

November 21, 2001
PY-CEI/NRR- 2604L

United States Nuclear Regulatory Commission
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Washington, D. C. 20555

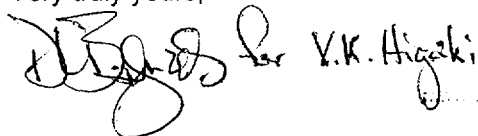
Perry Nuclear Power Plant
Docket No. 50-440
Submittal of Emergency Plan
Implementing Instructions

Gentlemen:

Pursuant to 10 CFR 50 Appendix E, enclosed are changes to the Emergency Plan Implementing Instructions (EPIs) for the Perry Nuclear Power Plant. These changes constitute revisions, temporary changes, or reissued pages. The changes do not decrease the effectiveness of the Emergency Plan. Please follow the updating instructions per the attached Controlled Document Instruction Sheet and return the signed Acknowledgment of Receipt form.

If you have questions or require additional information, please contact me at (440) 280-5294.

Very truly yours,



Vernon K. Higaki, Supervisor
Emergency Planning Unit

VKH:byr

Enclosure

cc: NRC Project Manager
NRC Resident Inspector
NRC Region III, Incident Response Center w/2 attachments

A045

FIRSTENERGY CORPORATION
PERRY NUCLEAR POWER PLANT
UNIT 1 & 2

ACKNOWLEDGMENT OF RECEIPT

Title Emergency Plan Implementing Instructions EPI – B1/ Rev.10 / C-5 and EPI – B4/Rev.9/C-2.

Control No. 60

Letter No./Date PY-CEI/NRR-2604L / November 21, 2001

Signature

Date

Title

Return to:

Perry Nuclear Power Plant
Attn: B.Y. Richardson, A240
P. O. Box 97
Perry, Ohio 44081

FIRSTENERGY CORPORATION

Perry Nuclear Power Plant

Controlled Document Instruction Sheet

Manual: Emergency Plan Implementing Instructions EPI – B1/ Rev.10 / C-5 and EPI – B4/Rev.9/C-2.

Control Number **60**

<u>Revision Number</u>	<u>Temporary Change No.</u>	<u>Insert</u>	<u>Remove and Replace</u>
10	5	EPI-B1 / Rev 10 / C-5	i thru iv, 19, 20
9	2	EPI-B4 / Rev 9 / C-2	Reissue Entire Document

EPI-B1
Page: i
Rev.: 10

PERRY OPERATIONS MANUAL

PNPP

Emergency Plan Implementing Instruction

No ☐ ☒ ☐

INFORMATION
ONLY

TITLE: EMERGENCY NOTIFICATION SYSTEM

REVISION: 10

EFFECTIVE DATE: 8-5-98

PREPARED: Joseph D. Anderson

4-7-98

/ Date

EFFECTIVE PIC's

PIC No.	Type of Change	Effective Date
1	Admin	8-12-98
2	Intent	2-10-99
3	Admin	10-9-00
4	Non-Intent	4-4-01
5	Non-Intent	11-12-01

EMERGENCY NOTIFICATION SYSTEM

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SCOPE OF REVISION:

Periodic Review - Required

- Rev. 10 -
1. Replaces ANI with Nuclear Electric Insurance Limited (NEIL) for notification of nuclear insurer.
 2. Incorporates State of Ohio Supplemental Actions form.
 3. Inserts ENS/HPN Circuit sample questions (IN #98-08).
 4. Add distribution instructions to Initial and Follow-up Notification forms.

SCOPE OF REVISION (Cont.):

- Rev. 10 - 5. Follow-up Notification form revised to address PAR under Block #8 and to clarify general information listed under Block #7.
6. Pager Messages form revised to address PIRT and JPIC activation.
 7. Deletes requirement for EPU to generate and distribute a post-event closeout summary to the State of Ohio and local counties.
 8. Eliminates reference to EPIs-A3, A4, and A5, which were consolidated into and superseded by EPI-A2.
 9. Deletes specific section references to EPI-A1.
 10. Deletes specific guidance on the completion of Block #8 on the Follow-up Notification Form (FNF).

