate another Radiological Controls technician(s) to accompany the victim(s) if RC resources are available or are not needed to maintain minimum shift staffing and /or support site needs.
- 5.3.12 The TSC SEC, Patient Supervision, or as delegated, shall expedite **notification** of patient status to immediate family members, particularly in severe injury cases, including the name of the receiving hospital.
- 5.3.13 **Notify** the Site Safety Representative and appropriate plant management.
- 5.3.14 **Refer** to OOI-01.07 Notifications, Attachment 1, for Reportability Evaluation Checklist.

5.4 Medical Responder Actions

NOTE: Steps 5.4.1 and 5.4.2 are interchangeable and can be done in any order.

5.4.1 **Communicate** with the controlling facility **and report** as much of the following data as possible, as time permits.

- Number of injured personnel
- Nature and severity of injuries
- Locations of injured personnel
- Radiological conditions (contaminated or potentially contaminated, over exposure)
- Any special medical needs
- Injured persons' names, or badge number
- Cause of injuries

5.4.2 **Administer** lifesaving first aid **and** treatment of severe injuries consistent with qualifications. Such actions take precedence over decontamination procedures.

5.4.3 Use radiological protective clothing whenever practical. Do not delay emergency lifesaving care if radiological protective clothing is not readily available.

5.4.4 **Move** patient away from areas of high radiation exposure or contamination if possible. Do not delay emergency lifesaving care if extraction procedures will be delayed.

5.4.5 **Prepare** patient for transport, **if** needed. See Attachment 1, Preparation for Transport of a Contaminated, Injured Patient.

5.4.6 **Provide** pertinent medical information to the Emergency Medical Personnel providing transportation of the patient.

5.4.7 **If** the defibrillator has been used, refer to Attachment 9, Instructions for Downloading Defibrillator Information.

5.4.8 **Complete** applicable portions of OPEP-34.2.2, First Aid Supplies and Rescue Equipment Inspection/Inventory.

5.5 Radiological Control Personnel Actions

- 5.5.1 **Respond** to all medical emergencies where radiation or contamination may be of concern.
- 5.5.2 **Provide** attending personnel with dosimetry (i.e. TLDs or dosimeters), when necessary.
- 5.5.3 **Monitor** Patient(s) for radioactive contamination, and exposure. Do not delay emergency medical care in order to survey Patient(s) for contamination.
- 5.5.4 **Complete** Attachment 5, Patient Radiation and Medical Status form, as time and resources permit. This information should **accompany** the patient and be **communicated** to receiving medical personnel.
- 5.5.5 **Assess** radiation exposure of injured patient and **communicate** excessive exposures to EMS and/or attending physician(s). **Document** excessive exposures on Attachment 5, Patient Radiation Medical Status.
- 5.5.6 **Take** steps necessary to confine the spread of contamination as much as possible.
 - 5.5.6.1 **Advise** first responders how to remove contaminated clothing from the patient, if possible (removal of clothing usually eliminates a large percentage of the individual's contamination).
 - 5.5.6.2 **Assist** in preparing the patient for transport, if needed. See Attachment 1, Preparation for Transport of a Contaminated Injured Patient.
- 5.5.7 **Submit** Attachment 3, Radiological Control Assistance to the Hospital Staff upon Arrival, and Attachment 5, Patient Radiation & Medical Status, to Emergency Preparedness for review and submittal to Document Services for retention

NOTE: A minimum of one Radiological Control person should be dispatched to the receiving medical facility immediately following the decision to transport a contaminated or potentially contaminated patient. This individual is to offer assistance to medical facility staff and provide a liaison for plant/facility communications, in accordance with Attachment 2, Radiological Controls Preparation for Arrival of Contaminated Personnel at the Hospital, and Attachment 3, Radiological Control Assistance to the Hospital Staff upon Arrival.

