

NRC Effect of Nuc. Reactor Reg.

"TEMPORARY CHANGE"

AP 1001

Figure 1001 - 5

Three Mile Island Nuclear Station
Temporary Change Notice (TCN)

SIDE 1

TCN NO. 2/82-333
(From TCN Log Index)

Unit No. II

Date 8/9/82

NOTE: Instructions and guidelines in AP 1001 must be followed when completing this form.

1. Procedure 1054.16 Contaminated Injuries/Radiation Overexposure
No. Title

2. Change (Include page numbers, paragraph numbers, and exact wording of change.)
See attached copies of pages 1.0 & 2.0 and additional 3 pages

3. Reason for Change:
To coordinate activities between Unit 2 Control Room and the Command Center if an individual becomes ill or injured in the Reactor Bldg.

4. Recommended by J.L. White 8/9/82 5. X [Signature] 8/9/82
Date Supervisor's Signature Date

6. Duration of TCN - No longer than ninety days from effective date of TCN or as in (a) or (b) below whichever occurs first.

(a) TCN will be cancelled by a procedure revision issued as a result of a Procedure Change Request to be submitted by C.J. Ciangi (Submit PCR as soon as possible)

(b) TCN is not valid after _____ (fill in circumstances which will result in TCN being cancelled)

- 7. (a) Is the procedure on the Nuclear Safety Related Procedure List? (Sec. AP 1001 - Appendix B) If "Yes", complete Nuclear Safety Evaluation. (Side 2 of this Form) Yes No
- (b) Is the procedure on the Environmental Impact Procedure List? (Sec. AP 1001 - Appendix B) If "Yes", complete Environmental Evaluation. (Side 2 of this Form) Yes No
- (c) Does the change effect the intent of the original procedure? Yes No

NOTE: If all answers are "no" the change may be approved by the Shift Supervisor. If question (c) is answered "yes", the change must be reviewed by the PORC and approval by the Station/Unit Superintendent prior to implementation. If the answer to question (c) is "no" the change may be approved by two members of the plant management staff at least one of whom holds a senior reactor operators license on the unit affected in accordance with paragraph 3.6.4.2 of AP 1001.

8. Review and Approval

Block (c) "yes"

Approved _____ Date _____
Shift Supervisor/Foreman

Reviewed _____ Date _____

Members _____

Of PORC _____

Contacted _____ Date _____
PORC Members

Approved _____ Date _____
Unit Superintendent

Block (c) "no"

Approved [Signature] 8/9/82
SRO License Date

Reviewed _____ Date _____
Member Plant Mrg. Staff

Reviewed [Signature] 8/9/82
Chairman of PORC Date

Approved [Signature] 8/9/82
Unit Superintendent Date

NOTE: The block (c) "Yes" review and approval chain may be followed at anytime.

9. Approval
Manager, Generation Quality Assurance _____
CF 8208200015 820816
CF ADOCK 05000320

NOTE: M.G.Q.A. approval required only on certain Administrative Procedures listed in Enclosure 7 of AP 1001

10. TCN is Cancelled _____ Date _____
Shift Supervisor/Shift Foreman

8209160025 820826
PDR ADOCK 05000320
PDR

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4. Recommended by J.L. Whitt 8/9/82 5. X [Signature] 8/9/82
Date Supervisor's Signature Date

6. Duration of TCN - No longer than ninety days from effective date of TCN or as in (a) or (b) below whichever occurs first.
(a) TCN will be cancelled by a procedure revision issued as a result of a Procedure Change Request to be submitted by C.J. Ciangi (Submit PCR as soon as possible)
Supervisor Submitting TCN
(b) TCN is not valid after _____
(fill in circumstances which will result in TCN being cancelled)

7. (a) Is the procedure on the Nuclear Safety Related Procedure List? (Sec. AP 1001 - Appendix B)
If "Yes", complete Nuclear Safety Evaluation. (Side 2 of this Form) Yes No
(b) Is the procedure on the Environmental Impact Procedure List? (Sec. AP 1001 - Appendix B)
If "Yes", complete Environmental Evaluation. (Side 2 of this Form) Yes No
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NOTE: If all answers are "no" the change may be approved by the Shift Supervisor. If question (c) is answered "yes", the change must be reviewed by the PORC and approval by the Station/Unit Superintendent prior to implementation. If the answer to question (c) is "no" the change may be approved by two members of the plant management staff at least one of whom holds a senior reactor operators license on the unit affected in accordance with paragraph 3.6.4.2 of AP 1001.

