

VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261

August 22, 2000

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D.C. 20555

Serial No.	00-432
NAPS/JHL	
Docket Nos.	50-338
	50-339
License Nos.	NPF-4
	NPF-7

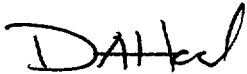
Gentlemen:

VIRGINIA ELECTRIC AND POWER COMPANY
NORTH ANNA POWER STATION UNITS 1 AND 2
REVISION TO EMERGENCY PLAN IMPLEMENTING PROCEDURES

Pursuant to 10 CFR 50.54(q), enclosed are recent revisions to North Anna Power Station Emergency Plan Implementing Procedures. The revisions do not implement actions that decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b).

Please update your manual by performing the actions described in Attachment 1, Tabulation of Changes.

Very truly yours,



D. A. Heacock
Site Vice President

Commitments Stated or Implied: None.

Enclosures

cc: U.S. Nuclear Regulatory Commission (2 copies)
Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, GA 30303

Mr. M. J. Morgan
NRC Senior Resident Inspector
North Anna Power Station

A045

**ATTACHMENT 1
TABULATION OF CHANGES**

**VIRGINIA ELECTRIC AND POWER COMPANY
REVISION TO NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES**

Enclosed are recent revisions to North Anna Power Station Emergency Plan Implementing Procedures (EIPs). Please take the following actions in order to keep your manual updated.

REMOVE AND DESTROY	DATED	INSERT	EFFECTIVE DATE
EPIP-4.02, Rev. 11	5/10/96	EPIP-4.02, Rev. 12	8/2/00
EPIP-5.07, Rev. 10	9/17/98	EPIP-5.07, Rev. 11	8/2/00

Emergency Plan Privacy and Proprietary Material has been removed. Reference Generic Letter No. 81-27.

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DHIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-1.01	032	09/07/99	10/01/99	EMERGENCY MANAGER CONTROLLING PROCEDURE
EPIP-1.02	011	09/07/99	10/01/99	RESPONSE TO NOTIFICATION OF UNUSUAL EVENT
EPIP-1.03	014	09/07/99	10/01/99	RESPONSE TO ALERT
EPIP-1.04	014	09/07/99	10/01/99	RESPONSE TO SITE AREA EMERGENCY
EPIP-1.05	016	09/07/99	10/01/99	RESPONSE TO GENERAL EMERGENCY
EPIP-1.06	002	02/02/95	02/08/95	PROTECTIVE ACTION RECOMMENDATIONS
EPIP-2.01	020	03/26/99	05/17/99	NOTIFICATION OF STATE AND LOCAL GOVERNMENTS
EPIP-2.02	014	01/04/99	01/29/99	NOTIFICATION OF NRC
EPIP-2.04	003	08/07/92	08/07/92	TRANSMITTAL OF PLANT, RADIOLOGICAL AND EMERGENCY STATUS
EPIP-3.02	018	12/17/97	01/07/98	ACTIVATION OF TECHNICAL SUPPORT CENTER
EPIP-3.03	012	12/20/93	01/01/94	ACTIVATION OF OPERATIONAL SUPPORT CENTER
EPIP-3.04	015	07/14/98	07/20/98	ACTIVATION OF LOCAL EMERGENCY OPERATIONS FACILITY
EPIP-3.05	001	09/07/99	10/01/99	AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION
EPIP-4.01	016	05/12/99	05/17/99	RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
EPIP-4.02	012	07/25/00	08/02/00	RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE
EPIP-4.03	011	12/20/93	01/01/94	DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE
EPIP-4.04	009	11/21/94	11/28/94	EMERGENCY PERSONNEL RADIATION EXPOSURE
EPIP-4.05	009	01/28/00	02/04/00	RESPIRATORY PROTECTION AND KI ASSESSMENT
EPIP-4.06	009	12/21/95	12/28/95	PERSONNEL MONITORING AND DECONTAMINATION
EPIP-4.07	013	02/02/95	02/08/95	PROTECTIVE MEASURES
EPIP-4.08	012	07/19/95	07/21/95	INITIAL OFFSITE RELEASE ASSESSMENT
EPIP-4.09	011	07/19/95	07/21/95	SOURCE TERM ASSESSMENT
EPIP-4.10	010	04/23/98	04/28/98	DETERMINATION OF X/Q