Change History

PIC Number: 1 Affected Pages: i, iv, 19, 20, 22, 23, 24

Summary of Change:

1. Incorrect revision to PNPP No. 7794 and 7795 were incorporated into Procedure. The changes that are on these forms, have been approved by PORC.
-

PIC Number: 2 Affected Pages: i, iv, 17, 18

Summary of Change:

1. Incorporates scenario for limited mobilization of ERO in support of an E-Plan event declared at the Davis-Besse Station.
 2. Revises FFD question on Pager Messages form (PNPP No. 9100) for use of PBX/OPX Voice Mail Methods to address consumption of alcohol within 5 hours.
-

PIC Number: 3 Affected Pages: i, iv, 1, 2

Summary of Change:

1. Changing references to PAP-0224 to NOP-LP-1002.
-

PIC Number: 4 Affected Pages: i, iv, 1, 15, 17, 18, 22, 23, 24,
29, 30, 31, 32, 33

Summary of Change:

1. EPI-A2 incorrectly titled.
 2. Changed CEI reference to FirstEnergy.
 3. Attachment 1, PNPP No. 9100, added PIRT to the narrative for message number 8.
 4. Attachment 4, PNPP No. 7795, Sheet 1 of 2, corrected communicator instruction; Step b was missing. Step 8.b of the form was changed; "above normal" was inserted, replacing "Elevated".
 5. Attachment 8, PNPP No. 7880, was revised by the State of Ohio.
 6. Attachment 9, PNPP No. 7881, was revised by the counties based on the State of Ohio's revised form.
 7. Attachment 10, PNPP No. 10062, was revised by the State of Ohio.
-

PIC Number: 5 Affected Pages: i, iv, 19, 20

Summary of Change:

1. Re-formatted the Initial Notification Form (PNPP No. 7794) to make it more user friendly and deleted any reference to sheltering since there is nothing in our Protective Action Recommendation procedure that would direct sheltering.
-

INITIAL NOTIFICATION

PNPP No. 7794 Rev. 9/17/01

Page 1 of 2

EPI-B1

1. This is the Perry Nuclear Power Plant:

- ☐ Control Room ☐ Technical Support Center (TSC) ☐ Emergency Operations Facility (EOF)
☐ Backup EOF

(Communicator: State your NAME and ERO POSITION TITLE.)

2. This is a(n): ☐ Actual Emergency ☐ Drill

For step 3 below: Use only step 'a' when classifying or reclassifying an event. Use both steps 'a' & 'b' when simultaneously classifying and terminating from an Unusual Event or Alert. Use step 'c' when classifying after a transitory event. Use step 'd' when revising a protective action recommendation.

3. a. A (n) ☐ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY has been declared at _____ hours on ____ / ____ / ____ based on EAL(s): _____.

b. The emergency situation has been terminated at _____ hours on ____ / ____ / ____
(Time) (Date)

c. A transitory event has occurred which would have required the declaration of a(n):

- ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

but was mitigated prior to classification. Current event status is at a(n):

☐ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY
declared at _____ hours on ____ / ____ / ____ based on EAL(s): _____
(Time) (Date)

d. General Emergency protective actions are being changed at _____ hours on ____ / ____ / ____
(Time) (Date)

4. Brief non-technical description of event: _____

- 5.** ☐ a. NO unplanned radioactive release has occurred.
☐ b. An unplanned radioactive release is in progress.

6. Utility recommended protective actions:

- ☐ a. None.
☐ b. Evacuation of people in Subareas: 1 2 3 4 5 6 7 Lake Erie (circle)

7. I repeat, this is a(n): ☐ Actual Emergency ☐ Drill

COMMENTS:

Notification is due at: _____ hours on ____ / ____ / ____
(Time) (Date) **EMERGENCY COORDINATOR APPROVAL (signature)**

INITIAL NOTIFICATION

PNPP No. 7794 Rev. 9/17/01

Page 2 of 2

EPI-B1

COMMUNICATOR INSTRUCTIONS:

- A. Ensure Items 1-7 (page 1) are completed, and Emergency Coordinator has approved release of information.
- B. Pickup the "5-Way" Ringdown. As parties answer, perform a roll call to verify that the State and county agencies listed below are on-line; record time contacted below. If party does NOT answer, initiate a separate call per EPI-B1.