8. Review and Approval
Block (c) "yes" Block (c) "no"
Approved _____ Approved [Signature] 8/9/82
Shift Supervisor/Foreman Date SRO License Date
Reviewed _____
Member Plant Mrg. Staff Date
Members _____
Of PORC _____ Reviewed [Signature] 8/9/82
Chairman of PORC Date
Contacted _____ Approved [Signature] 8/9/82
PORC Members Date Unit Superintendent Date
Approved _____
Unit Superintendent Date

NOTE: The block (c) "Yes" review and approval chain may be followed at anytime.

9. Approval
Manager, Generation Quality Assurance _____ Date _____

NOTE: M.G.Q.A. approval required only on certain Administrative Procedures listed in Enclosure 7 of AP 1001

10. TCN is Cancelled _____
Shift Supervisor/Shift Foreman Date

"EVALUATION"

AP-1001

Three Mile Island Nuclear Station

SIDE 2

Figure 1001-4

Nuclear Safety/Environmental Impact Evaluation

292-333

1. Procedure 1054.16 Contaminated Injuries/Radiation Overexposure
No. Title Temporary Change Notice No.

2. Nuclear Safety Evaluation

Does the attached procedure change:

- * (a) increase the probability of occurrence or the consequences of an accident or malfunction of equipment important to safety? yes no
- * (b) create the possibility for an accident or malfunction of a different type than any evaluated previously in the safety analysis report? yes no
- * (c) reduce the margin of safety as defined in the basis for any technical specification? yes no

Details of Evaluation (Explain why answers to above questions are "no". Attach additional pages if required.)

This change is to integrate entry supervision personnel into the EPIB provisions to provide better coordination and therefore has no effect on nuclear safety since the Control Room is still in ultimate control

Evaluation By J L White Date 8/9/82

3. Environmental Impact Evaluation

Does the attached procedure change:

- (a) possibly involve a significant environmental impact? yes no
(if 3(a) is "yes", answer questions (b) and (c) and fill in "Details of Evaluation" below.
If "no", state why by filling in the "Details of Evaluation" below) yes no
- * (b) have a significant adverse effect on the environment? yes no
- * (c) involve a significant environmental matter or question not previously reviewed and evaluated by the N.R.C. yes no

Details of Evaluation (Attach additional pages if required)

N/A

Evaluation By _____ Date _____

4. Unit Superintendent requests PORC review Check if YES.

5. Approval

Evaluation Accompanying PCR

Unit Superintendent Date

Evaluation Accompanying TCN

Approval W Marshall 8/9/82
SRO Licensee Date

Reviewed _____
Member of Plant Staff Date

Approval J L White 8/9/82
Unit Superintendent Date

NOTE The Evaluation "Accompanying a PCR" evaluation and approval chain may be followed at anytime.

THREE MILE ISLAND NUCLEAR STATION
UNIT 2 EMERGENCY PLAN IMPLEMENTING PROCEDURE 1054.16
CONTAMINATED INJURIES/RADIATION OVEREXPOSURE1.0 PURPOSE

To define the conditions where person(s) injured while working at Three Mile Island and exposed to ionizing radiation and/or contaminated with radioactive material in excess of guidelines, will be removed from site to Milton S. Hershey Medical Center (HMC), Hershey, PA. To further define the steps involved in notifying HMC to allow time for preparation of the Radiation Emergency Area (REA) to receive the injured person(s). To provide for several levels of treatment based on the severity of the injury(s) and the degree of exposure/contamination involved. The Radiological Controls Foreman/RAC or Shift Foreman are responsible for implementation of this procedure.

2.0 ATTACHMENTS

2.1 Attachment I - Checklist for Personnel Injury or Illness during Reactor Building entry.

3.0 EMERGENCY ACTION LEVELS

- 3.1 Person(s) are injured in a radiologically controlled area and have a contaminated injury that can be treated on-site and released.
- 3.2 Person(s) are injured in a radiologically controlled area and must be transported off-site for medical observation/treatment.
- 3.3 Person(s) are injured or ill and have radioactive contamination on their clothing or skin and must be transported off-site for medical observation/treatment.
- 3.4 Person(s) have received radiation dose in excess of 25 rem.

