

**NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
P.O. BOX 41
LYCOMING, NY 13093
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM**

DATE: July 13, 2000
CONTROLLED COPY NUMBER: 34

TO: U.S.N.R.C. Document Center/Washington, DC

FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT

SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to ***Cathy Izyk in the Emergency Planning Department within 15 days.*** If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

PLEASE INSERT THE DOCUMENTS LISTED BELOW!

VOLUME 1 Update List Dated N/A			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
	N/A		

VOLUME 2 Update List Dated July 12, 2000			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
EAP-2	REPLACE ALL	23	
EAP-14.2	REPLACE ALL	19	

VOLUME 3 Update List Dated N/A			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
	N/A		

A045

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2 UPDATE LIST

CONTROLLED COPY # 39

Date of Issue: July 12, 2000

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 19	02/98	N/A
IAP-1	EMERGENCY PLAN IMPLEMENTATION CHECKLIST	REV. 22	02/98	Continuous
IAP-2	CLASSIFICATION OF EMERGENCY CONDITIONS	REV. 20	12/98	Continuous
EAP-1.1	OFFSITE NOTIFICATIONS	REV. 42	04/99	Informational
EAP-2	PERSONNEL INJURY	REV. 23	07/00	Informational
EAP-3	FIRE	REV. 20	02/98	Informational
EAP-4	DOSE ASSESSMENT CALCULATIONS	REV. 29	12/98	Reference
EAP-4.1	RELEASE RATE DETERMINATION	REV. 10	12/98	Reference
EAP-5.1	DELETED (02/94)			
EAP-5.2	DELETED (04/91)			
EAP-5.3	ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	REV. 6	02/98	Informational
EAP-6	IN-PLANT EMERGENCY SURVEY/ENTRY	REV. 15	02/98	Informational
EAP-7.1	DELETED (02/94)			
EAP-7.2	DELETED (02/94)			
EAP-8	PERSONNEL ACCOUNTABILITY	REV. 47	04/00	Reference
EAP-9	SEARCH AND RESCUE OPERATIONS	REV. 9	02/98	Informational
EAP-10	PROTECTED AREA EVACUATION	REV. 14	02/98	Informational
EAP-11	SITE EVACUATION	REV. 15	02/98	Informational
EAP-12	DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO	REV. 10	08/99	Reference
EAP-13	DAMAGE CONTROL	REV. 13	12/98	Informational
EAP-14.1	TECHNICAL SUPPORT CENTER ACTIVATION	REV. 20	12/98	Informational
EAP-14.2	EMERGENCY OPERATIONS FACILITY ACTIVATION	REV. 19	07/00	Informational
EAP-14.5	OPERATIONAL SUPPORT CENTER ACTIVATION AND OPERATION	REV. 14	03/00	Informational

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2 UPDATE LIST

CONTROLLED COPY # ____

Date of Issue: July 12, 2000

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
EAP-14.6	HABITABILITY OF THE EMERGENCY FACILITIES	REV. 14	10/98	Informational
EAP-15	EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL	REV. 10	02/00	Informational
EAP-16	PUBLIC INFORMATION PROCEDURE	REV. 6	02/98	Informational
EAP-17	EMERGENCY ORGANIZATION STAFFING	REV. 89	04/00	Informational
EAP-18	DELETED (12/93)			
EAP-19	EMERGENCY USE OF POTASSIUM IODINE (KI)	REV. 19	03/98	Informational
EAP-20	POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS	REV. 8	02/98	Reference
EAP-21	DELETED (12/85)			
EAP-22	DELETED (02/98)			
EAP-23	EMERGENCY ACCESS CONTROL	REV. 10	02/98	Informational
EAP-24	EOF VEHICLE AND PERSONNEL DECONTAMINATION	REV. 8	02/98	Informational
EAP-25	DELETED (02/94)			

NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PERSONNEL INJURY*
EAP-2
REVISION 23

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

M. Ambrose
RESPONSIBLE PROCEDURE OWNER

DATE: 7/5/2000

EFFECTIVE DATE:

July 13, 2000

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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CONTROLLED COPY # 34

PERIODIC REVIEW DUE DATE: FEBRUARY 2003

REVISION SUMMARY SHEET

REV. NO.