	TIME CONTACTED	5-WAY USED?			TIME CONTACTED	5-WAY USED?	
		YES	NO			YES	NO
ASHTABULA COUNTY	_____	<input type="checkbox"/>	<input type="checkbox"/>		LAKE COUNTY	_____	<input type="checkbox"/> <input type="checkbox"/>
GEAUGA COUNTY	_____	<input type="checkbox"/>	<input type="checkbox"/>		STATE OF OHIO	_____	<input type="checkbox"/> <input type="checkbox"/>

Read the following: **"Please obtain an Initial Notification form to copy this transmission. Communication on the "5-Way" Circuit is being recorded."** (Pause 5-10 seconds to allow agencies to obtain form before continuing.) Read the following: **"The current date and time is: date / / , time."**

- C. Transmit data on page 1. When completed, record the name of contact below; request a call back if the 5-Way was NOT used.

NOTE: The following step can be done in parallel with step C. above if additional communicators are available.

- D. Once State and county agencies have been contacted, initiate call on NRC ENS Circuit. Read the following: **"The following is a communication from the Perry Nuclear Power Plant. Communication on the ENS Circuit is being recorded."**
- E. Transmit data on page 1. When completed, record the name of contact below; request a call back if the ENS was NOT used.

TIME NRC CONTACTED: _____

If the "5-Way" Ringdown or ENS Circuit was NOT used, a verification call back is required.

ORGANIZATION	PERSON CONTACTED	JOB TITLE	TIME OF CALLBACK (If Applicable)
Ashtabula County			<input type="checkbox"/> N/A
Geauga County			<input type="checkbox"/> N/A
Lake County			<input type="checkbox"/> N/A
State of Ohio			<input type="checkbox"/> N/A
Nuclear Regulatory Commission			<input type="checkbox"/> N/A

COMMON OFFSITE ACRONYMS:

SD Sheriff's Department

HP Highway Patrol

OSHP Ohio State Highway Patrol

EOC Emergency Operations Center

EMA Emergency Management Agency

OEMA Ohio Emergency Management Agency

Communicator(s) Name: (1) _____ (2) _____

[TSC & EOF ONLY] Forward a copy of completed form to the Information Liaison and Regulatory Affairs Coordinator.

CONTROLLED COPY

No ☒ ☐ ☐ ☐

Emergency Plan Implementing Instruction

INFORMATION
ONLY

TITLE: FIRST AID AND MEDICAL CARE

REVISION: 9

EFFECTIVE DATE: 3-5-97

PREPARED: Joseph D. Anderson

11-1-96
/ Date

EFFECTIVE PIC'S

[illegible]

FIRST AID AND MEDICAL CARE

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SCOPE OF REVISION:

Periodic Review - Required

- Rev. 9 -
1. Revises responsibilities to address use of certified EMTs, and to clarify Fire Protection Unit and Site Protection Section responsibilities.
 2. Updates references to address consolidation of FAT training into SAI-0014 and elimination of SFI-0050 for periodic inventories.
 3. Revises definitions to clarify FAT complement, assignment of FAT Leader, and use of certified EMT.
 4. Actions inserted based on assessment of injuries in to "Emergency Response" and "Ambulatory Patient" categories.
 5. Reference to the Site Dispensary and walk-in first aid stations inserted for "ambulatory patients."
 6. Instruction revised in its entirety to clarify and streamline SAS, FAT, and HP actions.
 7. Eliminates requirement to dressout ambulance with herculite covering.

Change History

PIC Number: 1 Affected Pages: i, ii, iv, 1, 2, 3, 5, 7, 8, 10, 11, 12, 13,

Summary of Change:

1. Health Physics and HP were replaced with Radiation Protection and RP as appropriate.
 2. Delete reference to PAP-1122 "On-Call Plant Support" from the use reference and from Section 5.2.4a, the procedure has been deleted.
 3. Added "Integrated On-Call Report" to the use reference
 4. Sections 5.3.3.4 and 5.8.1a - Corrected the reference from the 599' CC Radiological Restricted Area to 620' CC Radiological Restricted Area
-

PIC Number: 2 Affected Pages: i, iv, 5

Summary of Change:

1. Change number of hours for notification to NRC from 4 to 8 at 5.2.4.b. to reflect changes in Federal Regulations 10CFR50.72 and 10CFR50.73.
-

FIRST AID AND MEDICAL CARE

1.0 PURPOSE

To provide organizational responsibilities, administrative controls, and guidance for the response of the Perry Plant First Aid Team (FAT) to the scene of an injury onsite and to outline the notification requirements for offsite medical support. This instruction does not serve as a company policy statement on the medical care and treatment of an individual at the Perry Plant.

