



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

TOXIC GAS RELEASE
1903.20 REV. #1

UN-Controlled Copy

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PDR ADOCK 05000313
F PDR

APPROVED BY:

James M. Lewis
(General Manager)

APPROVAL DATE

8/15/84

REQUIRED EFFECTIVE DATE:

8/29/84



PLANT MANUAL SECTION:
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PROCEDURE/WORK PLAN TITLE:
TOXIC GAS RELEASE

NO:
1903.20

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1.0 PURPOSE

The purpose of this procedure is to provide guidance to plant personnel in the event of an uncontrolled toxic gas release (chlorine release) at ANO.

2.0 SCOPE

This procedure provides for the evacuation of the affected area, first aid for persons exposed to chlorine, and offers guidance in securing the gas leak.

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:

None

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

None

4.0 DEFINITIONS

None

5.0 RESPONSIBILITIES

As described in Sections 8.0 and 9.0.

6.0 PRECAUTIONS

6.1 In an atmosphere containing chlorine, short, shallow breathing should be used until you can exit from the area.

6.2 Chlorine can cause the following personnel symptoms:

6.2.1 Irritation of the mucuous membranes and the respiratory system.



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6.2.2 Sharp, pungent odor which is accompanied by labored breathing.

6.2.3 Skin or eye irritation.

6.3 If reentry into the gas area is necessary, a self-contained breathing apparatus should be used.

6.4 Personnel in the vicinity should exit the gas area to a place upwind from the leak and, if possible, to a higher location.

7.0 SYMPTOMS

7.1 Chlorine detector local alarms.

7.2 Auto - isolation of the control rooms from chlorine detector interlocks.

7.3 Observed piping, fitting or bottle leakage in the chlorine feed system.

8.0 IMMEDIATE ACTIONS

8.1 Persons discovering the leak should immediately notify the Control Room by the most expedient means available.

9.0 FOLLOW-UP ACTIONS

9.1 Control Room personnel shall announce the following message on the public address system and sound the evacuation alarm, if required (i.e., if an unisolatable fault occurs on a chlorine cylinder or system or if chlorine is being drawn into plant vent systems):

MESSAGE: "Attention all personnel! Attention all personnel! A Toxic Gas Release has occurred in the ...(location)...due to... (nature of release)... All personnel stay clear of the area."

NOTE:

Control Room personnel shall call the Emergency Medical Team or the shift medical personnel upon the detection of a chlorine leak. The medical personnel shall be put on stand-by status and await further instructions.

9.2 Shift operations personnel should use protective equipment and attempt to contain the chlorine leak by:

9.2.1 Isolating the defective section from chlorine supply.

9.2.2 Performing an emergency repair, if necessary, on the chlorine cylinder with the chlorine cylinder repair tools.

9.3 Control Room personnel should place the Control Room ventilation system in an isolated mode if required as a result of the emergency conditions.



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- 9.4 Security should determine if any person or persons may still be in the gas area and notify the Shift Operations Supervisor.
- 9.5 Turbine building heating and ventilation systems should be secured by operations personnel if required as a result of the emergency conditions.
- 9.6 Shift operations personnel not involved with controlling the emergency should report to the Control Room.
- 9.7 Control Room personnel shall declare a Notification of Unusual Event if a Plant Evacuation is required as a result of the release. See 1903.10, "Emergency Action Level Response/Notifications."
- 9.8 If an individual is exposed to chlorine, the following first aid measures should be taken:
- 9.8.1 Remove the patient from the gas area. Keep the patient warm and quiet.
 - 9.8.2 Place the patient on his back with the head and shoulders elevated.
 - 9.8.3 Remove any clothing which has been splashed with liquid chlorine and flush all exposed areas with water if the condition of the patient permits.
 - * 9.8.4 Administer oxygen if available.
 - * 9.8.5 If breathing has apparently ceased, start artificial respiration immediately.
 - * 9.8.6 Provide other first aid measures as necessary.
 - 9.8.7 Refer to 1903.23, "Personnel Emergency" for further guidance.

NOTE:

*These actions shall be done only by trained medical personnel.

- 9.9 The Chemistry and Environmental Supervisor should be called if further technical guidance is needed.