5.6 Medical Response Reporting

5.6.1 The Security Alarm Station or the Primary Medical Responder shall **perform** the following:

NOTE: HIPPA laws should be observed and information on Attachment 7, Medical Incident Report, should be kept confidential.

- 5.6.1.1 **Complete** Attachment 7, Medical Incident Report, and **forward** copies to the BNP Safety Representative and Emergency Preparedness.
- 5.6.1.2 **If** the patient refuses treatment/transport, **then ensure** a note to that effect is entered on Attachment 7, Medical Incident Report.
- 5.6.1.3 The BNP Safety Representative will **review** Attachment 7, Medical Incident Report, for accuracy and completeness and will retain the report for a minimum period of one year.
- 5.6.1.4 **Notify** Emergency Preparedness Supervision for determination of courtesy notification to the appropriate agencies.

NOTE: Completion of the Nuclear Condition Report (NCR) in Step 5.6.1.5 should not include personal information, such as name, badge number, or medical history, for purposes of patient confidentiality.

- 5.6.1.5 **Ensure** a Nuclear Condition Report (NCR) is written in accordance with AD-PI-ALL-0100, Corrective Action Program. The NCR is used for trending purposes only and should include the following information:
 - What happened?
 - Type of injury.
 - Compensatory actions taken to avoid the same incident.
 - If transport was required, and to what facility.

6.0 RECORDS

Documentation generated from implementing this procedure should be forwarded to Emergency Preparedness Supervision for submittal to Document Services for retention as a QA record.

7.0 ATTACHMENTS

- 7.1 Attachment 1- Preparation for Transport of a Contaminated Injured Patient
- 7.2 Attachment 2- Radiological Controls Preparation for Arrival of Contaminated Patient at the Hospital
- 7.3 Attachment 3- Radiological Control Assistance to the Hospital Staff upon Arrival
- 7.4 Attachment 4- Doshier Memorial Hospital Emergency Room Floor Plan
- 7.5 Attachment 5- Patient Radiation & Medical Status
- 7.6 Attachment 6- Medical Transport Form
- 7.7 Attachment 7- Medical Incident Report
- 7.8 Attachment 8- Decontamination & Restoration
- 7.9 Attachment 9- Instructions for Downloading Defibrillator Information

ATTACHMENT 1

Page 1 of 1

Preparation for Transport of a Contaminated Injured Patient

NOTE: Collect and read the victim's TLD as soon as possible.

1. **Ensure** the patient(s) and attending personnel have dosimetry necessary for transport.
2. **Spread** open blankets or sheets over the stretcher.
3. **Place** the patient on the stretcher wrapping the patient in the blankets/sheets to contain the spread of contamination. **If** the victim is wet, **then** take actions as necessary to **minimize** the spread of contamination.
4. BNP medical care providers will **provide** medical care status to the receiving offsite medical personnel. This is to include:
 - Nature and extent of injuries
 - First aid measures taken
 - Patient's current condition
5. **If** time permits, **then provide** a completed Attachment 5, Patient Radiation and Medical Status form, for transport with the patient. (This form may be completed by the radiological control personnel when in route to the offsite medical facility.)

ATTACHMENT 2

Page 1 of 1

Radiological Controls Preparation for Arrival of Contaminated Patient at the Hospital

NOTE: Attachment 4, Doshier Memorial Hospital Emergency Room Floor Plan, provides an overview of the emergency room area. Personnel assisting at New Hanover Regional Medical Center should contact the "Charge Nurse" for assistance locating the radiological emergency kits and layout of the emergency room for receipt of a contaminated patient.

1. **Obtain** the hospital radiological emergency kits and procedures OPEP-03.9.3, First Aid, Medical Care, and Transport of Injured Personnel, and AD-RP-ALL 2009, Personnel Contamination Monitoring, Decontamination, and Reporting.
2. **Record** background radiation levels in the area prior to the patient's arrival.
3. **Identify, rope off, and post** the area of the hospital that will be considered a potential radiological hazard.
4. **Cover** the floor along the route to be taken by the patient from the ambulance to the designated hospital treatment area.

