ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TRANSMITTAL | FORM NO. 1013.02H

REV. # 20 PC #

Arkansas Nuclear One
Russellville, Arkansas
Date 8/17/84

MEMORANDUM

TO: 104-NRC Wash. RETURN TO: ARKANSAS NUCLEAR ONE
Document Control
Admin. Bldg. - 4th Floor

FROM: ANO DOCUMENT CONTROL

SUBJECT: ANO MASTER PLANT MANUAL UPDATE

PROCEDURE NUMBER 1903.35 REV. # 0 PC # _____ TC # _____

PROCEDURE TITLE ADMINISTRATION OF POTASSIUM IODIDE

PROCEDURE NUMBER 1903.42 REV. # 6 PC # _____ TC # _____

PROCEDURE TITLE DUTIES OF THE EMERGENCY MEDICAL TEAM

PROCEDURE NUMBER _____ REV. # _____ PC # _____ TC # _____

PROCEDURE TITLE _____

The following pages of the indicated procedure(s) contains items which involve personal privacy or proprietary material. PLEASE REMOVE THE INDICATED MATERIAL PRIOR TO DISTRIBUTION TO PUBLIC DOCUMENT ROOMS, ETC.

PROCEDURE(S)	PAGE(S)

SP-313

[ ] PROCEDURE (S) HAS BEEN PLACED IN YOUR SET OF THE PLANT MANUAL.

[X] PROCEDURE (S) SHOULD BE PLACED IN YOUR SET OF THE PLANT MANUAL.

SIGNATURE _____ DATE _____
UPDATED

X005
49

ATTENTION

THE ATTACHED PROCEDURE 1903.35 REV. 0 SHOULD BE PLACED IN ~~FRONT OF CURRENT PROCEDURE~~ your manual UNTIL EFFECTIVE DATE.

EFFECTIVE DATE 8-29-84

PLEASE DO NOT REMOVE ~~CURRENT REVISION~~ this page BEFORE EFFECTIVE DATE LISTED ABOVE.

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN IMPLEMENTING PROCEDURE

REV. # 12 PC # ✓

Safety Related YES ☑ NO ☐

ADMINISTRATION OF POTASSIUM IODIDE
1903.35 REV. 0

UN-Controlled Copy # 104

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APPROVED BY:

James M. Levine
(General Manager)

APPROVAL DATE
8/15/84

REQUIRED EFFECTIVE DATE:
8-29-84

1.0 PURPOSE

The purpose of this procedure is to provide guidance for the administration of potassium iodide (KI) to ANO and contractor employees who have been, or may be, exposed to airborne radioiodine concentrations which could result in a thyroid dose equal to or greater than 10 rads.

2.0 SCOPE

This procedure applies to all ANO and contractor employees prior to a planned exposure to radioiodine and after an accidental exposure.

3.0 REFERENCES

3.1 References used in preparation of this procedure:

3.1.1 NCRP 55, Protection of the Thyroid Gland in the Event of Releases of Radioiodine

3.1.2 IAEA Technical Report No. 152, Evaluation of Radiation Emergencies and Accidents

3.1.3 AP&L Management Directive ESD-83-11.

3.1.4 AP&L Memorandum, David Snellings to Tom Baker, NO-83-394, dated October 14, 1983

3.2 References used in implementation of this procedure:

3.2.1 Emergency Plan

3.2.2 Procedure 1903.60, "Emergency Supplies and Equipment"

3.2.3 Patient Package Insert for Thyro-Block™ (Potassium Iodide), Wallace Laboratories, dated October, 1979

3.2.4 Procedure 1622.015, "Bioassay Sampling Program"

3.2.5 Procedure 1609.003, "Use of Respiratory Equipment"

3.3 Related ANO procedures:

3.3.1 1000.31, "Radiation Protection Manual"

3.3.2 1000.33, "ANO ALARA Manual"

3.3.3 1903.42, "Duties of the Emergency Medical Team"

3.4 Regulatory correspondence containing NRC commitments which are implemented in this procedure:

None

4.0 DEFINITIONS

None

5.0 RESPONSIBILITIES

5.1 The Duty Emergency Coordinator/Emergency Coordinator is responsible for the overall control and implementation of this procedure.