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DHIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-4.13	008	12/20/93	01/01/94	OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA
EPIP-4.14	007	12/20/93	01/01/94	INPLANT MONITORING
EPIP-4.15	011	02/18/00	02/28/00	ONSITE MONITORING
EPIP-4.16	014	02/18/00	02/28/00	OFFSITE MONITORING
EPIP-4.17	014	08/12/98	08/14/98	MONITORING OF EMERGENCY RESPONSE FACILITIES
EPIP-4.18	011	08/12/98	08/14/98	MONITORING OF LEOF
EPIP-4.21	008	12/20/93	01/01/94	EVACUATION AND REMOTE ASSEMBLY AREA MONITORING
EPIP-4.22	013	04/02/93	04/02/93	POST ACCIDENT SAMPLING OF CONTAINMENT AIR
EPIP-4.23	013	03/13/96	03/18/96	POST ACCIDENT SAMPLING OF REACTOR COOLANT
EPIP-4.24	010	07/20/99	07/22/99	GASEOUS EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.25	008	07/23/93	07/23/93	LIQUID EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.26	010	11/05/96	11/13/96	HIGH LEVEL ACTIVITY SAMPLE ANALYSIS
EPIP-4.28	007	01/09/97	01/14/97	TSC/LEOF RADIATION MONITORING SYSTEM
EPIP-4.30	004	01/04/99	01/08/99	USE OF MIDAS CLASS A MODEL
EPIP-4.31	003	06/20/94	06/20/94	USE OF MIDAS CLASS B MODEL
EPIP-4.33	002	04/23/98	04/28/98	HEALTH PHYSICS NETWORK COMMUNICATIONS
EPIP-4.34	002	02/18/00	02/28/00	FIELD TEAM RADIO OPERATOR INSTRUCTIONS
EPIP-5.01	011	12/11/96	12/17/96	TRANSPORTATION OF CONTAMINATED INJURED PERSONNEL
EPIP-5.03	016	02/18/00	02/28/00	PERSONNEL ACCOUNTABILITY
EPIP-5.04	008	07/20/99	07/22/99	ACCESS CONTROL
EPIP-5.05	013	06/25/96	07/02/96	SITE EVACUATION
EPIP-5.07	011	07/25/00	08/02/00	ADMINISTRATION OF RADIOPROTECTIVE DRUGS
EPIP-5.08	006	11/05/98	11/10/98	DAMAGE CONTROL GUIDELINE

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-5.09	003	03/26/99	03/31/99	SECURITY TEAM LEADER CONTROLLING PROCEDURE
EPIP-6.01	007	05/12/99	05/17/99	RE-ENTRY/RECOVERY GUIDELINE

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER	PROCEDURE TITLE	REVISION
EPIP-4.02	RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	12
	(With No Attachments)	PAGE 1 of 14

PURPOSE

To assist Radiological Assessment Director in establishing the radiation protection program during an emergency.

LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work

ENTRY CONDITIONS

Any one of the following:

1. ALERT or higher emergency classification has been declared.
2. Activation by EPIP-4.01, RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE.
3. As deemed necessary by the Radiological Assessment Director.

Approvals on File

Effective Date 8/2/2000

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 PAGE 2 of 14
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

- NOTE:**
- The Health Physics (HP) staff should be relocated to the OSC or to the Emergency Switchgear Room if the HP area becomes uninhabitable.
 - A sequence of events (e.g., data transmission, team dispatch) should be recorded as accurately as time allows. Event times and your initials should be included.

____ 1 INITIATE PROCEDURE:

- By: _____
- Date: _____
- Time: _____

____ 2 ESTABLISH RADIATION PROTECTION SUPERVISOR OFFICE:

a) Verify HP area - HABITABLE:

a) Do the following:

- 1) Move HP to a habitable area.
- 2) Notify Exposure Control.
- 3) GO TO Step 3.

b) Initiate HP area monitoring

c) Use frisker, personnel contamination monitors and Count Room analysis equipment to check for indications of abnormal readings

d) Establish RPS Office in HP Shift Supervisor area

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 3 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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_____ 3 ESTABLISH COMMUNICATIONS WITH TSC:

- a) Establish telephonic communication (e.g., RAD, Dose Assessment)
- b) Establish radio communications:
 - 1) Set radio call group to "EPA"

2) Verify capability to contact TSC using radio

2) Notify RAD of radio inoperability.