2.0 REFERENCES

2.1 Source References:

1. Emergency Plan for PNPP Docket No. 50-440, 50-441
2. "Decontamination and Treatment of the Radioactivity Contaminated Patient at Lake East and West Hospitals"

2.2 Use References:

1. Security Administrative Instruction (SAI) 0014: "Security Training Program"
2. Centerior Energy Company, Safety and Health Compliance Directive: "Exposure Control Plan for Bloodborne Pathogens"
3. Emergency Plan Implementing Instruction (EPI) B11: "Emergency Dosimetry Issue"
4. Plant Administrative Procedure (PAP) 1604: "Reports Management"
5. Integrated On-Call Report
6. Security Post Instruction (SPI) 0010: "Vehicle Access"
7. Ohio Revised Code (ORC), Section 3303.15
8. Nuclear Operating Administrative Procedure (NOP) LP-3001: "Safety and Health Program"
9. Security Post Instruction (SPI) 0027: "Security Operations - Organization Duties and Responsibilities"
10. Commitments addressed in this document:

3.0 DEFINITIONS

3.1 Emergency Care

Immediate and temporary care that is administered to the victim of an accident or sudden illness until the services of more qualified medical personnel can be obtained.

3.2 First Aid Team (FAT)

The FAT will be manned by two on-shift members of the plant staff, who, as a minimum, are trained to American Red Cross Standard First Aid and to American Red Cross Cardiopulmonary Resuscitation (CPR). Training requirements for Site Protection Section FAT members are outlined in <SAI-0014>.

A member of the on-shift FAT will assume the role of FAT Leader. However, when available, a certified Emergency Medical Technician (EMT) will assume primary responsibility for patient care and assessment and treatment of injuries.

3.3 Certified Emergency Medical Technician

A site employee who possesses a current valid Emergency Medical Technician's (EMT) certificate issued by the State of Ohio and has been approved to function under local medical control as stated in Section 3303.15 of the Ohio Revised Code.

4.0 RESPONSIBILITIES

4.1 Control Room Shift Supervisor

1. Ensure that appropriate FAT personnel are requested to be dispatched to aid in the treatment of injured individual(s).
2. Ensure that appropriate offsite emergency organizations are notified, as required.

4.2 Secondary Alarm Station (SAS) Operator

1. Serve as a communications link between the scene and the Control Room regarding the medical status of a victim(s).
2. Serve as the communications link between Lake County Central Communications ("911") and the Perry Plant when requesting offsite fire department/ambulance support.
3. Notify and direct the FAT and Radiation Protection (RP) personnel to the scene of the injury.

4.3 First Aid Team (FAT)

1. Respond to medical emergencies and render emergency care within their level of training or in support of certified EMT.
2. Render medical care and decontamination of equipment/area, and ensure timely completion of documentation in compliance with <Exposure Control Plan for Bloodborne Pathogens>.

4.4 Radiation Protection Personnel

1. Evaluate the radiological conditions at the emergency scene and recommend actions to the FAT concerning the radiological aspects associated with sick or injured personnel.
2. Provide radiological assistance in surveying, decontaminating, and transporting contaminated, sick, or injured personnel.
3. Communicate the radiological status of victim(s) to Control Room Shift Supervisor and SAS prior to the victim(s) leaving the Protected Area.

4.5 Primary Vehicle Access Control Point (PACP) Officer

1. Ensure dosimetry is issued to offsite emergency personnel (i.e., ambulance or other fire department personnel) in accordance with <EPI-B11>.

4.6 Responsible Supervisor

1. Ensure a #NOP-LP-3001-01 Form "Employees First Notice of Injury/Illness" is submitted to the Safety Unit per NOP-LP-3001.

4.7 Health Center

1. Render appropriate care for the assessment and treatment of ambulatory patients.
2. Contact the Secondary Alarm Station (SAS) to request an offsite ambulance in response to a medical incident outside the Protected Area.