10.0 ATTACHMENTS AND FORMS

None

A T T E N T I O N

THE ATTACHED PROCEDURE 1903.21 REV. 2 SHOULD BE
PLACED IN FRONT OF CURRENT PROCEDURE UNTIL EFFECTIVE DATE.

EFFECTIVE DATE 8-29-84

PLEASE DO NOT REMOVE CURRENT REVISION 1 BEFORE
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Arkansas Nuclear One

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REV. # 12 PC # /

Safety Related YES NO

ARKLA NATURAL GAS LINE RUPTURE

1903.21 REV. 2

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James M. Lewis
 (General Manager)

5/15/84

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8/29/84



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NO:
1903.21

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REVISION 2 DATE 07/09/84

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1.0 PURPOSE

The purpose of this procedure is to describe the actions to be taken if the 10-inch ARKLA natural gas line that traverses the site ruptures or a leak is discovered.

2.0 SCOPE

This procedure is limited to response to ARKLA natural gas line rupture due to the nature of the follow-up actions. The precautions, symptoms and immediate actions may apply to situations involving other gaseous fuels.

The ARKLA gas line crosses AP&L property approximately 200 feet southwest of the Unit II cooling tower and crosses the Unit 1 discharge canal. The line is 10 inches in size and carries 475 psig to 500 psig gas pressure.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

3.1.1 Arkansas Nuclear One Unit 1 and Unit 2 Final Safety Analysis Reports.

3.1.2 Emergency Plan.

3.2 References Used in Conjunction with this Procedure:

None

3.3 Related ANO Procedures:

None

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

None

4.0 DEFINITIONS

None

5.0 RESPONSIBILITIES

As described in Sections 8.0 and 9.0.



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6.0 PRECAUTIONS

- 6.1 There should be no smoking or other open flames in the vicinity of the leak.
- 6.2 Leaking natural gas could be ignited by the corona on electric transmission lines or by automobile engine spark leaks.

7.0 SYMPTOMS

7.1 Small Gas Leaks

- 7.1.1 Dead Grass
- 7.1.2 Ground cracked and grey in color
- 7.1.3 Bubbles in wet places
- 7.1.4 Bubbles toward the end of the discharge canal

7.2 Large Gas Leaks

- 7.2.1 Audible sound ranging in magnitude from a hissing sound to a roar.
- 7.2.2 Hole in the ground with blowing dust and other debris.

8.0 IMMEDIATE ACTIONS

- 8.1 Personnel should immediately extinguish all smoking materials and exit the area by the most direct means.
- 8.2 Personnel should immediately notify either Control Room of the leak and remain available to prevent unsuspecting persons from approaching the area.

9.0 FOLLOW-UP ACTIONS

- 9.1 Control room personnel should announce the following message on the public address system:

MESSAGE: "Attention all personnel! Attention all personnel! An Arkla Natural Gas Line Rupture has occurred in the ...(location)... due to ...(nature of rupture)... All personnel stay clear of the area."



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9.2 The Control Room should notify the Arkansas Louisiana Gas Company as follows:

- A. Week Days: Pipeline Warehouse --- 968-1313
- B. After Hours: ARKLA Central System Dispatcher,
Shreveport, LA. (318-226-2782 or 318-226-2700)

9.3 Shift operations personnel not involved with controlling the emergency should report to the Control Room.

9.4 The notified Shift Operations Supervisor should designate personnel to cordon off the area, maintain surveillance and warn others that may approach the affected area.

9.5 The Shift Operations Supervisor shall declare a Notification of Unusual Event Emergency Class if a plant evacuation is required as a result of the release as required by procedure 1903.10, "Emergency Action Level Response/Notifications".

10.0 ATTACHMENTS AND FORMS

None

A T T E N T I O N

THE ATTACHED PROCEDURE 1903.23 REV. 8 SHOULD BE
PLACED IN FRONT OF CURRENT PROCEDURE UNTIL EFFECTIVE DATE.

EFFECTIVE DATE 8-29-84

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Safety Related YES NO

PERSONNEL EMERGENCY

1903.23 REV. 13

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APPROVED BY:

James M. Lewis
 (General Manager)

APPROVAL DATE

8/15/84

REQUIRED EFFECTIVE DATE:

8-29-84



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1.0 PURPOSE

The purpose of this procedure is to provide guidance to ANO personnel on how to respond to a personnel emergency.