NOTE: The Emergency Plan has an augmentation goal of 14 HP personnel for Alert or higher classification.

_____ 4 NOTIFY RAD OF NUMBER OF HP PERSONNEL AVAILABLE

_____ 5 ASK RAD FOR BRIEFING:

- Emergency Classification
- Plant Status
- Assistance required

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 4 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 6	ESTABLISH EXPOSURE CONTROL: a) Ensure an individual is available to staff the Exposure Control station b) Verify Exposure Control area - HABITABLE c) Have Exposure Control do the following: 1) Ensure a supply of TLDs is available for issue 2) Maintain exposure records 3) Assign dosimetry in accordance with normal HP procedures	b) Evaluate relocation to OSC.

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 5 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
7	<p>CHECK INPLANT MONITORING - REQUIRED:</p> <p>a) Ask RAD for the following:</p> <ul style="list-style-type: none"> • Required monitoring locations (consider ERFs, Security and Chemistry) • Type of surveys required <p>b) Evaluate possible radiological hazards in survey area(s)</p> <p>c) Assign Inplant Monitoring Team Leader and Member (only one must be an HP Technician)</p> <p>d) Initiate EPIP-4.14, INPLANT MONITORING</p> <p>e) Notify Inplant Monitoring Team Leader of the location and surveys required</p> <p>f) Ensure protective gear and monitoring equipment is provided, as necessary:</p> <ul style="list-style-type: none"> • Respirators • Protective Clothing • Dosimetry • Monitoring Equipment • Air Sampling Equipment <p>g) Identify routes of entry that may reduce exposure</p> <p>h) Assign portable radios and Radio Call Group to Inplant Monitoring Teams (Gai-Tronics may also be used)</p> <p>i) Send out team(s)</p> <p>j) Notify RAD of survey information, when received</p>	GO TO Step 8.

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 6 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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NOTE: Onsite monitoring teams should be dispatched upon an Alert classification, or as specified by Radiological Assessment Director.

____ 8 CHECK ONSITE MONITORING - REQUIRED: GO TO Step 9.

a) Ask RAD for the following:

- Monitor location
- Surveys required
- Radiological Hazards

b) Coordinate transportation (if required):

- Health Physics truck
- Site Vice President's Vehicle
- Station Manager's Vehicle

c) Assign On-site Monitoring Team Leader and Member (only one must be an HP Technician)

d) Initiate EPIP-4.15, ONSITE MONITORING

e) Notify Onsite Team leader of location and surveys required

f) Ensure protective gear and monitoring equipment is provided, as necessary:

- Respirators
- Protective Clothing
- Dosimetry
- Monitoring Equipment
- Air Sampling Equipment

g) Assign Radio Call Group

h) Send out monitoring team(s)

i) Establish radio contact with monitoring team(s)

j) Notify RAD of survey information, when received

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12
		PAGE 7 of 14

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 9 ESTABLISH ACCESS CONTROL:</p> <p style="margin-left: 40px;">a) Review Access Control Limits:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Where:</p> <ul style="list-style-type: none"> Airborne contamination exceeds 0.30 DAC Contamination \geq 1000 dpm per 100 cm² Survey indicates \geq 1000 mR/hr </div> <p style="margin-left: 40px;">b) Establish access control, when needed:</p> <ul style="list-style-type: none"> HP notification prior to entry Use of RWPs Roping and posting of affected areas 		

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 8 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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- NOTE:**
- A minimum of two (2) Offsite Monitoring Teams must be dispatched (i.e., sent into the field) at a Site Area Emergency or General Emergency.
 - Two Offsite Monitoring Kits, one Onsite Monitoring Kit and one Remote Assembly Area Monitoring Kit are located in the Exposure Control Facility.