4.8 Certified Emergency Medical Technician

1. Assume primary responsibility from the FAT for the medical evaluation, treatment, and transfer of an injured victim.
2. Complete First Aid Team Report (PNPP No. 7346, Attachment 1) when care is provided by EMT at scene.

4.9 Supervisor, Security Training Unit

1. Ensure that active Site Protection Section (SPS) FAT members are qualified, and evaluate and correct any training concerns as identified.
2. Maintain and periodically inventory FAT responder kits and equipment stations per repetitive task program.

4.10 Fire Protection Coordinator

1. Ensure that EMT members are qualified, and maintain an updated listing of certified EMTs and paramedics.
2. Provide means for field identification and ranking of PNPP-certified EMTs and paramedics.
3. Maintain medical equipment designated for EMT or above use, and correct deficiencies when necessary.
4. Perform a periodic review of care quality provided for first aid incidents.

5.0 ACTIONS

5.1 Injured Person or Individual Discovering an Injured Person

1. Report the following information to the SAS or the Control Room using the quickest possible means:
 - a. Identify yourself by name.
 - b. Location of casualty.
 - c. Injury description.
 - d. Number and names of personnel involved, if known.
 - e. Assistance required, if known.
 - f. Any other pertinent information (contaminated area or personnel, other emergency conditions).

-- If trained, render basic life saving medical aid (ABC - airway maintenance, breathing control, circulation), until the arrival of the FAT.
2. Maintain communications with the SAS or Control Room and follow instructions to await FAT arrival or to report to a walk-in first aid station (located in PACP) or Health Center (Dispensary).

5.2 Control Room Shift Supervisor

1. When notified that a medical emergency exists, direct the SAS Operator to alert the FAT and, if the injury scene is in a Radiologically Restricted Area (RRA), to notify the on-shift RP Supervisor or Technician-In-Charge.
2. Dispatch an Operator to the accident location if the emergency involves actual or potential damage to plant systems.
3. Direct SAS Operator to immediately notify you when it is determined that the victim(s) will be transported to a local hospital.
 - a. Authorize the use of an alternate landing site, other than the Training Education Center (TEC) helistop, for the Life-Flight helicopter when requested, if this action will not affect plant operation or personnel safety.

NOTE: Life Flight services, through an agreement with Metro Health Medical Center, are only available for the transport of non-radiologically contaminated injuries.

- b. Ensure that the on-shift RP Supervisor or Technician-In-Charge notifies you of the radiological status of the victim(s) prior to the victim(s) leaving the Protected Area.
4. Upon being notified that the victim(s) being transported offsite is considered radiologically contaminated, perform the following:
 - a. Contact an Emergency Planning Unit (EPU) Representative using an <Integrated On-Call Report>, and direct individual to notify the State of Ohio and Lake County Emergency Management Agencies (EMAs) of the incident.

NOTE: If the injury(ies) occur during evening hours, this notification can be deferred until the start of business the next day.

- b. Perform an 8 hour notification to the NRC per <PAP-1604> in accordance with 10CFR50.72(b)(2)(v).
5. Contact the victim's supervisor if he has not already been notified.

5.3 Secondary Alarm Station (SAS) Officers

5.3.1 Determine if the nature of the reported injury requires an emergency response or if the patient is ambulatory using the following guidelines:

1. Proceed to "emergency response" actions in Step 5.3.2 if any of the following criteria are met:
 - o Obstructed airway or difficulty breathing
 - o Circulation concerns or major bleeding
 - o Cardiac-related injuries
 - o Electrical shock-related injuries
 - o Trauma evident
 - o Burns to greater than 2% of body or affecting the face or chest
 - o SAS Operator's judgment
2. Proceed to "ambulatory patient" action in Step 5.3.3 if the following criteria are met:
 - o Minor Abrasion or laceration
 - o Skin rash, with no signs of breathing problems
 - o Minor burns
 - o Illness, without previous injury or exposure
 - o Wellness check-up

5.3.2 Perform the following "Emergency Response" actions:

1. Send out one "alert" tone over Plant Radio Channels 3, 4, and 5.
2. Announce the location and nature of the emergency simultaneously over Channels 3, 4, and 5, and verify that FAT members acknowledge the announcement.
3. Announce over the Plant PA for any available certified EMT or paramedic to respond to the injury scene.
4. When the injury is in the RRA or involves an actual or potential for radiological contamination, notify the on-shift HP Supervisor or Technician-In-Charge of the location and nature of the emergency. <P00013>
5. Notify the Shift Supervisor, SNSO, and Site Dispensary.
6. When an ambulance is requested by the FAT or the injury/illness description indicates the need for offsite support, perform the following:
 - a. Contact the Lake County Emergency Communications Center by dialing "911", and if known, notify them whether the victim(s) is potentially or actually contaminated.