- 23
- Changed Rx Control Room to Main Control Room.
 - Changed section 4.2.2.I and 4.2.2.R to reflect Microsoft access database instead of rolodex in OHN's office.
 - Removed action steps from 4.2.2.C note.
 - Replaced the references to RES Technician with RP / Chem Technician in Sections 4.2.2.G, 4.2.2.H, 4.2.2.I, 4.2.3.I, 4.2.4, 4.2.4.I and in Attachment 3 per memo JGMS-00-004.
 - For consistency the word victim was replaced with injured in Sections 4.2.2.M, 4.2.2.S, 4.2.3, 4.2.4.1, 4.2.4.4, 4.2.4.F, 4.2.5.F.1, and 4.2.4.F.4.
 - Added section 4.2.2.U to provide an option if staffing levels fall below minimum.
 - Changed the Agency code on the Pre-hospital Care Report form from 3776 to 9018.
 - Changed the Oswego Hospital Pre-Registration form to Pre-Hospital Care Report NYS DOH 3283 (9-92).
- 22
- Section 4.2.2 C&M changed to reflect calling hospital from the Control Room - re: contaminated instead of relying upon fire control. Reason: E-911 is now the warning point for Oswego County and it is not in their protocol to call hospital.
 - Section 4.2.2.F - deleted step to cover floor of ambulance because this precaution has been superceeded by cocooning patients to contain contamination.
 - Deleted reference to ambulance kit. This kit is no longer necessary. Techs are to bring "necessary" instruments and equipment. If additional equipment and supplies are needed they can call back to the site. There are supplies located at the designated hospitals.

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1.0 PURPOSE

This procedure provides instructions necessary to assure that medical attention is promptly administered to individuals injured or stricken at the JAFNPP while limiting the unnecessary spread of contamination, limiting personnel exposure, and providing for appropriate off-site notifications. The composition of the First Aid Team is specified in Attachment 2.

2.0 REFERENCES**2.1 Performance References**

- 2.1.1 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT*
- 2.1.2 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.1.3 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*

2.2 Developmental References

- 2.2.1 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*
- 2.2.2 Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital
- 2.2.3 Decontamination and Treatment of the Radioactively Contaminated Patient at SUNY Health Science Center, Syracuse
- 2.2.4 TP-4.02, FIRE AND RESCUE TRAINING
- 2.2.5 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT*
- 2.2.6 RADIATION PROTECTION PROCEDURES
- 2.2.7 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.2.8 Pre-Hospital Care Report, NYS DOH 3283 (9-92)

3.0 INITIATING EVENTS

A person has been injured or has become ill and is potentially contaminated.

AND/OR

The Shift Manager/Emergency Director determines that implementation of this procedure is necessary.

4.0 PROCEDURE

NOTE: For a minor injury/illness, implement Section 4.1.

For an injury/illness that requires immediate attention, implement Section 4.2.

4.1 Minor Injury/illness

4.1.1 The injured/ill individual should report to the Occupational Health Nurse's office or contact the Shift Manager for assistance.

4.1.2 The Occupational Health Nurse or other individual qualified to administer first aid in accordance with TP-4.02, FIRE AND RESCUE TRAINING, shall evaluate the injury/illness to determine if it can be treated onsite.

4.1.3 The injury/illness shall be treated using standard first aid techniques.

4.1.4 If the individual is contaminated assure that contamination is not spread.

4.1.5 Monitor and decontaminate the individual in accordance with RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT* and Radiation Protection procedures.

4.2 Injuries/illnesses That Require Immediate Attention

4.2.1 Person who discovers the injured/ill individual, or the individual, immediately contacts the Control Room for first aid assistance.

4.2.2 Shift Manager shall

(Actions are performed with 4.2.3)

- A. Instruct the Control Room operator to sound the Station Alarm and make the following announcement: (twice)

ATTENTION, ATTENTION: AN INJURY HAS OCCURRED (location of injured). THE FIRST AID TEAM SHALL REPORT TO (location of injured) IMMEDIATELY. ALL OTHER PERSONNEL REMAIN CLEAR OF THAT AREA.

- B. If radiological survey information from the first aid team, step 4.2.3.F, indicates that the individual is contaminated and will not be decontaminated prior to treatment and the contaminated individual requires transport to an offsite medical facility for treatment, notify the NRC in accordance with 10CFR50.72 as soon as practical and within four (4) hours of the occurrence.
- C. **IF** injured/ill individual is found to be contaminated, **THEN** perform steps 4.2.2.E through 4.2.2.N of this procedure.
- D. **IF** injured/ill individual is NOT contaminated, **THEN** perform steps 4.2.2.O through 4.2.2.S of this procedure.
- E. **IF** the injured/ill individual is contaminated or potentially contaminated, then complete Attachment 1, **THEN** do the following:

1. Call Oswego County E-911 Center at:

911

and report the following messages:

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

2. Call the receiving hospital at:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science Hospital
Center in Syracuse at (315) 464-5611

and report the following message.

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Receiving Hospital.

F. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured). PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs, SURGEONS GLOVES, HERCULITE.

G. Assign a RP/Chem Technician to accompany the ambulance to the hospital. This will normally be the technician who responds as a part of the First Aid Team.