5.2 The Health Physics Superintendent is responsible for assessing pre- and post-exposure dose, for assessing the need for the administration of KI and for advising the Duty Emergency Coordinator/Emergency Coordinator of the need for the use of KI.

5.3 The Medical Team Leader is responsible for the administration of KI to the appropriate individuals.

6.0 INITIATING CONDITIONS

The provisions of this procedure shall be invoked when either of the following conditions are met.

6.1 An individual, or individuals, is preparing to enter an area contaminated with airborne radioiodine and he is judged by the Health Physics Superintendent to be at a significant risk of incurring a thyroid dose of equal to or greater than 10 rads.

6.2 An individual, or individuals, has been accidentally exposed to airborne radioiodine and his (their) thyroid dose is expected to be equal to or greater than 10 rads.

NOTE:
To be most effective, KI must be administered prior to exposure to radioiodine. If, for any reason, initial KI administration is delayed for longer than 4 hours after exposure, only limited thyroid blocking will occur.

7.0 PROCEDURE

7.1 Using Attachments 1 and 2, the Health Physics Superintendent shall determine if the projected thyroid dose will be equal to or greater than 10 rads. Document the estimate on Form A. If the thyroid dose is projected to be less than 10 rads, proceed to Step 7.6.

NOTE:
If the thyroid dose is projected to be less than 10 rads, KI is not to be used.

7.2 If the projected thyroid dose is apparently greater than 10 rads but is not within the bounds of the Thyroid Dose Graph, Attachment 1, the projected dose may be calculated as follows:

$$\text{Dose in Rads} = 2.51 \times 10^{4} \times \left(\frac{Q}{PF}\right) \times \text{Time}$$

Where Q = airborne iodine concentration in µCi/cc
PF = respiratory equipment protection factor (Attachment 2)
Time = exposure time in minutes

If this calculation is made, the results shall be documented in Part A of Form A.

7.3 The Health Physics Superintendent shall notify the Duty Emergency Coordinator/Emergency Coordinator of the projected thyroid dose.

7.4 The Health Physics Superintendent should contact Millard-Henry Clinic (MHC) and inform the MHC physicians (preferably Dr. Teeter, Carter, or New) of the need to administer KI.

NOTE:
The Medical Staff of MHC has previously concurred with the administration of KI under specified conditions. This notification is for information purposes only, and administration of KI should not be delayed pending contact with MHC.

7.4.1 The Duty Emergency Coordinator/Emergency Coordinator shall document the Duty Emergency Coordinator/Emergency Coordinator's authorization for the administration of KI and the notification of the MHC physician in the Duty Emergency Coordinator/Emergency Coordinator's Log. If contact was not made earlier with a MHC physician, continue efforts to establish contact.

7.5 The Duty Emergency Coordinator/Emergency Coordinator shall instruct the Medical Team to report to the First Aid Room and prepare for KI administration.

7.5.1 The Health Physics Superintendent shall transfer a Form 1903.35A, with Part A completed for each individual to receive KI, to the First Aid Room when the Medical Team is activated for KI administration.

7.5.2 The Duty Emergency Coordinator/Emergency Coordinator shall instruct individuals who are to be offered KI to report to the First Aid Room.

7.5.3 The Medical Team Leader shall direct the individuals about to receive KI to read the Thyroid Blocking Agent Precautions Leaflet (Attachment 3).

7.5.4 The Medical Team Leader shall complete Part B of the Potassium Iodide Administration Form, Form A, for each individual.

7.5.5 After the individuals have read the precaution leaflet (Att. 3) and their Potassium Iodide Administration Form has been completed, they shall sign their Form A. The Medical Team Leader shall stress to the individuals that the taking of KI is voluntary. Prior to taking the KI, the Health Physics Superintendent shall advise the individuals of the projected thyroid dose, explain the protection offered by the KI, and discuss the potential biological effects of the projected thyroid dose following KI administration. If any individuals choose not to take the KI, the Medical Team Leader shall notify the Duty Emergency Coordinator/Emergency Coordinator and the Health Physics Superintendent. The Health Physics Superintendent shall advise them of the potential biological effects of the projected thyroid dose without KI protection. This action shall be noted on the individual's Form 1903.35A.