____ 10 CHECK OFFSITE MONITORING - GO TO Step 11.
REQUIRED:

- a) Ask RAD for the following:
 - 1) Offsite monitoring locations
 - 2) Number of offsite teams
 - 3) Assessment of offsite radiological hazards
 - 4) Assessment of need to issue radioprotective drugs to monitoring teams
- b) Assign Offsite Monitoring Team Leader and Member (only 1 need be an HP Technician)
- c) Initiate EPIP-4.16, OFFSITE MONITORING
- d) Assist in obtaining vehicle:
 - Health Physics truck
 - Site Vice President's Vehicle
 - Station Manager's Vehicle
- e) Assign emergency kit/equipment:
 - Battery powered air sampler
 - RM-14 with H.P. 210 probe
 - Record number of Emergency Kits issued

(STEP 10 CONTINUED ON NEXT PAGE)

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 9 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
10	CHECK OFFSITE MONITORING - REQUIRED: (Continued) f) Give team briefing (include initial reporting location) g) Review protective gear required: <ul style="list-style-type: none"> • Respirator and/or radioprotective drugs • Protective clothing • Dosimetry h) Assign Radio Call Group i) Send out Monitoring Team(s)	

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12
		PAGE 10 of 14

STEP
ACTION/EXPECTED RESPONSE
RESPONSE NOT OBTAINED

NOTE: Monitoring of emergency response facilities (ERFs) should begin within 60 minutes following an ALERT classification.

____ 11 CHECK TSC/OSC/LEOF MONITORING -
REQUIRED:

GO TO Step 12.

- a) Evaluate the following when determining monitoring frequency:
 - Spread of contamination from service buildings
 - Status of effluent release
 - Increase in emergency classification
 - Change in plume direction
- b) Assign the following EPIP(s):
 - EPIP-4.17, MONITORING OF EMERGENCY RESPONSE FACILITIES
 - EPIP-4.18, MONITORING OF LEOF
 - EPIP-4.28, TSC/LEOF RADIATION MONITORING SYSTEM
- c) Notify RAD about ERF habitability and survey results

____ 12 CHECK PERSONNEL - CONTAMINATED:

GO TO Step 13.

- a) Check personnel - INJURED
- b) Initiate normal station HP procedure for responding to contaminated injured personnel
- c) Assign EPIP-4.06, PERSONNEL MONITORING AND DECONTAMINATION
- d) Update RAD on status

a) GO TO Step 12.c.

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 11 of 14
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

NOTE: EPIP-4.21, EVACUATION AND REMOTE ASSEMBLY AREA MONITORING, contains instructions for surveying parking areas to determine contamination levels prior to evacuation if a radiological release occurred and time is available.

13 CHECK EVACUATION MONITORING -
REQUIRED:

IF evacuation monitoring NOT
required, THEN GO TO Step 14.

a) Initiate EPIP-4.21, EVACUATION
AND REMOTE ASSEMBLY AREA
MONITORING

b) Notify RAD when team is
dispatched

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 12 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
14	<p>CHECK POST ACCIDENT SAMPLING - REQUIRED:</p> <ul style="list-style-type: none"> a) Verify post accident containment and/or reactor coolant sample - REQUIRED (verify with RAD) b) Assign in-plant survey to determine dose rate at sample station c) Notify RAD of survey results d) Initiate RWP (if required) e) Initiate the following (as necessary): <ul style="list-style-type: none"> • EPIP-4.22, POST ACCIDENT SAMPLING OF CONTAINMENT AIR • EPIP-4.23, POST ACCIDENT SAMPLING OF REACTOR COOLANT • EPIP-4.24, GASEOUS EFFLUENT SAMPLING DURING AN EMERGENCY • EPIP-4.25, LIQUID EFFLUENT SAMPLING DURING AN EMERGENCY f) Ensure HP coverage available during sampling and sample preparation 	GO TO Step 15.
15	GIVE SAMPLE ANALYSIS RESULTS TO RAD WHEN AVAILABLE	

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 13 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
____ 16	EVALUATE NEED FOR ADDITIONAL PERSONNEL: a) Ask RAD about projected duration of emergency b) Check relief shift and/or additional personnel - NEEDED c) Prepare relief schedule and/or increased staffing schedule d) Give schedule to RAD for approval e) Initiate callout of scheduled personnel (if needed) f) Notify RAD when callout complete	b) GO TO Step 17.
____ 17	CHECK TURNOVER - REQUIRED (due to arrival of a more senior HP representative or relief): a) Provide successor briefing on plant conditions and HP actions underway b) Notify RAD of position change c) Stay with relief for approximately 30 minutes	<u>IF</u> turnover <u>NOT</u> required, <u>THEN</u> GO TO Step 18.
____ 18	CONTINUE ASSESSMENT: a) Check emergency condition continues b) Repeat surveys and sampling as necessary to assess radiological hazards onsite c) RETURN TO Step 6	a) GO TO Step 19.