H. Assign a second RP/Chem technician to perform the following:

1. Meet the ambulance at the designated building entry point.
2. Ensure that ambulance attendants have been issued DRDs and TLDs.
3. Obtain ambulance kit and vehicle, and proceed to the receiving hospital to assist in cleanup and monitoring of the ambulance and hospital.

I. Direct an individual to obtain and provide the First Aid Team member accompanying the ambulance (RP/Chem Technician) with the personnel medical history information if available at the JAFNPP Occupational Health Nurse's Office (Ext. 6411). The key to the Occupational Health Nurse's Office is located in the Rad Protection Office. Located in the Occupational Health Nurse's office is a database (Microsoft Access) containing the following information:

1. Allergies, if any,
2. Pre-existing medical problems,
3. Medications currently being taken,
4. Employee's last physical exam,
5. Who to contact in the event of an emergency.

** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

J. Contact the radiological emergency physician Dr. David O'Brien for medical assistance.

Office (315)343-4348

Home (315)343-2484

Summer (315)342-4479

Inform him of the situation and ask him to report to the receiving hospital.

K. Perform internal notifications as required by Plant Standard STD-3.120.

L. Direct the on-call RP Supervisor meet the ambulance at the receiving hospital.

- M. Obtain the name of the injured person and request that the Public Information Officer contact the individual designated in the injured 's medical file for emergency information.
- N. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5611

- O. If the "contaminated" individual is found not to be contaminated or is decontaminated do the following:

1. Call the Oswego County E-911 Center at:

911

and give the following message:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

2. Call the Receiving Hospital at:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5611

and report the following messages:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

- P. If the injured/ill individual is not contaminated then complete Attachment 1, then call Oswego County E-911 Center at:

911

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS <u>NOT</u> CONTAMINATED. I REPEAT <u>NOT</u> CONTAMINATED. (State specifically that the individual is <u>NOT</u> CONTAMINATED.)
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

- Q. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured).

If it is anticipated that ambulance attendants will enter the RCA, direct Security to: PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs AND SURGEONS GLOVES

- R. Direct an individual to obtain and provide the personnel medical history information to the ambulance crew, if available. A database (Microsoft Access), containing medical history information is available in the Occupational Health Nurse's Office (Ext. 6411); key located in the Rad Protection Office) and contains the following information:

1. Allergies, if any,
2. Pre-existing medical problems,
3. Medications currently being taken,
4. Employee's last physical exam,
5. Who to contact in the event of an emergency.

** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

S. Obtain the name of the injured individual and request the Public Information Officer to contact the individual designated in the injured's medical file for emergency information.

T. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

SUNY Health Science
Center at Syracuse (315) 464-5611

U. Consider contacting the On-Call RP and/or Chemistry Supervisor(s) to call out replacement shift technicians if staffing levels fall below minimum.

4.2.3 First Aid Team shall:**CAUTION**

Precautions should be taken to avoid exposure to blood or body fluids per OSHA bloodborne pathogen standard.

NOTE: If the injured is NOT contaminated, perform only the steps in this section needed for appropriate care of the injured.

A. Upon hearing the announcement of injury/illness over the PA system, report to the specified location with a trauma kit and stretcher. Trauma kits are located in the following areas:

1. Occupational Health Nurse's Office
2. Main Control Room
3. Radwaste Control Room
4. Operational Support Center
5. Warehouse

B. Upon reaching the injured individual, perform the following:

1. Assess the injury/illness.
2. Immediately report the status of the injury/illness to the Control Room.
3. Assess radiological conditions, and implement EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*, if necessary.
4. Report radiological status of injured to the Control Room.
5. Provide medical treatment.

NOTE: When making decisions concerning the disposition of the injured, the injured's well-being and need for medical attention shall always take precedence over decontamination efforts.

6. If the injured/ill person is located in the RCA, consider moving the person to minimize exposure.
 7. Use standard contamination control techniques to remove the individual from a contaminated area.
- C. Survey the injured for contamination and, if necessary, concurrently administer lifesaving measures. (If the injured is wearing protective clothing and conditions permit, remove the clothing prior to performing this survey).
- D. Complete personnel and clothing contamination forms from RP-OPS-03.04. Report the contamination levels to the Shift Manager or designee.
- E. The First Aid Team Leader and Shift Manager should determine the plant exit point for the individual to meet the ambulance.
- F. If the injured individual is contaminated, perform as much decontamination as possible in accordance with RP-OPS-03.04 PERSONNEL DECONTAMINATION AND ASSESSMENT*. As the injuries permit continue attempts to:
1. Remove any protective clothing.
 2. Place the injured on a stretcher.
 3. Wrap the injured and the stretcher in a clean blanket.