NOTE: The transport vehicle, gurney, hospital entrance, and hallways used during the movement of the patient into the hospitals designated treatment area should be posted and restricted from other use until released clean by Radiological Controls personnel

5. **Verify or establish** a control point and ensure the area is adequately protected and guarded from inadvertent access by unauthorized personnel.
6. **Ensure** waste containers are properly setup for radiological waste.
7. Have a clean hospital stretcher/gurney **prepared** for patient's transfer.
8. As time permits, **assist** hospital personnel in donning anti-C's and dosimetry.
9. **Inform** the BNP Control Room or TSC of the arrival of the transport vehicle at the medical facility and **request** any additional assistance as needed.

ATTACHMENT 3

Page 1 of 3

Radiological Control Assistance to the Hospital Staff upon Arrival

NOTE: Radiological Controls personnel are provided to the hospital for technical expertise and assistance in the area of contamination control. Duke Energy personnel have no standing authorities (offsite) and at no time should hinder the physician or medical staff in the performance of their duties.

NOTE: 4, Doshier Memorial Hospital Emergency Room Floor Plan provides an overview of the emergency room area. Personnel assisting at New Hanover Regional Medical Center should contact the "Charge Nurse" for assistance locating the emergency kits, and layout of the radiological emergency room for receipt of a contaminated patient.

1. Radiological Control Personnel accompanying the patient are responsible for radiation protection of hospital personnel **and** equipment during the treatment of the patient.
2. **Assist** the medical staff **and provide** recommendations, with regard to patient contamination, radiological monitoring and decontamination in accordance with AD-RP-ALL-2009, Personnel Contamination Monitoring, Decontamination, and Reporting.
3. Upon arrival, the Radiological Control Personnel attending the patient will **inform** the attending physician of the victim's radiological status **and** any radiological hazards that may be encountered during treatment.
4. **Direct** personnel involved with transport of the patient to remain within the radiological controlled area until radiologically cleared.
5. **Monitor** medical specimens for contamination, as required.
6. **Provide** periodic patient monitoring **and maintain** physician awareness of the status of decontamination efforts.
7. **Maintain** a record of personnel entering the radiological control area using the log provided on page 3 of 3 of this attachment.
8. **Maintain** control of equipment entering **or** exiting the radiological controlled area.
9. **Minimize** personnel traffic in and out of the radiological controlled area and provide for the radiological protection of those personnel.