4.0 EMERGENCY ACTIONS

4.1 The Shift Foreman/Radiological Controls Foreman shall be notified immediately upon discovery of the injured personnel.

NOTE: The following steps may be performed concurrently.

Note: If an individual is found to be injured or ill inside the Reactor Building or Anteroom during a Reactor Building entry, perform steps listed on Attachment I as well as the steps listed below.

4.1.1 The Shift Foreman, upon notification of injured personnel, shall:

- a. Notify Site Medical Personnel at 8450. If Site Medical Personnel are unavailable, the Shift Foreman shall have first aid administered to the injured or ill personnel.
- b. Ensure that First Aid/medical personnel evaluate the injury, to determine the need of medical treatment beyond that provided by on-site personnel, and that Radiological Controls evaluate the radiological condition of the victim, and that both groups report their assessment back to him.
- c. If off-site medical assistance is required, the Shift Foreman (or his designee) will notify Dauphin Co. EOC by dialing 9-911 and repeat the following message: "THIS IS _____ AT TMI
NAME/TITLE
NUCLEAR STATION. WE REQUEST AN AMBULANCE AND MEDIC
TO REPORT TO TMI UNIT 2 SECURITY TRAILER. WE HAVE
PERSONNEL WITH THE FOLLOWING INJURIES: (BRIEF DE-
SCRIPTION OF INJURIES) REQUIRING MEDICAL ASSISTANCE."

Attachment I
CHECK LIST FOR
PERSONNEL INJURY OR ILLNESS
DURING REACTOR BLDG. ENTRY

When an injured or ill individual is found by entry personnel, the Command Center or the Control Room,

The Radiological Controls Foreman
1 shall:

1. Take charge in the Ante Room/staging area for ^{Radiological} 1 matters only.
2. ^{Request} 1 additional ^{Radiological Controls Assistance} 1 in the Ante Room, if required.
3. Provide recommendation for best use of available personnel from a radiological viewpoint.
4. Make preparations to receive and monitor contaminated personnel.

Safety/First Aid shall:

1. Maintain representation in the Command Center.
2. Provide ^{ASSISTANCE TO} rescue team as soon as practicable, AND DIRECT FIRST AID EFFORTS
3. Make recommendations on rescue action, evacuation, respirator removal, ^{as applicable} 1

The Shift Foreman/Emergency Director
shall:

1 Establish direct communications with the Command Center.

2 Muster the rescue and assistance team and stand by to assist.

The Person in charge at the
Command Center shall:

1. Request information on the condition of the individual
2. Notify other personnel in ^{the Reactor Building} 1, the Ante Room, Control Room, ^{Radiological Controls} the 1 Foreman and Safety/First Aid.
3. Secure all non essential work including ^{entry into Reactor Building} 1 by teams for purposes other than rescue or assistance.
4. Verify locations and stations of ALL entry personnel.

Command Center continued:

- 5. Direct Ante Room assistance team to enter, if required.
- 6. Insure communications have been established in key locations
 (1 ^{Reactor Building} ; Ante Room, Control Room, 1 ^{Radiological Controls} Foreman)
- 7. Based on Safety recommendations, render assistance with Ante Room team.
- 8. LOG ALL PERSONNEL AS THEY EXIT THE REACTOR BUILDING.
- Ante Room shall:
 - Personnel

- 1 Station one man at the intercom.
- 2 Prepare an assistance team ^{have them} to enter and stand by for instructions in the Airlock. Man ^{the phone} page, channel 1.
- 3 Secure any routine work.
- 4 Hold any team ^{that is} ready for entry in ^a stand by condition.
- 5 Remove excess equipment from Ante Room.

Entry Personnel shall:

- 1. Determine the condition of the individual and nature of injuries.
- 2. Inform the Command Center of these facts by fastest available means, ^{If the individual is conscious, question him/her concerning the extent of injuries}
 have one man in sight of CCTV camera, if possible. A status report should include:
 Name of individual, location, description of injury and condition, ^{if known}
 (conscious, unconscious, bleeding, breathing problems, electric shock, heat stress, able to walk, etc.)
- 3. Entry team leaders ^{should} report status and location of team members.
- 4. Await further instructions.

Entry Personnel shall: (continued)

- 5 If the individual is having difficulty in breathing or is unconscious, the respirator should be removed. Caution must be exercised in removing the respirator in order to avoid additional injury to the individual. If breathing difficulty is not evident, do not remove the respirator without permission from the Command Center.