- G. If the individual has been successfully decontaminated, notify the Shift Manager immediately.
- H. If the individual is not contaminated or has been successfully decontaminated, inform the ambulance attendants that no special hospital procedures need to be implemented.
- I. If the individual is contaminated, have a first aid team member accompany the ambulance and patient to the hospital. This team member should preferably be a RP/Chem Technician. This team member should be provided with the completed RP-OPS-03.04 forms and any available medical history information to be utilized at the hospital.
- J. The first aid team members not assigned to accompany the injured to the hospital shall monitor themselves and be decontaminated as necessary.
- K. While waiting for the arrival of an ambulance, the JAF First Aid Team should continuously monitor the patient's vital signs and perform appropriate first aid measures. Also, monitor the injured for bleeding, respiration and shock.
- L. Upon ambulance arrival, assist ambulance personnel and provide attendants with an assessment of injuries and vital signs.
- M. First Aid Team Leader and/or Occupational Health Nurse shall provide ambulance attendants with verbal assessment of injuries and care/treatment provided as well as a completed Attachment 3.
- N. Complete a Pre-Hospital Care Report, an example is shown in Attachment 3. Forms are available in all trauma kits.

4.2.4 First Aid Team Members (RP/Chem Technicians) assigned to accompany and follow the contaminated individual to the hospital shall:

- A. Meet the ambulance at the designated building entry point.

-
- B. When the ambulance arrives, issue each attendant dosimetry and any necessary protective clothing from the ambulance kit if this has not already been done by Security.
 - C. If time and situation permit, cover the floor of the ambulance with Herculite, provided to the ambulance attendants by Security.
 - D. Assist ambulance attendants as required.
 - E. Obtain the ambulance kit and vehicle and proceed to designated hospital.
 - F. The RP/Chem Technician who rides in the ambulance with the injured person shall:
 - 1. Continue to perform radiological monitoring of the injured person while in route to the hospital.
 - 2. Instruct ambulance attendants to notify the designated hospital and Oswego County upon leaving the site.
 - 3. If the ambulance is diverted from Oswego Hospital to SUNY Health Science Center while in route, instruct ambulance attendant to notify Oswego County and forward this notification to the JAF Shift Manager.
 - 4. Upon arrival at the hospital, accompany the injured and assist hospital personnel in radiological matters, in accordance with hospital procedures.
 - G. As time and conditions permit, ensure that hospital entrance and treatment room are properly prepared for contamination control.
 - H. Ensure that dosimetry from the hospital kit has been issued to all doctors and nurses.

- I. The RP/Chem Technician arriving in a separate vehicle shall:
 1. Assist hospital personnel as requested.
 2. Request additional assistance from plant, if needed.
 3. Survey, decontaminate, and release the ambulance and attendants as soon as practicable. Collect dosimetry from ambulance attendants for return to Rad Protection.
 4. Assist in monitoring and decontamination of hospital areas.
- J. When no longer needed at the hospital, collect all dosimetry issued to hospital and ambulance personnel and report back to the plant with any radwaste generated. Report to plant supervisory personnel for debriefing.
- K. TLD results and dosimetry readings will be provided to hospital and ambulance personnel by Radiation Protection personnel in accordance with Radiation Protection procedures.

5.0 ATTACHMENTS

1. CHECKLIST FOR OSWEGO COUNTY E-911 DISPATCHER
2. FIRST AIDE TEAM COMPOSITION
3. PRE-HOSPITAL CARE REPORT

CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER

Page 1 of 1

The Oswego County E-911 Dispatcher will receive the initial notification telephone call from the nuclear station of impending patient(s) arrival.

Initial Notification Data

Date/Time of Call _____

Person Calling:

Name _____

Address James A. FitzPatrick Nuclear Power Plant

Telephone Number 349-6664 or 349-6665 or 349-6666

Accident Information:

Location _____

Date & Time _____

of Injured Patients _____

of Contaminated/Injured Patients _____

Description of Injuries:

NOTE: Specify if heart attack is suspected!

Remarks: _____

ATTACHMENT 2

FIRST AID TEAM COMPOSITION

Page 1 of 1

The JAFNPP First Aid Team is made up of:

- Control Room Supervisor or Senior Nuclear Operator
- (1) Operator
- (1) Security Guard
- (1) RP/Chem Technician

(The RP/Chem Technician on-shift should respond unless another technician is designated by supervision.)

NOTE: As available, in addition to the First Aid Team at the JAFNPP, the Occupational Health Nurse and/or Safety Supervisor shall report to the specified injury/illness location. The Occupational Health Nurse should direct medical treatment upon reporting to the accident scene.