NUMBER EPIP-4.02	PROCEDURE TITLE RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	REVISION 12 <hr/> PAGE 14 of 14
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 19 TERMINATE EMERGENCY RESPONSE:</p> <p style="margin-left: 40px;">a) Notify HP staff when emergency is terminated</p> <p style="margin-left: 40px;">b) Review recovery actions with RAD</p> <p style="margin-left: 40px;">c) Maintain access control as required</p> <p style="margin-left: 40px;">d) Initiate replacement of procedures and equipment used during the emergency</p>		
<p>_____ 20 TERMINATE EPIP-4.02:</p> <p style="margin-left: 40px;">a) Give completed EPIP-4.02, all other applicable EIPs, forms and records to the Radiological Assessment Director</p> <p style="margin-left: 40px;">b) Completed By: _____</p> <p style="margin-left: 80px;">Date: _____</p> <p style="margin-left: 80px;">Time: _____</p>		

-END-

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-5.07	PROCEDURE TITLE ADMINISTRATION OF RADIOPROTECTIVE DRUGS (With 2 Attachments)	REVISION 11
		PAGE 1 of 4

PURPOSE

To obtain authorization and medical advice concerning administration of radioprotective drugs, and to provide information regarding dose and side effects to individuals who may be asked to take KI.

LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work

ENTRY CONDITIONS

Any one of the following:

1. Activation by another EPIP.
2. Activation by CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR.
3. Survey results indicate inhalation dose may have exceeded 25 Rem.
4. Entry into high airborne activity area where inhalation dose may exceed 25 Rem.

Approvals on File

Effective Date

8/2/2000

NUMBER	PROCEDURE TITLE	REVISION
EPIP-5.07	ADMINISTRATION OF RADIOPROTECTIVE DRUGS	11
		PAGE 2 of 4

STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

____ 1 INITIATE PROCEDURE:

• Initiated By: _____

Date: _____

Time: _____

NOTE: The Recovery Manager (RM) may authorize administration of KI for Offsite Monitoring Teams and LEOF personnel.

____ 2 GET AUTHORIZATION FROM SEM/RM:

IF authorization NOT granted, THEN GO TO Step 10.

- a) Review criteria for administering radioprotective drugs from controlling procedure with SEM/RM:
 - EPIP-4.05, RESPIRATORY PROTECTION AND KI ASSESSMENT
 - CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR
- b) Ask SEM/RM to approve use of radioprotective drugs
- c) Record SEM/RM approval in event log

____ 3 HAVE INDIVIDUAL(s) RECEIVING KI READ AND COMPLETE ATTACHMENT 1, RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT

IF individual does NOT sign Attachment 1, THEN do the following:

- a) Do NOT issue KI to individual
- b) IF other individual(s) selected, THEN continue procedure for processing other individuals.

IF NO other individual requires KI, THEN GO TO Step 10.