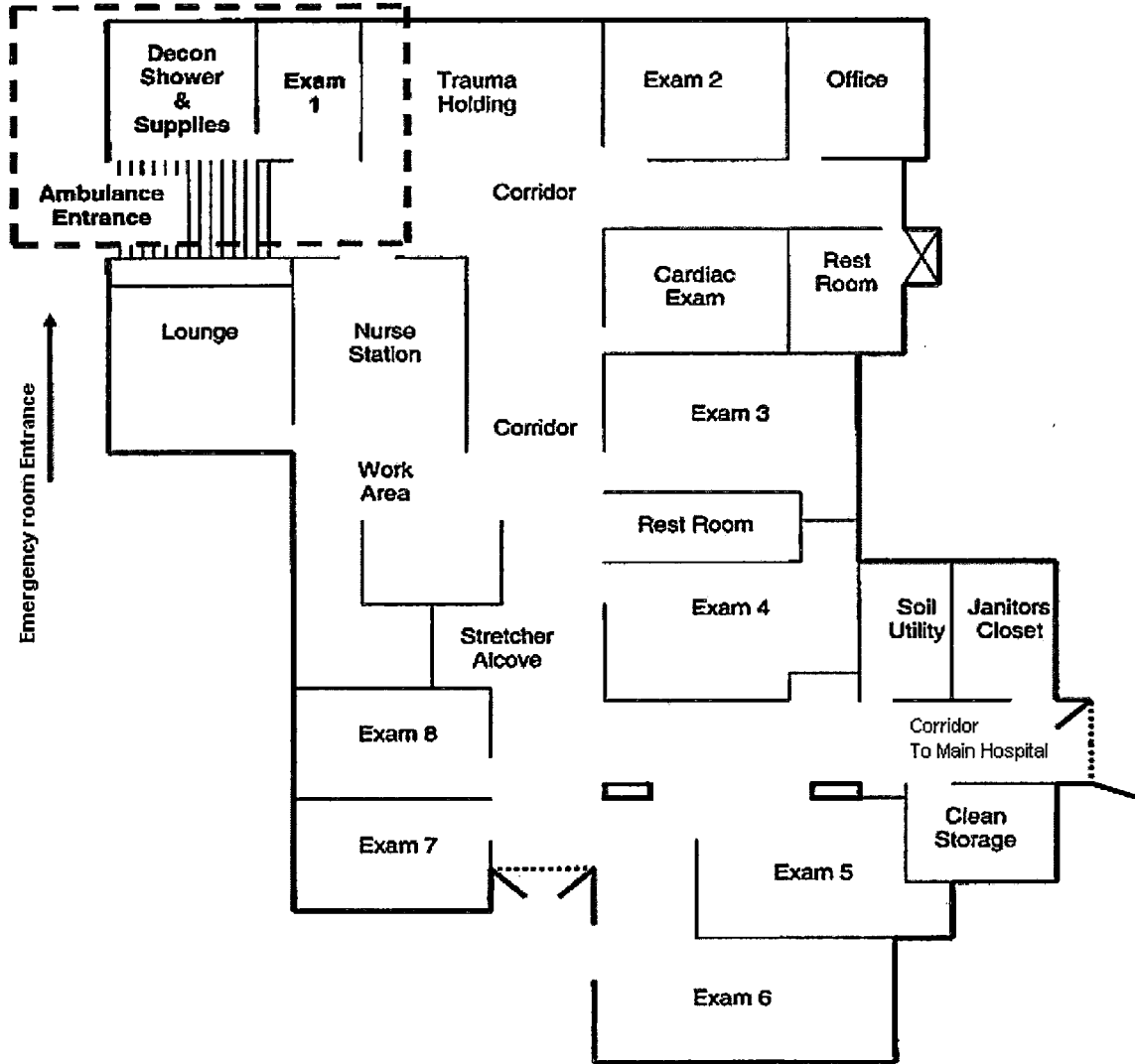
ATTACHMENT 3

Page 2 of 3

Radiological Control Assistance to the Hospital Staff upon Arrival

10. **Minimize** movement of the patient until complete decontamination has been accomplished. **If** movement is required, **then** radiological control measures shall be taken.
11. When moving a decontaminated patient out of a controlled area, **transfer** the patient to a clean stretcher.
12. **Decontamination and release** of the emergency vehicle, **and** the areas no longer required to be radiologically controlled, should be expedited to the extent possible. **Request** additional site assistance, if necessary. **Refer** to Attachment 8, Decontamination & Restoration.
13. **Forward** all copies of page 3 of Attachment 3 to Emergency Preparedness for review and submittal to Document Services for retention as a QA record.