7.5.6 When each individual's Potassium Iodide Administration Form, Form 1903.35A, has been signed, each individual will be issued a KI tablet to be taken at that time.

7.5.7 Each exposed individual shall be instructed to return each morning for the next 4 consecutive days for an additional KI tablet. Daily administration of KI shall be documented on Form 1903.35B. The initials of the Medical Team member administering the KI and the date of administration shall be noted on the form in the space provided. This step should complete Part B of Form 1903.35A.

NOTE:
KI intake should continue for four days past the last radioiodine exposure. However, radioiodine exposure must be limited such that KI is taken for no more than 10 consecutive days.

7.6 Whole body counts shall be conducted in accordance with Health Physics Procedure 1622.015, "Bioassay Sampling Program", within the following guidelines:

7.6.1 Individuals Occupationally Exposed

For individuals preparing to enter a radioiodine-contaminated area and whose projected thyroid dose is expected to be equal to or greater than 10 rads, a whole body count should be performed prior to exposure (if practical). A whole body count should be performed post-exposure as soon as practical (it is suggested that a whole body count be performed within 48 hours). Additional whole body counts should be performed at the Health Physics Superintendent's discretion consistent with the requirements of Procedure 1622.015.

7.6.2 Individuals Accidentally Exposed

For individuals accidentally exposed to radioiodine, a whole body count should be performed as soon post-exposure as practical (it is suggested that a whole body count be performed within 48 hours). Additional whole body counts should be performed at the Health Physics Superintendent's discretion consistent with the requirements of Procedure 1622.015.

7.7 Additional bioassay (e.g. urinalysis and thyroid function studies) shall be performed if deemed necessary by either the MHC physician or the Health Physics Superintendent.

7.8 Forms 1903.35A and 1903.35B shall be forwarded according to the following instructions:

7.8.1 The Medical Team Leader shall turn over Forms 1903.35A and 1903.35B to the Health Physics Superintendent as they are completed.

7.8.2 The Health Physics Superintendent shall complete Part C of Form 1903.35A.

7.8.3 The Health Physics Superintendent shall assure that copies of Forms 1903.35A and 1903.35B are placed in the appropriate individual's Exposure File and that internal doses, as determined by Procedure 1622.015, "Bioassay Sampling Program", are calculated and documented in each individual's Exposure File.

7.8.4 After copies of the forms are sent to the individual's Exposure File, the Health Physics Superintendent shall forward completed forms to the Duty Emergency Coordinator/ Emergency Coordinator for retention.