ATTACHMENT 3
PRE-HOSPITAL CARE REPORT

PAGE 1 OF 2

Prehospital Care Report

3- 3152800

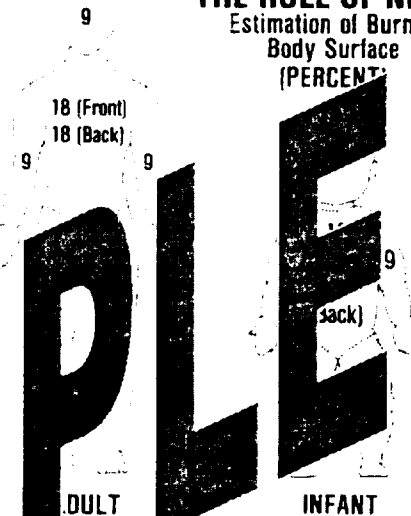
DATE OF CALL		TIME		3- 3152800		9 0 1 8		VER II	
Name		Agency Name		Call Location		CALL REC'D		USE MILITARY TIMES	
Address		Call Location		Dispatch Information		ENROUTE		ARRIVED AT SCENE	
Dispatch Information		CALL TYPE AS REC'D		COMPLETE FOR TRANSFERS ONLY		FROM SCENE		AT DESTIN	
CARE IN PROGRESS ON ARRIVAL		MECHANISM OF INJURY		CHIEF COMPLAINT		SUBJECTIVE ASSESSMENT		IN SERVICE	
PRESENTING PROBLEM		PAST MEDICAL HISTORY		CURRENT MEDICATION		OBJECTIVE PHYS		COMMENTS	
TREATMENT		DISPOSITION		DISP. CODE		CONTINUATION FORM USED			

ATTACHMENT 3
PRE-HOSPITAL CARE REPORT

PAGE 2 OF 2

NON-HOSPITAL DISPOSITION CODES:

NURSING HOME..... 001
OTHER MEDICAL FACILITY..... 002
RESIDENCE..... 003
TREATED BY THIS UNIT, TRANSPORTED
BY ANOTHER UNIT..... 004
REFUSED MEDICAL AID OR
TRANSPORT..... 005
CALL CANCELLED..... 006
STANDBY ONLY (NO PATIENT).....
NO PATIENT FOUND.....
OTHER.....

THE RULE OF NINES
Estimation of Burned
Body Surface
(PERCENT)

Hospital Receipt / Patient

COMPLETE COPY OF

REFUSAL OF TREATMENT / TRANSPORT
NEGATIVE

EXPLANACION DE REFUSO DE TRATAMIENTO

COMPLETE (AGENCY) COPY ONLY

LLENE UNA COPIA PARA LA AGENCIA (DE LA AGENCIA)

I hereby refuse (treatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Mediante la presente declaro que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la ambulancia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mis deseos expresos.

Signed: _____
Firma: _____
Witness: _____
Testigo: _____

Glasgow Coma Scale

Eye Opening	Spontaneous	4	Patient's Best Verbal Response
	To Voice	3	
	To Pain	2	
	None	1	
Verbal Response	Oriented	5	Arouse patient with voice or painful stimulus
	Confused	4	
	Inappropriate Words	3	
	Incomprehensible Sounds	2	
Motor Response	None	1	Patient's Best Motor Response
	Obeys Command	6	
	Localizes Pain	5	
	Withdraw (pain)	4	
	Flexion (pain)	3	
	Extension (pain)	2	
	None	1	

Total GCS Score: 3-15

ICD DIAGNOSTIC CODE

INSURANCE
ID #

CARRIER

1 ☐ MEDICARE 2 ☐ MEDICAID 3 ☐ BLUE CROSS 4 ☐ COMMERCIAL INSURANCE 5 ☐ SELF PAYWAS THIS A WORKERS' COMPENSATION INJURY ☐ YES ☐ NO INSURANCE CODE _____

PATIENT'S EMPLOYER _____ PHONE (____) _____

EMPLOYER'S ADDRESS _____

RESPONSIBLE PARTY _____ PHONE (____) _____

ADDRESS _____ (ZIP) _____ RELATION _____

NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY OPERATIONS FACILITY ACTIVATION*
EAP-14.2
REVISION 19

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:


RESPONSIBLE PROCEDURE OWNER

DATE: 7/10/2000

EFFECTIVE DATE:

July 13, 2000

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

*
* INFORMATIONAL USE *
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PERIODIC REVIEW DUE DATE: FEBRUARY 2002

REVISION SUMMARY SHEET

REV. NO.