ATTACHMENT 4
Page 1 of 1
Doshier Memorial Hospital Emergency Room Floor Plan



ATTACHMENT 5
Page 1 of 2
Patient Radiation & Medical Status

NAME OF PATIENT: _____ Incident Date and Time _____

SUMMARY DESCRIPTION OF INCIDENT: _____

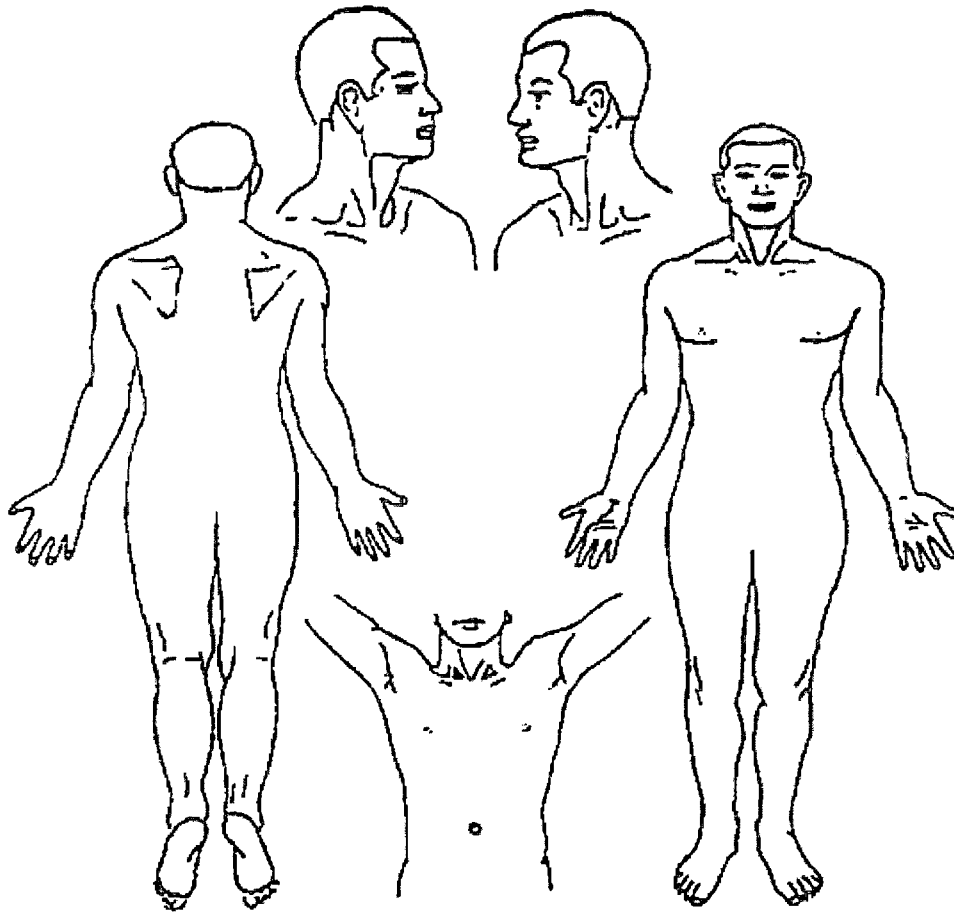
TYPE OF EXPOSURE/INJURY			
WOUNDS	EXTERNAL EXPOSURE	SKIN CONTAMINATION	INTERNAL CONTAMINATION
Yes/No	Yes/No	Yes/No	Yes/No
Where? - Indicate overleaf How serious? _____ _____	Where? Whole body local _____ _____	Where: (Indicate Att. 5 page 2) How much: (Indicate meter readings Att. 5 page 2) What: _____	Now Y/N Wounds/ingestion/inhale How much: _____ _____
General condition? _____ _____	How much? _____ Rem (likely/possible) Type β γ N	Mixed fission products Y/N Other (describe): _____ _____	What: Mixed fission products Y/N Other (describe): _____ _____

MEASURES TAKEN			
TIME _____ First aid: _____ _____	Time _____ Symptoms: Nausea Y/N Vomiting Y/N Skin erythema Y/N Other: _____ _____	Time _____ Decon Techniques: _____ _____	Time _____ Nasal sample taken Y/N _____ _____
Vomiting Y/N Medical: _____ _____	Symptomatic treatment: _____ _____	Effect: (Indicate deconned areas on Att. 5 page 2)	Decon of orifices Y/N Where: _____ How _____
Wound deconned Y/N _____ _____	Blood samples taken Y/N Badge taken Y/N	Residual contamination at time of transfer Y/N Describe _____ _____ _____	Decon fluids kept Y/N _____ _____
How: _____ _____	Neutron Irradiation Only: Ring taken Y/N Buttons taken Y/N Hair taken Y/N Nail clippings taken Y/N		Other samples taken: Urine Y/N Feces Y/N Other _____
Resulting effect: _____ _____			

*****QA Record-Forward to Emergency Preparedness for retention**

ATTACHMENT 5
Page 2 of 2
Patient Radiation & Medical Status

NOTE: Indicate location of the wounds, contaminated areas, and degree of contamination and level of effort to decontaminate the areas.