NUMBER EPIP-5.07	PROCEDURE TITLE ADMINISTRATION OF RADIOPROTECTIVE DRUGS	REVISION 11 PAGE 3 of 4
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>NOTE: Copies of the Emergency Personnel Notification List (EPNL) are maintained by Security, in the TSC, and in the LEOF/CEOF.</p>		
<p>4</p>	<p>NOTIFY MEDICAL STAFF:</p> <ul style="list-style-type: none"> a) Use EPNL (Position 291) to get telephone number for medical staff (Use Post-CERC Activation number after emergency response facilities activated) b) Notify medical staff of need to issue KI and to whom it will be issued c) Ask if KI should be issued to individual(s) who checked box 2, 3 or 4 of Attachment 1, Section III 	<p><u>IF</u> medical staff can <u>NOT</u> be notified immediately, <u>THEN</u> do the following:</p> <ul style="list-style-type: none"> 1) Continue this procedure. 2) Repeat attempts to contact medical staff.
<p>5</p>	<p>CHECK EITHER OF THE FOLLOWING CONDITIONS EXIST:</p> <ul style="list-style-type: none"> • Individual(s) checked Box 1 • Medical consent given for individual(s) who checked Box 2, 3 or 4 	<p><u>IF</u> Box 5 checked, <u>THEN</u> do the following:</p> <ul style="list-style-type: none"> a) Do <u>NOT</u> consider individual for emergency work. b) Do <u>NOT</u> issue KI. c) GO TO Step 10. <p><u>IF</u> medical consent <u>NOT</u> given, <u>THEN</u> GO TO Step 10.</p>
<p>6</p>	<p>GET TABLETS FROM NAPS MEDICAL FACILITY OR COUNT ROOM</p>	<p>Get alternate supply from Surry Power Station.</p>

NUMBER EPIP-5.07	PROCEDURE TITLE ADMINISTRATION OF RADIOPROTECTIVE DRUGS	REVISION 11 <hr/> PAGE 4 of 4
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>*****</p> <p><u>CAUTION:</u> Potassium iodide should not be used by people allergic to iodine without prior medical consent.</p> <p>*****</p> <p><u>NOTE:</u> Administration of radioprotective drugs is preferably done prior to exposure, although administration within 2 hours after exposure is considered acceptable.</p>		
<p>_____ 7</p>	<p>GIVE RADIOPROTECTIVE DRUGS TO DESIGNATED INDIVIDUAL</p>	
<p>_____ 8</p>	<p>COMPLETE ATTACHMENT 2, POTASSIUM IODINE ISSUE LOG</p>	
<p>_____ 9</p>	<p>DO FOLLOW-UP ASSESSMENT IAW NORMAL STATION PROCEDURES:</p> <p style="margin-left: 20px;">a) Wait at least 24 hours after exposure was received</p> <p style="margin-left: 20px;">b) Do follow-up assessment</p>	
<p>_____ 10</p>	<p>TERMINATE EPIP-5.07:</p> <ul style="list-style-type: none"> • Give EPIP-5.07, forms, and other applicable records to the Radiological Assessment Director/Radiological Assessment Coordinator • Completed by: _____ Date: _____ Time: _____ 	

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-5.07	RADIOPROTECTIVE DRUG DOSAGE, SIDE EFFECTS AND MEDICAL STATEMENT	11
ATTACHMENT 1		PAGE 1 of 1

SECTION I: DOSAGE AND SIDE EFFECTS

CAUTION

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

DIRECTIONS FOR USE: ADULTS: One (1) tablet once a day. DO NOT take tablet for more than 10 days.

SIDE EFFECTS:

Usually, side effects occur when people take higher doses for longer periods of time. Do not take more than the recommended dose and do not take dose for longer than the time that is recommended to you. Side effects are unlikely due to low doses over short periods of time.

Possible side effects are skin rashes, swelling of salivary glands, and "iodism" (metallic taste, burning of mouth and throat, sore teeth and gums, symptoms of 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, swelling of parts of the face and body, and 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 side effects are severe or if you have an allergic reaction, stop taking potassium iodide and call a doctor.

SECTION II:

1. ☐ I have read Section I, "DOSAGE AND SIDE EFFECTS".

SECTION III:

Note: Items 1 through 4 below should be answered to the best of your knowledge.

1. ☐ I have no known sensitivity to Iodine, nor do I have a medical condition that would make me reluctant to take Iodine tablets.
2. ☐ I have a known sensitivity to Iodine.
3. ☐ I have a medical condition that may negate my being able to take KI tablets, e.g., hyperthyroidism, hypothyroidism, etc.
4. ☐ I am currently taking thyroid hormone tablets.
5. ☐ I am a Declared Pregnant Worker under provisions of, or hereby state my intention to declare pregnancy in accordance with, VPAP-2101, Radiation Protection Program.

NAME: _____; _____; DATE: _____
(print) (signature)