- 19 On page 13, added number 4 "Ensure portal monitor and portable frisker are setup and ready for use.
- 18 Add Attachment 4 to provide instructions for use of video equipment at the EOF. (ACT-98-33547)
- Add Attachment 5 to provide a checklist as an aid in ensuring EOF readiness.
- 17 1Section 4.3.3, page 7: revised "headquarters EOC" to read "Authority Headquarters". HQ Response/Recovery Organization is being realigned as part of this revision. HQ ERC is being eliminated as part of this revision. EAP-1.1 notifications will continue to be made to the Authority Headquarters as needed for information only.
- Attachment 2, page 10: revised "WPO IP-3 Alternate EOF" to read WPO (Authority Headquarters)". HQ ERC is being eliminated as part of this revision. Telephone communications will continue to exist between JAF and HQ.
- 16 Added procedures EAP-37, SAP-13, EAP-29, EAP-17, EAP-1.1, EAP-4, and EAP-5.3 to performance references.
- Page 6, 4.2.8: Added acronym "RECS" to Radiological Emergency Communications System for clarity.
- Page 7, 4.3.3: Deleted the acronym "EOC" as incorrect term.
- Pages 5,6,8: Procedure title capitalized and underlined to be consistent.
- Page 10, IIIE: Changed "Maintenance" to Maximum" as correct word.
- Periodic Review Due Date Changed to reflect AP-02.04 five year requirement - (Previously, E-Plan Department imposed a one year Periodic Review Due Date)
- Page 6: Removed "Recovery Manager" from "The Emergency Director/Recovery Manager.

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1.0 PURPOSE

This procedure provides instructions necessary to activate the Emergency Operations Facility (EOF) located next to the Oswego County Airport near Fulton (Volney), N.Y.

2.0 REFERENCES**2.1 Performance References**

- 2.1.1 EAP-1.1, Offsite Notifications*
- 2.1.2 EAP-4, Dose Assessment Calculations*
- 2.1.3 EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring*
- 2.1.4 EAP-17, Emergency Organization Staffing*
- 2.1.5 EAP-29, EOF Ventilation Isolation Durnig an Emergency*
- 2.1.6 EAP-37, Security of the EOF and EL During Drills, Exercises and Actual Events*
- 2.1.7 SAP-13, EOF Security and Fire Alarm Systems During Normal Operations*

2.2 Developmental References

- 2.2.1 IAP-2, Classification of Emergency Conditions*

3.0 INITIATING EVENTS**3.1 Both of the following conditions exist:**

- 3.1.1 An emergency has been declared per IAP-2.
- 3.1.2 A decision has been made by the Emergency Director to activate the EOF.

4.0 PROCEDURE

4.1 Procedural Responsibilities

4.1.1 EOF Manager

Responsible for facility activation. This procedure describes a method to activate the EOF (Attachment 1, Facility Status Guidelines). The EOF Manager can vary this procedure to accommodate ad hoc changes that may be necessary. Individual EOF team members can be designated to complete the listed procedural items.

4.1.2 EOF Personnel Responsibilities

As EOF staff arrive at the EOF, they shall ascertain if the EOF is being activated per this procedure. If not, they should attempt EOF activation per this procedure until arrival of the EOF Manager.

4.2 EOF Activation

4.2.1 JAFNPP employees designated as EOF Manager are supplied with keys to the EOF.

4.2.2 Upon arrival at the facility, personnel access shall be in accordance with EAP-37, along with any needed reference to SAP-13.

4.2.3 Follow appropriate instructions regarding the use of monitoring instruments inside the entrance to the EOF and ensure their use by entering personnel. (Materials/equipment are in the decon room area).

4.2.4 The Rad Support Coordinator shall determine if at any time the need exists for an EOF Radiation Protection Technician to perform habitability surveys, distribution of personnel dosimetry, and necessity to implement EAP-29.

4.2.5 Assure log sheets, message forms, in (and out) baskets, pads and pens, and phone books are at the appropriate desks.

4.2.6 Turn the volume up on the radios and RECS speaker and assign an individual to monitor them.

- 4.2.7 Verify all necessary communications equipment is present and test for proper operation. Attachment 2, EOF Telephone List, may be referred as a guide.
- 4.2.8 Ensure the Radiological Emergency Communications System (RECS) and other communications links are staffed by appropriate personnel (technical/non-technical).
- 4.2.9 The EOF Manager, in consultation with the Staffing Coordinator, if necessary, shall inform the ED when the EOF is STAFFED. The normal positions to staff the EOF will include (see EAP-17):
- A. Emergency Director/Recovery Manager**
 - B. EOF Manager*
 - C. Emergency Director Aide
 - D. Rad Support Coordinator*
 - E. Rad Support Staff (as needed)*
 - F. Public Information Liaison and Assistant
 - G. Technical Liaison*
 - H. Staffing Coordinator
 - I. Communicators (as needed)*

*indicates functions that should be able to be performed prior to declaring EOF staffed or operational. However, the Emergency Director may change the staff required based upon the event at hand.