Distance of probe to skin: _____ inches.
Meter Serial # _____
Completed by _____

Type of Meter Used _____
Meter Cal Due Date _____
Date _____

*****QA Record-Forward to Emergency Preparedness for retention**

ATTACHMENT 6
Page 1 of 1
Medical Transport Form

1. IMPORTANT INFORMATION FOR OFF-SITE ASSISTANCE

(The information below helps ensure proper ambulance dispatch and is not required.
The information is obtained from the original caller or the medical responder)

- a. Chief Complaint/Mechanism of injury _____
- b. Number of non contaminated personnel to be transported _____
- c. Number of contaminated personnel to be transported _____
- d. Location at which the emergency response vehicle(s) is directed to respond _____
- e. Time of Request (911 dispatch call) _____

2. FOLLOW UP INFORMATION

(The information below is for documentation purposes only and is not required for record keeping. The information can be received from various personnel and does not need to be obtained prior to transport.)

Name(s) of Injured/Transported

Name	Badge Number

- a. Time of Departure _____
- b. Receiving Hospital (DMH or NHRMC) _____
- c. Family Notified (time) _____
- d. Notified Site Safety Representative (time) _____
- e. Notified Patient Supervision (time) _____

Route report to Site Safety Representative for review and retention

ATTACHMENT 7
Page 1 of 1
Medical Incident Report

Date Incident Occurred: ___ / ___ / ___ NCR Number _____

Name of Patient: _____ Badge #: _____

Sex: ___ M ___ F DOB: ___ / ___ / ___ Age: _____

Chief Complaint: _____

Present Illness/Mechanism of Injury: _____

Signs and Symptoms (Include pertinent negatives): _____

Known Allergies: _____

Current Medications: _____

Pertinent Past Medical History: _____

Last Oral Intake: _____

Events Leading to Illness/Injury: _____

Vital Signs:

Time	Pulse Rate	B.P.	Resp. Rate	Blood Sugar	Pulse Oximetry

Treatment Given/Withheld: _____

Medical Responder Comments: _____

Patient Signature (completed if patient refused care) Date

Care Provider Signature Print

Route report to Site Safety Representative for review and retention

ATTACHMENT 8
Page 1 of 1
Decontamination & Restoration

NOTE: Radiological Control personnel shall maintain control of and physically attend all radioactive material while at the hospital and during transport back to the Brunswick Nuclear Plant.

NOTE: All surveys will be generated by the BNP site personnel.

1. After the patient has been decontaminated and removed from the radiological controlled area, **perform** the following:
 - **Collect** all Duke Energy dosimetry and applicable records.
 - **Perform** decontamination of the medical facility and equipment.
2. **Collect** all contaminated materials/waste **and** arrange for packaging **and** transport to BNP.
3. Prior to transport of contaminated materials, **contact** the Radwaste Shipping Supervisor for further instructions.
4. **Notify** the medical facility staff when the radiological controlled area **and** equipment are available for acceptance and release back to the hospital.
5. **Provide** a copy of the survey results to the hospital.
6. **Notify** the Control Room or TSC that the decontamination of the facility is complete (based on survey results) **and** the medical facility is available for re-population by the hospital staff and hospital acceptance of the facility.
7. **Collect** all Duke Energy equipment for return to BNP.
8. **Inventory** all Duke Energy emergency kits at the medical facility **and** restore to required inventory levels per OPEP-04.6, Radiological Emergency Kit Inventories.
9. **Route** completed OPEP-04.6 Radiological Emergency Kit Inventories to Emergency Preparedness.
10. **Return** dosimetry **and** survey results to Radiological Control Supervision.
11. **Route** completed Attachments 3, 5, and 7 to Emergency Preparedness for review and submittal to Document Services for retention.