8.0 ATTACHMENTS

8.1 Attachments

8.1.1 Attachment 1, "Thyroid Dose Graph"

8.1.2 Attachment 2, "Respiratory Equipment Protection Factors"

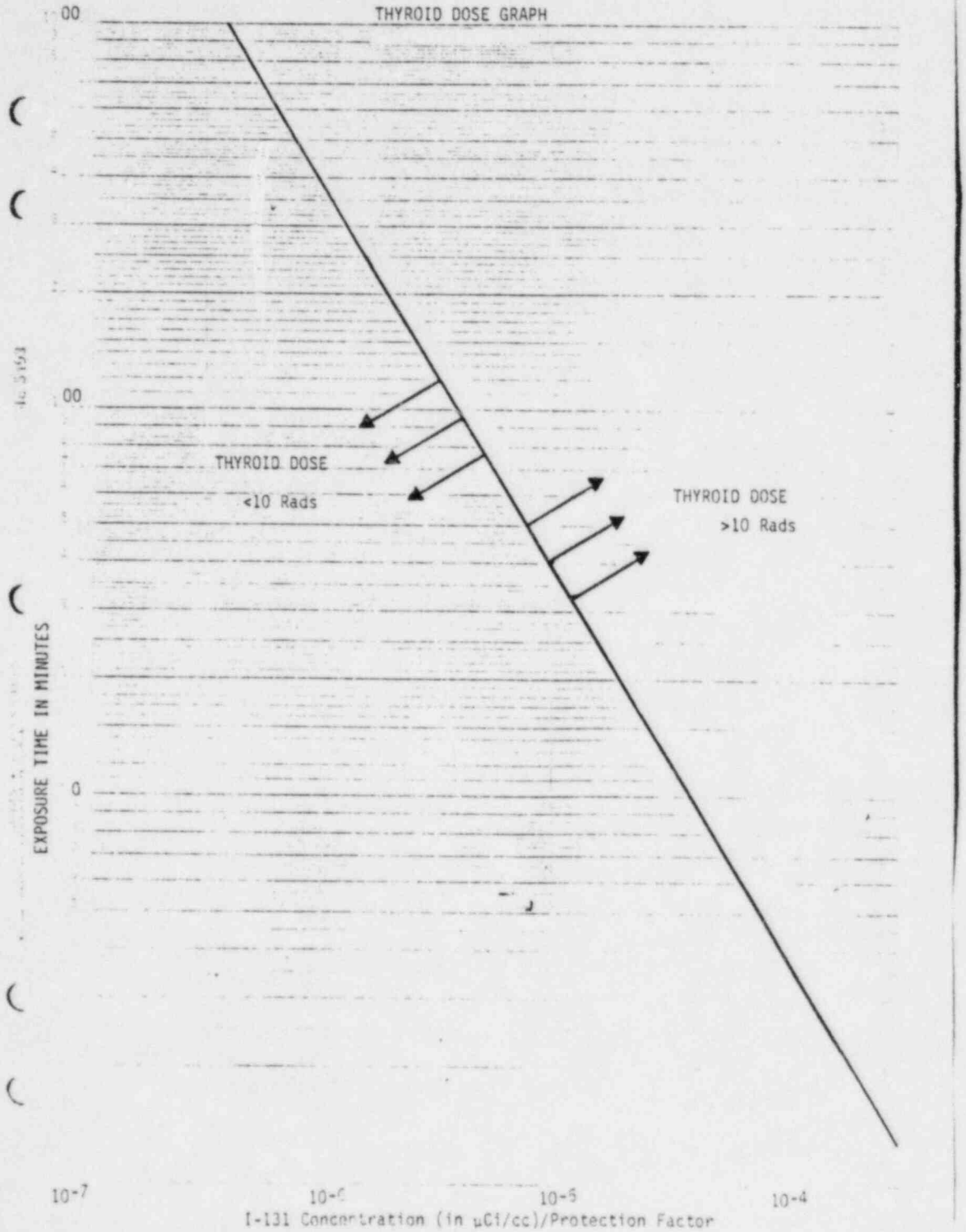
8.1.3 Attachment 3, "Potassium Iodide Precaution Leaflet"

8.2 Forms

8.2.1 Form 1903.35A - Potassium Iodide Administration Form

8.2.2 Form 1903.35B - KI Issue Record

ATTACHMENT 1



ATTACHMENT 2

RESPIRATORY EQUIPMENT PROTECTION FACTORS

Equipment	Gases, Vapors
Air Purifying Bearing NIOSH Approvals Series TC-21C	
1. Negative Pressure Full Facepiece (includes Duo-Flo in filter mode)	1
2. Positive Pressure Air Purifying Full Facepiece, Hood, Half Facepiece	1
Atmosphere Supplying Airline (including Duo-Flo in airline mode) Bearing NIOSH Approval Series TC-19C	
1. Full Facepiece	2,000
2. Half Facepiece	1,000
3. Suit	1
4. Hood	1,000
Atmosphere Supplying Self-Contained Breathing Apparatus Bearing NIOSH Approval Series TC-13F	
1. Pressure Demand Air Mask	10,000
2. Recirculating Pressure-Demand (Bio-Pak)	5,000

ATTACHMENT 3

Patient Package Insert For

THYRO-BLOCK™

(POTASSIUM IODIDE)
(pronounced poe-TASS-e-um EYE-oh-dyd
abbreviated: KI)
TABLETS and SOLUTION U.S.P.

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YOU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. *DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE.* (SEE SIDE EFFECTS BELOW.)

INDICATIONS

THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

DIRECTIONS FOR USE

Use only as directed by State or local public health authorities in the event of a radiation emergency.