2.0 SCOPE

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

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

- 3.1.1 Emergency Plan
- 3.1.2 Red Cross First Aid Instruction Pamphlets
- 3.1.3 NCRP Report No. 39, "Basic Radiation Protection Criteria"
- 3.1.4 NCRP Report No. 65, "Management of Persons Accidentally Contaminated with Radionuclides"

3.2 References Used in Conjunction with this Procedure:

- 3.2.1 1622.010, "Personnel Decontamination"
- 3.2.2 1903.33, "Reentry Guidelines"
- 3.2.3 Emergency Telephone Directory

3.3 Related ANO Procedures:

- 3.3.1 1903.42, "Duties of the Emergency Medical Team"
- 3.3.2 1000.38, "Arkansas Nuclear One Industrial Safety Program"

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

- 3.4.1 Letter OCAN108213, Appendix A, Item 1
 - A. Section 7.2.2



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4.0 DEFINITIONS

4.1 A serious injury that requires action specified in this procedure is defined as an injury to any person that has resulted in one or more of the following:

- 4.1.1 More than a momentary loss of consciousness.
- 4.1.2 An actual or suspected fracture.
- 4.1.3 A head injury.
- 4.1.4 An injury that may have damaged internal organs.
- 4.1.5 A serious burn.
- 4.1.6 Hemorrhaging.
- 4.1.7 Receipt of a large dose of radiation (i.e., greater than 50 R).

5.0 RESPONSIBILITIES

As described in Sections 8.0 and 9.0.

6.0 PRECAUTIONS

- 6.1 Personnel administering first aid to an injured person in a suspected or undefined radiation field should be joined by a Health Physics representative as soon as possible.
- 6.2 Entry into evacuated or high radiation areas for the purpose of attending to injured or contaminated individuals shall be in accordance with 1903.33, "Reentry Guidelines".
- 6.3 If it is not clear that the individual can be moved without harm, he should not be moved until further help arrives, unless the individual would be in danger of loss of life or limb.
- 6.4 Individuals who have suffered any of the conditions described in Section 4.0 should receive a medical examination prior to returning to work.

7.0 FIRST AID SUPPLIES AND EQUIPMENT

7.1 First Aid Supplies are maintained in the following locations:

- A. Unit 1 Turbine Building, Elev. 354 South (Fire Locker)
- B. Unit 2 Turbine Building, Elev. 354 North (Fire Locker)
- C. Unit 1/2 Turbine Building, Elev. 386 (Fire Locker)
- D. First Aid Room - Second Floor Administration Building



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7.2 To assist St. Mary's Hospital in the treatment of radiologically contaminated individuals, ANO will maintain an emergency kit at St. Mary's Hospital for use in these situations.

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

8.0 IMMEDIATE ACTIONS

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

NOTE:

DO NOT move the injured individual, unless the individual is in danger of loss of life or limb.

8.1.1 Administer immediate first aid and attention. This attention should consist of:

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

8.1.2 Notify either unit's Shift Operations Supervisor (preferred), the Safety & Fire Prevention Coordinator or the individual's Supervisor.

The following information should be given to the individual notified:

- A. Location in plant and number of injured individual(s).
- B. Type of injury.
- C. Radiation/contamination involved.
- D. Names of injured individual(s) and employer, if known.

8.1.3 Remain available to provide information to the appropriate medical personnel.



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9.0 FOLLOW-UP ACTIONS

9.1 Notifications

- 9.1.1 For any medical emergency, either unit's Shift Operations Supervisor should be informed, if not previously done; periodic updates should be provided to the Shift Operations Supervisor initially contacted.
- 9.1.2 The Shift Operations Supervisor shall direct appropriate medical assistance to the injured individual. The following groups should be called upon to provide assistance (Refer to Emergency Telephone Directory):
- A. Emergency Medical Team or Shift Maintenance Medical Team

NOTE:

The plant page should be used to direct the medical personnel to the location of the injury. The Shift Supervisor (or his designee) should make the following announcement:

"Attention all personnel! A personnel emergency has occurred (give location). Emergency Medical Team (or Shift Maintenance Medical Team, if after routine working hours) please respond."

Repeat the announcement several times.