Instructions for Downloading Defibrillator Information

Note: The Defibrillator software is located on the laptop computer in the O&M Building first aid room.

- Log into the computer
- Refer to Zoll RescueNet User Guide For Download Instructions.

REVISION SUMMARY

Revision 14 addresses changes to the Medical Response responsibilities from Operations to the Security group per PRR 2086453 and 2077250. Other editorial changes are made to address superseded procedures and company name changes from Progress Energy to Duke Energy. Revised by B. Blanke/Fred Litten

- Corrected the Table of Contents to match the body and attachments of the procedure (PRR 586447)
- Step 2.2.2 changed superseded HPS-NGGC-0013 to AD-RP-ALL-2009.
- Section 2.0 deleted old reference FRM-SUBS-00952, AED Use Reporting Form
- Section 4.1 replaced Fire Brigade Members with Medical Emergency Response Team (MERT) in the title and Steps 4.1.1 and 4.1.2
- Section 4.7 replaced Shift Incident Commander (SIC) with Site Security in the title and Step 4.7.1
- Changed "Progress" to "Duke" in Steps 5.1.7, Attachment 3 Note, Attachment 8 Step 1 first bullet and Steps 7 and 8, and cover page (PRR 1940233 and 1990359)
- Changed the title of Section 5.2 from "EMERGENCY RESPONSE FACILITIES ARE NOT ACTIVATED" to "Coordination of Response From the Control Room & Security Alarm Stations" and changed Step 5.2.2 from "SIC and dispatch at least one Medical Responder via the most effective communication method available" to "Security Alarm Station, who will control all portions of the medical response". Deleted old Step 5.2.3 and Example message for control room activating the fire alarm and making PA announcement (satisfies PRR 595203 and 756029). Added new Step 5.2.3 and modified Step 5.2.4 to transfer responsibility for notification and monitoring from the Control Room staff to Security Alarm Station personnel. Removed reference to SIC in Steps 5.2.4 and 5.2.7 and deleted old Step 5.2.9 about the control room notifying Security.
- Section 5.3 changed the title from "EMERGENCY RESPONSE FACILITIES ARE ACTIVATED" to "Coordination of Response From the TSC & OSC" to match the Table Of Contents. Changed "Fire Brigade" to "MERT" and "Shift Incident Commander" to "Security Alarm Station" in the note at Step 5.3.1. Modified Steps 5.3.2, 5.3.3, 5.3.4, 5.3.5 and 5.3.8 transferring responsibility for MERT from the Control Room for notifications and SIC and Fire brigade as responders to Security Alarm Station and deleted the example message for control room notifications and PA usage.
- Step 5.4.7 deleted "to submit to the corporate medical officer for review, in accordance with FRM-SUBS-00952, AED Use Reporting Form." from the step dealing with defibrillator use.

REVISION SUMMARY

- Section 5.6 Step 5.6.1 changed "attending Shift Incident Commander" to "Security Alarm Station" for response reporting.
- Corrected superseded CAP-NGGC-200 to AD-PI-0100 in Step 5.6.1.5. and changed superseded HPS-NGGC-0013 to AD-RP-ALL-2009 in Step 1 of Attachment 2 and Step 2 of Attachment 3
- Deleted "Note" from the statement at the bottom of Attachment 3 page 3 of 3 (PRR 756116)
- Modified Attachment 9 to correct the location of Defibrillator software and computer from Control Room to O&M building first aid room and replaced the steps to access the software with "Refer to Zoll RescueNet user Guide for download instructions"