DOSE

Tablets:	ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER: One (1) tablet once a day. Crush for small children. BABIES UNDER 1 YEAR OF AGE: One-half (1/2) tablet once a day. Crush first.
Solution:	ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER: Add 6 drops to one-half glass of liquid and drink each day. BABIES UNDER 1 YEAR OF AGE: Add 3 drops to a small amount of liquid once a day.

For all dosage forms: Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (59° to 86°F). Keep container tightly closed and protect from light. Do not use the solution if it appears brownish in the nozzle of the bottle.

WARNING

Potassium iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

DESCRIPTION

Each THYRO-BLOCK™ TABLET contains 130 mg of potassium iodide.

Each drop of THYRO-BLOCK™ SOLUTION contains 21 mg of potassium iodide.

ATTACHMENT 3

HOW POTASSIUM IODIDE WORKS

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill-up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

WHO SHOULD NOT TAKE POTASSIUM IODIDE

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

HOW AND WHEN TO TAKE POTASSIUM IODIDE

Potassium Iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amounts of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

SIDE EFFECTS

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

WHAT TO DO IF SIDE EFFECTS OCCUR

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for instructions.

HOW SUPPLIED

THYRO-BLOCK™ TABLETS (Potassium Iodide, U.S.P.) bottles of 14 tablets (NDC 0037-0472-20.) Each white, round, scored tablet contains 130 mg potassium iodide.

THYRO-BLOCK™ SOLUTION (Potassium Iodide Solution, U.S.P.) 30 ml (1 fl. oz.) light-resistant, measured-drop dispensing units (NDC 0037-4287-25). Each drop contains 21 mg potassium iodide.

WALLACE LABORATORIES
Division of
CARTER-WALLACE, INC.
Cranbury, New Jersey 08512

CW—107915—10/79 Issue 10/79

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: POTASSIUM IODIDE ADMINISTRATION FORM | FORM NO. 1903.35A | REV. # 0 PC #

****

PART A

Name of Exposed Individual _____
Last Middle First

Social Security Number ___-___-___ TLD Badge Number _____

Projected/Actual Estimated Duration of Exposure _____ Minutes

I^{131} Concentration _____ µCi/cc in Air

Respiratory Protection Worn During Exposure? Yes ___ No ___

If "Yes", Respiratory Equipment Protection Factor (Attachment 2) = _____

If "No", explain why _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Projected Thyroid Dose from Thyroid Dose Graph ___ ≥ 10 RAD or ___ ≤ 10 RAD (Check One)

_____ /
Health Physics Superintendent Date

Date of Exposure _____ Time of Exposure _____

If calculated, projected thyroid dose (per paragraph 7.2) = _____ Rads

_____ /
Health Physics Superintendent Date

****

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: POTASSIUM IODIDE ADMINISTRATION FORM | FORM NO. 1903.35A
REV. # 0 PC #

PART B

Known Iodide Allergy/Previous Allergic Reaction? Yes_____ No_____ Unknown_____
If "Yes", do not administer KI. If "Unknown", contact the Health Physics Superintendent and/or the Duty Emergency Coordinator/Emergency Coordinator for further guidance.

I verify that I have read and understand the precaution leaflet and I understand that taking thyroid blocking agent (i.e., KI) is strictly voluntary.

I do____ do not____ (check one) choose to take KI.

_____ / _____ / _____
Exposed Individual Date Time

Potassium Iodide Tablet Issued By (and arrangements made to administer KI for the next 4 consecutive days per Section 7.5.7):

_____ / _____ / _____
Medical Team Leader Date Time

NOTES:

PART C

I have reviewed the above information.

_____ / _____
Health Physics Superintendent Date

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: KI ISSUE RECORD FORM NO. 1903.35B
REV. 00 PC #

Exposed Individual's Name _____

Social Security Number _____

TLD _____

Projected/Actual Exposure _____

Date of Exposure _____

Dose Number	Dosage (milligrams)	Date Administered	Initials of Medical Team Member Administering Dose
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ATTENTION

THE ATTACHED PROCEDURE 1903.42 REV. 6 SHOULD BE PLACED IN FRONT OF CURRENT PROCEDURE UNTIL EFFECTIVE DATE.

EFFECTIVE DATE 8-29-84

PLEASE DO NOT REMOVE CURRENT REVISION 5 BEFORE EFFECTIVE DATE LISTED ABOVE.