Functionally, the EOF should be able to provide direction for offsite response, including dose assessment and protective action recommendations, assist with communications, coordinate offsite security and provide in depth information to offsite authorities and the JNC.

**The EMERGENCY DIRECTOR does not need to be present in order to declare the EOF STAFFED.

NOTE: Prior to the EOF being declared operational, the Emergency Director may decide to relieve the TSC staff of the responsibility for dose assessment if that activity can be handled effectively. Once the ED has assumed responsibilities at the EOF, it may be declared operational.

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- 4.2.10 Assign clerk to assist State/County liaisons if requested.
 - 4.2.11 Synchronize clock with TSC.
 - 4.2.12 Ensure video equipment is ready for use per Attachment 4.
 - 4.2.13 Verify EOF readiness using Attachment 5.
- 4.3 **EOF Activities (when operational):**
- 4.3.1 Technical liaison maintains continuous communications with Control Room, TSC, and OSC on emergency facility hotline for status reporting.
 - 4.3.2 Determine protective actions to be recommended to state, local, and federal officials using EAP-4, and transmit them in accordance with EAP-1.1.
 - 4.3.3 Perform initial and update notifications to Authority Headquarters, INPO, ANI, etc. as required using TSC/EOF checklist, Attachment 8 of EAP-1.1.
 - 4.3.4 Brief, dispatch, and control downwind survey/sample teams per EAP-5.3.
 - 4.3.5 Review press releases to be used at the Joint News Center.
 - 4.3.6 Coordinate availability of staffing for 24 hour coverage.
 - 4.3.7 Coordinate requests for assistance from outside agencies.
 - 4.3.8 Emergency Director or EOF Manager periodically brief staff using Attachment 3, EOF Briefing Checklist, for guidance.

4.4 The Oswego County Liaison should report to the EOF for a plant status briefing from the EOF Manager or designee prior to being dispatched to the Oswego County Emergency Operations Center.

4.4.1 The Oswego County Liaison shall be dispatched at a Site Area Emergency or General Emergency, and may be dispatched at other classifications if necessary.

4.5 If an emergency generator is required, call 1-800-333-0519 with the following information. Ensure an EOF call-back number is provided:

NOTE: Cable for generator connection is in loading dock area.

4.5.1 New York Power Authority has an emergency situation and needs to rent a generator.

4.5.2 Minimum generator requirements are:

175 KW
277/480 volt
3-phase

4.5.3 EOF location is Route 176 at the Oswego County Airport.

4.6 EOF personnel will secure the EOF to normal status, as directed by the Emergency Director, when the EOF is no longer needed for the control of the situation with reference to EAP-37.

5.0 ATTACHMENTS

1. FACILITY STATUS GUIDELINES
2. EOF TELEPHONE LIST
3. EOF BRIEFING CHECKLIST
4. EOF VIDEO SYSTEM OPERATION
5. EOF ACTIVATION CHECKLIST

ATTACHMENT 1
FACILITY STATUS GUIDELINES

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These three conditions describe the various stages of facility readiness:

Activated - An order has been made to activate an emergency response facility, and the facility is in the process of being staffed.

Staffed - The emergency response facility has been activated and sufficient personnel are available to perform the required functions as determined by the facility manager.

Operational - The emergency facility has been activated and staffed, and has assumed responsibilities for performing its intended functions.

ATTACHMENT 2
EOF TELEPHONE LIST

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All extensions are prefixed with 593-
 To activate paging system – dial "5899"

<u>Position</u>	<u>Extension</u>	<u>Position</u>	<u>Extension</u>
Clerks	5955	Niagara Mohawk ED	5864
	5960		5874
Communicators	5830	Oswego Co. Liaison	5970
Computer Operator	5923	Public Information	5700
Conference Room Speaker Phone	5800	Public Information Fax	5834
		Technical Assistance	
Conference Room Wall Phone	5802	Purchasing/Account	5885
Dose Assessment Clerk	5993	Rad Data Coordinator	5996
Dose Assessment Coordinator	5995	Rad Support Coordinator	5850
Downwind Survey Team	5991		
Radio Operator		RECS Communicator	5875
Cellular Phone	593-4183		
Emergency Director Aide	5844	Security Entrance	5716
Emergency Director	5840		
	5845	Security Office	5715
Cellular Phone	439-6879		
EOF Manager	5835	Staffing Coordinator	5880
Fax (receiving #1)	5951		
Fax (receiving #2)	5953	Technical Liaison	5825
Fax (sending)	5952	Telephone.Mech Room	5721
Fax (verification)	5955		
	5960	<u>TIE LINES</u>	
Kitchen	5801	86 – SYRACUSE	
Loading Dock	5780	87 – WATERTOWN	
Main Switchboard Number	5700	82 - JAF PLANT	
		<u>TIES LINES OFF JAF SWITCH</u>	
Meteorologist	5994	711 – NYO	
		718 – WPO	
New York State Liaison	5972	714 - IP3	
New York State Liaison Fax	5975	<u>WPO (AUTHORITY HEADQUARTERS)</u>	
		914-681-6353 OR	
		914-682-8307 OR	
		TIE LINE 82-718-XXXX	
		WPO MAIN NUMBER 914-681-6200	