- 9.1.3 Safety & Fire Prevention Coordinator.
- 9.1.4 Bechtel Nurse - If Bechtel personnel are involved.
- 9.1.5 Health Physics Personnel (if radiation/contamination involved).
- #### 9.2 Immediate Action by Medical Personnel
- 9.2.1 When directed, the appropriate medical personnel onsite should respond to the location where the injured or contaminated individuals are located and:
- A. Administer appropriate first aid measures.
- 9.2.2 Record information on a separate Form 1903.23A for each individual involved.



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- 9.2.3 Provide the Shift Operations Supervisor with an assessment of the situation (to include further needs, if necessary).
- 9.2.4 Gather necessary information from the personnel initially on the scene (to include individual's name for future reference).
- 9.2.5 Obtain the injured person's security badge but DO NOT remove their dosimeter and TLD until arrival at the medical facility. Upon arrival at the medical facility, the accompanying Health Physics personnel should remove the injured person's dosimeter and TLD for further identification and dose determination.

9.3 Contamination Precautionary Measures

NOTE:

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

- 9.3.1 If an individual is potentially contaminated, the following precautionary measures should be taken (as allowed by the nature of the injury):
- A. Take precautions (coverings, use of stretcher, etc.) to prevent the spread of contamination during movement and transport of the individual.
 - B. Move the individual to a "clean" area, as allowed by step 5.3.
 - C. Remove contaminated clothing.
 - D. Survey the individual for surface contamination.

NOTE:

Contaminated wounds, eyes, etc., should be decontaminated by use of water only; wounds should be covered before and after decontamination efforts.

- E. Decontaminate the affected areas removing as much transferable contamination as possible per 1622.010, "Personnel Decontamination".



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F. Cover remaining contaminated areas.

NOTE:

If an individual is potentially contaminated and requires transportation to an offsite medical facility, he should be initially transported to St. Mary's Hospital. The Shift Operations Supervisor shall ensure that a Health Physics representative is assigned to accompany the individual(s) both onsite and to offsite medical facilities, as necessary.

9.4 Arrangements for Treatment

NOTE:

A Notification of Unusual Event Emergency Class shall be declared by the Shift Operations Supervisor when a medical emergency requires transporting a radiologically contaminated individual from the site to an off site hospital. (Reference procedure 1903.10, "Emergency Action Level Response/Notifications".

9.4.1 The Shift Operations Supervisor may make arrangements for treatment based upon the assessment of a qualified medical individual. The following guidance is provided (Refer to the Emergency Telephone Directory for telephone numbers):

A. Doctor Needed Onsite Immediately

if the injured individual(s) requires attention from a doctor and is judged incapable of travel, the appropriate physicians should be called from Millard-Henry Clinic or St. Mary's Hospital, advised of the physical and radiological condition of the injured (Form 1903.23A), and requested to come immediately to ANO. The Pope County Ambulance Service should also be contacted (refer to step B).

B. Ambulance Needed Onsite

If the injured individual(s) requires immediate attention from a doctor and is judged capable of travel, the Pope County Ambulance Service should be called, advised of the physical and radiological condition of the injured and requested to come immediately to ANO. IF CONTAMINATION IS INVOLVED, A HEALTH PHYSICS REPRESENTATIVE SHOULD IMMEDIATELY BE DISPATCHED TO THE EMERGENCY ENTRANCE AT ST. MARY'S HOSPITAL TO ASSIST THE HOSPITAL STAFF AS THE SITUATION WARRANTS.



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C. Doctor Not Needed Immediately

If the injured individual(s) do not require immediate attention from a doctor and is judged capable of travel, arrangements should be made to transport the individual(s) for further examination to Millard-Henry Clinic or St. Mary's Hospital.

D. Guidance on Excessive Radiation Dose

If the injured individual or individual(s) attending to the injured individual are suspected of having received a radiation dose in excess of 50 R, arrangements should be made to transport those individuals to the University of Arkansas Medical Sciences Hospital in Little Rock for treatment, as necessary, after examination at St. Mary's Hospital.

E. Coordination of Ambulance Services

The Shift Operations Supervisor should notify the Duty Guard Sergeant if offsite medical assistance has been requested to report onsite so that Security personnel may be ready to receive and escort the medical personnel. (Routine access point - North Gate; routine receiving area - Maintenance Facility Breezeway, unless otherwise directed.) If the situation requires the ambulance personnel to enter a potentially contaminated area, the following steps should be taken:

1. Security personnel should escort the ambulance team to the appropriate dress-out area.
2. A Health Physics representative should provide the following assistance, as appropriate (prompt medical attention shall take precedence over HP procedures when an individual is seriously injured):
 - a. Assist in dressing out.
 - b. Provide dosimetry devices (these may be obtained from the Control Room emergency kit if necessary).
 - c. Provide a brief description of conditions to, in and from the emergency location.
 - d. Provide special information to perform the task.
 - e. Bag equipment (to reduce chances of contamination).