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS | FORM NO. 1000.06A

EMERGENCY PLAN IMPLEMENTING PROCEDURE | REV. # 12 PC #

Safety Related YES ☑ NO ☐

DUNS Controlled Copy # 104

DUTIES OF THE EMERGENCY MEDICAL TEAM

1903.42 REV. 6

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5	6													

APPROVED BY:

(General Manager)

APPROVAL DATE

8-5-84

REQUIRED EFFECTIVE DATE:

8-29-84

1.0 PURPOSE

The purpose of this procedure is to provide guidance on the responsibilities and duties of the Emergency Medical Team for emergency situations.

2.0 SCOPE

This procedure is applicable to personnel emergency situations involving Unit One and/or Unit Two.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

3.1.1 Emergency Plan

3.2 References Used in Conjunction with this Procedure:

3.2.1 1903.10, "Emergency Action Level Response/Notifications"

3.2.2 1903.23, "Personnel Emergency"

3.3 Related ANO Procedures:

3.3.1 1903.22, "Fire or Explosion"

3.3.2 1903.35, "Administration of Potassium Iodide"

3.3.3 1903.60, "Emergency Supplies and Equipment"

3.4 Regulatory correspondence containing NRC commitments which are implemented in this procedure include:

3.4.1 Letter 0CAN108213, Appendix A, Item 1, Section 5.4

4.0 DEFINITIONS

4.1 Operational Support Center (OSC) - The ANO administration buildings; the Emergency Medical Team assembly area should be the First Aid Room (Admin. Bldg. - 2nd floor) and the 2nd floor breakroom.

4.2 Medical Kits - A compilation of first aid supplies located in the four following places: (1) First Aid Room, (2) Fire Locker A (Unit 1 Turbine Building, Elev. 354', South end), (3) Fire Locker B (Unit 2 Turbine Building, Elev. 354', North End), and (4) Fire Locker C (Unit 1/2 Turbine Building, Elev. 386', Near the Control Rooms).

5.0 RESPONSIBILITIES

5.1 Emergency Medical Team Leader

5.1.1 Responsible for coordinating emergency medical response efforts, as necessary, when he arrives on site in accordance with procedure 1903.23, "Personnel Emergency".

5.1.2 Responsible for responding to Emergency Classes as described in this procedure.

5.1.3 Responsible for the initial and continued accountability of team personnel.

5.1.4 Responsible for performing quarterly phone number verifications of team members per Form 1903.04B (to be provided by Emergency Planning Coordinators).

5.2 Emergency Medical Alternate Team Leader

5.2.1 Responsible for assisting in coordinating emergency medical response efforts.

5.2.2 Responsible for assuming the responsibilities of the Emergency Medical Team Leader if the designated Team Leader is not available to respond.

5.3 Emergency Medical Team

5.3.1 Responsible for providing emergency first aid to injured persons per the directions of the Emergency Medical Team Leader.

5.3.2 Responsible for performing, in conjunction with the Emergency Radiation Team, decontamination and onsite rescue operations per the directions of the Emergency Medical Team Leader.

5.3.3 Responsible for responding to Emergency Classes as described in this procedure.

NOTE:
The first Emergency Medical Team member at the scene of a medical emergency shall assume the duties of the Emergency Medical Team Leader until relieved by the designated team leader or alternate.

5.4 Shift Medical Personnel

5.4.1 Responsible for assuming the responsibilities of the Emergency Medical Team during non-routine work hours.

5.4.2 Responsible for responding to medical emergencies during routine work hours only when specifically requested to do so.

6.0 NOTIFICATIONS

6.1 During routine work hours, the Emergency Medical Team personnel on site should be contacted either by telephone or the plant paging system.

6.2 After routine work hours, the shift medical personnel may be contacted by the most expedient means available, (i.e. the plant paging system or ext. 3142/3411). In the event that additional support is needed by the shift medical personnel, the Emergency Medical Team may be contacted as follows:

6.2.1 Refer to the Emergency Telephone Directory.

6.2.2 Contact a Team Leader/Alternate Team Leader.

6.2.3 Provide the individual contacted with appropriate information and request them to ensure that contact is attempted with the remaining team personnel, as needed.