ATTACHMENT 3
EOF BRIEFING CHECKLIST

Page 1 of 1

EOF Manager should brief the facility **EVERY 60 MINUTES** or sooner if plant conditions change.

- I. Emergency Classification
- II. Plant Conditions
 - A. Plant Status (stable, improving, degrading)
 - B. Major Equipment Failures or Problems Encountered (inoperative, malfunctioning)
 - C. Other Changes in Plant Condition since last briefing
 - D. Maintenance Work in Plant
 - E. Offsite Assistance called for
- III. Radiological Conditions
 - A. Source of Release if occurred, potential for or releasing
 - B. Expected Release Duration
 - C. General Wind Direction and Speed
 - D. Release Rate
 - E. Maximum Offsite Doses and Location
 - 1. Measured, or
 - 2. Calculated
- IV. Protective Action Recommendations
 - A. JAFNPP Building Evacuations or Site Evacuation
 - B. JAFNPP Protective Action Recommendations
- V. Governmental and Media Actions
 - A. County Implemented Protective Actions
 - B. Prompt Notification System Use
 - C. Joint News Center Status
 - D. Law Enforcement Actions
 - E. Reception Center Status
 - F. Press Releases
- VI. JAFNPP Accountability Status
 - A. Missing Persons
 - B. Injured Personnel
- VII. Status of Other Facilities
- VIII. Solicit Additional Information from EOF Staff
 - A. Technical Coordinators
 - B. Rad Assessment Coordinator
 - C. Oswego County
 - D. New York State
 - E. Federal Agencies
 - F. Public Information Liaison

ATTACHMENT 4
EOF VIDEO SYSTEM OPERATION

NOTE: The following table shows use of EOF displays:

DISPLAY	SOURCE
Left Monitor	EPIC
Right Monitor	Technical Liason Computer
Left Screen	SONY Projector
Right Screen	EPIC

1. Turn on track lighting using dimmer switches on east wall of entrance hallway.
2. Turn off fluorescent lights in the front portion of the EOF using the top row of dimmer switches on the west wall of entrance Hallway.
3. Lower both overhead projection screens using the UP/DOWN switches on the east wall of the entrance hallway.
4. Turn on each of the two 42 inch Mitsubishi monitors as follows:
 - a. Depress the power switch on front of the unit and verify the Red power light is on.
 - b. Depress the pushout panel to the right of the power button to slide the control panel out.
 - c. Depress the power button on the control panel and verify the power light turns Green.
5. At the audio/video communications rack in the Communications Room, ensure the Black Box selector switch is in the EPIC position.
6. Turn on the NYPA Technical Liaison PC and monitor.
7. Turn on each of the two overhead projectors as follows:
 - a. Turn on power using the switch next to the power cord (rear of unit, upper right). Verify status light is Orange or Green.

NOTE: Orange light indicates unit is in standby mode.
Green light indicates unit is in projection mode.

 - b. Depress POWER button on bottom of unit as necessary until status light is Green.
8. Turn on Sony projector using power switch.

ATTACHMENT 5
EOF ACTIVATION CHECKLIST

Page 1 of 1

DESCRIPTION	VERIFIED	
	INIT	TIME
1. ED at TSC or Control Room notified when EOF is staffed per Step 4.2.9		
2. ED has made a facility announcement declaring the EOF operational		
3. Ensure communications equipment ready for use: • RECS speaker volume turned up • Radio speaker volume turned up • FAX machines on • Telephones have dial tone		
4. Ensure portal monitor and portable frisker are setup and ready for use.		
5. Status boards updated		
6. Clock synchronized with Control Room, OSC, TSC, and JNC as applicable		
7. Environmental Lab notified if EOF actived during normal working hours		
8. Video display equipment ready for use per Attachment 4		
9. Rad Support Coordinator has taken the following actions if abnormal radiological conditions exist or are suspected, as necessary: • Assigned a Rad Tech to conduct habitability surveys (EAP-14.6) • Distributed dosimetry to EOF personnel (EAP-35) • Isolated EOF ventilation (EAP-29)		