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- f. Provide HP escort.
- g. Assist in exiting the Controlled Access Area (to include any necessary decontamination).

F. Notification of Medical Facility

If the injured individual is transported to a medical facility, the Shift Operations Supervisor should call the appropriate medical facility and advise them, as known, of the number of individuals involved, a description of the medical emergency and whether or not contamination is involved.

1. Millard Henry Clinic
2. St. Mary's Hospital
3. University of Arkansas Medical Sciences Hospital

G. Escorts to Offsite Medical Facilities

An escort, as indicated below, should accompany the injured individual(s) to provide any necessary information or assistance to the medical personnel and provide periodic updates to the Shift Operations Supervisor (or other individual(s), as directed).

1. If the individual is contaminated, a Health Physics representative shall accompany.
2. If the individual is not contaminated, one of the following individuals should accompany:
 - a. Emergency Medical Team Member
 - b. Safety and Fire Prevention Coordinator
 - c. An ANO Management Representative
 - d. Any knowledgeable member of the plant staff
 - e. Bechtel Nurse (If Bechtel personnel are involved)

H. Reports

Followup and reporting (written) of the personnel injury or accident should be accomplished as stated in 1000.38, "Arkansas Nuclear One Industrial Safety Program".

10.0 ATTACHMENTS AND FORMS

10.1 Form 1903.23A - "Personnel Injury"



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ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: PERSONNEL INJURY FORM NO. 1903.23A
REV. # 8 PC #

Date of Injury _____ Time of Injury _____

Name of Injured Individual _____

Badge Number _____

TLD Number _____

Vital Signs (Continue on new form, if necessary):

Time	_____	_____	_____	_____	_____
B/P	_____	_____	_____	_____	_____
Pulse	_____	_____	_____	_____	_____
Resp.	_____	_____	_____	_____	_____
Pocket Dosimetry Reading	_____	_____	_____	_____	_____

Injuries:

Contamination: No ()

Yes ()

Extent of Contamination:

Form Filled Out By _____

Form Completed (date/time) _____

*When complete, return this form to Shift Operations Supervisor.



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 Washington RETURN TO: ARKANSAS NUCLEAR ONE
FROM: ANO DOCUMENT CONTROL Document Control
Admin. Bldg. - 4th Floor
SUBJECT: ANO MASTER PLANT MANUAL UPDATE

PROCEDURE NUMBER 1903.20 REV. # 1 PC # TC #
PROCEDURE TITLE TOXIC GAS RELEASE

PROCEDURE NUMBER 1903.21 REV. # 2 PC # TC #
PROCEDURE TITLE ARKLA NATURAL GAS LINE RUPTURE

PROCEDURE NUMBER 1903.23 REV. # 8 PC # TC #
PROCEDURE TITLE PERSONNEL EMERGENCY

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x005
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A T T E N T I O N

THE ATTACHED PROCEDURE 1903.20 REV. 1 SHOULD BE
PLACED IN FRONT OF CURRENT PROCEDURE UNTIL EFFECTIVE DATE.

EFFECTIVE DATE 8-29-84

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 LEVINE, J.M. Arkansas Power & Light Co.
 RECIP. NAME RECIPIENT AFFILIATION

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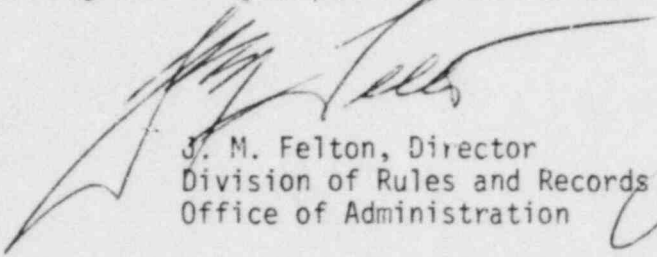
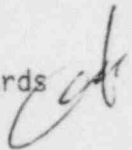


UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

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