6.3 The following information should be provided to the notified Emergency Medical Team personnel as indicated:

6.3.1 If team personnel are to respond to a medical emergency that does not involve an Emergency Action Level, they should be provided with the location and type of the medical emergency, as known.

6.3.2 If team personnel are to respond to an Emergency Class that may or may not involve a medical emergency, they should be provided the following information, as known:

A. Affected unit.

B. Emergency Class declared.

C. Immediate response required.

D. Other information, as the situation dictates.

7.0 MEDICAL RESPONSE INSTRUCTIONS

7.1 If an immediate response is required, the Emergency Medical Team should take the following actions:

NOTE:
Emergency hand-held radios may be obtained from the Key Room (Turbine Bldg., Elevation 386') or the Main Guard Station upon request.

7.1.1 Equipment should be obtained from the appropriate medical kit, if necessary.

7.1.2 Medical Team personnel should then respond to the scene of the emergency, unless otherwise instructed.

NOTE:	
If necessary, directions to the scene of the emergency (or an escort) may be obtained from the appropriate control room (preferably contact the Control Room which was responsible for making the emergency announcement over the PA system).	
Unit 1 Control Room	3101, 3102
Unit 2 Control Room	3201, 3202

7.1.3 The Emergency Medical Team should respond to emergencies in accordance with procedure 1903.23, "Personnel Emergency".

7.1.4 The team leader should provide an assessment of the situation to the Shift Operations Supervisor/Duty Emergency Coordinator.

7.1.5 After the initial team response, the Emergency Medical Team should report as directed by the Shift Operations Supervisor/ Duty Emergency Coordinator.

8.0 EMERGENCY ACTION LEVEL (EAL) RESPONSE GUIDELINES

8.1 Notification of Unusual Event

No action is required by the Emergency Medical Team unless the Notification of Unusual Event is declared as a result of a medical emergency. In that case, refer to Section 7.0 of this procedure.

8.2 Alert

If the emergency situation does not involve a medical emergency, the Emergency Medical Team personnel shall be placed on a "standby status" as long as the Alert Emergency Class declaration is in effect.

8.2.1 Notifications should be made in accordance with Section 6.0 of this procedure.

8.2.2 When onsite, the team leader should report to the Duty Emergency Coordinator to obtain further instructions, as necessary.

8.3 Site Area Emergency/General Emergency

NOTE:
The transition from an Alert to a Site Area/General Emergency activates the long-term Emergency Response Organization. Upon arrival on-site and an appropriate turnover from the Duty Emergency Coordinator, the Administrative Manager will coordinate the actions of the onsite medical response personnel.

If the emergency situation does not involve a medical emergency, the Emergency Medical Team personnel shall report to the First Aid Room/ Break Room Area (2nd floor - Admin. Bldg.) unless otherwise directed. The Team Leader shall expeditiously account for the team members and report the results to the Technical Support Center • [redacted] giving the names and badge numbers of all accounted for team members. The team shall then await further instructions.

9.0 ATTACHMENTS AND FORMS

None

The information contained within the symbols (•) is proprietary or private information.

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR:8408230153 DOC.DATE: 84/08/15 NOTARIZED: NO DOCKET #
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50-368 Arkansas Nuclear One, Unit 2, Arkansas Power & Light 05000368
AUTH.NAME AUTHOR AFFILIATION
LEVINE,J.M. Arkansas Power & Light Co.
RECIP.NAME RECIPIENT AFFILIATION

SUBJECT: Central Files version of revised Emergency Plan Implementing Procedures 1903.35, "Administration of Potassium Iodine" & 1903.42, "Duties of Emergency Medical Team." W/840817 transmittal memo.

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UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

September 14, 1984

50-313/368 Arkansas Nuclear One

MEMORANDUM FOR: Chief, Document Management Branch, TIDC

FROM: Director, Division of Rules and Records, ADM

SUBJECT: REVIEW OF UTILITY EMERGENCY PLAN DOCUMENTATION

The Division of Rules and Records has reviewed the attached document and has determined that it may now be made publicly available.

J. M. Felton, Director
Division of Rules and Records
Office of Administration

Attachment: As stated