- b. Notify the Shift Supervisor, SNSO, and Security Officers at the Primary Vehicle Access Control Point that an ambulance has been requested. <P00057>
 - c. Direct FAT to notify SAS immediately when it is determined that the victim(s) will require transport to an off-site hospital.
7. Periodically apprise the Shift Supervisor of the condition of victim and radiological status.
 - a. Inform the Control Room Shift Supervisor when notified by the FAT that life-flight transport has been requested, and relay any requests for an alternate landing site (other than the TEC helistop) to the Shift Supervisor for approval.
 8. Notify the Shift Supervisor, SNSO, and PACP Security Officers when informed by the FAT that the victim will be transported to a hospital.

NOTE: The primary hospital used in support of the Perry Plant is Lake East Hospital in Painesville with Lake West Hospital in Willoughby serving as backup.

9. Prior to the ambulance leaving the Protected Area, verify with the Security escort that the hospital has been notified on the radiological status of victim.

NOTE: Communications with hospital on the assessment and treatment of injuries will be through offsite ambulance personnel.

5.3.3 Perform the following actions for an "Ambulatory Patient":

1. Ascertain and document the following information:
 - Patient's name and Unit 1 badge number
 - Extent of known injuries
2. Direct individual to report to the Health Center (when staffed) or the walk-in first aid station located in the PACP.
3. Notify Medical Services if patient directed to the Health Center or on-duty SNSO if directed to PACP walk-in first aid station.
4. Notify the 620' CC Radiological Restrict Area (RRA) Control Point if injury/illness is in the RRA or involves a potential for radiological contamination.
5. Notify the individual's supervisor of the incident.

5.4 First Aid Team

1. Upon tone-out, proceed to the scene of the incident or to a designated assembly area with the appropriate medical equipment.
2. Evaluate the extent of the injury and render appropriate medical aid taking the necessary universal precautions to prevent contact with blood and other potentially infectious materials (PIMs).

NOTE: When available, a certified EMT will assume the lead for the assessment of injuries and treatment of victim.

3. Identify RP support available at the injury scene for incidents within an RRA, and contact SAS immediately to request RP support if not yet available.
4. Relay the name, badge number, extent of injuries, and radiological status of injured or sick individual to the SAS as it becomes available.
5. Request ambulance support through the SAS, and identify location for transfer.
 - a. Brief ambulance personnel on the victim's condition, extent of injuries, and radiological status prior to transferring responsibility for victim.
6. When it is determined that the victim does not require immediate transport to an offsite medical facility, is ambulatory and not contaminated, aid should be continued in the Health Center (Dispensary), if staffed, or the PACP walk-in First Aid Station.
 - a. If an individual refuses needed medical attention, request that SAS notify the individual's immediate supervisor, Control Room Shift Supervisor, and Dispensary before releasing individual.

7. Complete a First Aid Team Report (Attachment 1) for victim.

NOTE: When an EMT provides care, the First Aid Team Report must be completed by the responding EMT. Sufficient detail must be provided as to the individual's injuries and what occurred to cause the injuries.

8. Periodically apprise the SAS on the medical condition of victim.
9. Notify the SAS immediately when Metro Life-Flight is contacted by ambulance personnel.
 - a. Relay requests for any alternate landing site (other than the TEC Helistop) to the SAS for Control Room Shift Supervisor approval.

10. Upon the departure of the ambulance or transfer of victim(s) to the Site Dispensary, perform the following:
 - a. Decontaminate equipment/area per the <Exposure Control Plan for Bloodborne Pathogens>.
 - b. Turn in completed First Aid Team Report to the SNSO.
 - c. Ensure that equipment used is restored to satisfactory condition for emergency use and that supplies used are replaced.
 - d. Document any exposure incident to blood or any potentially infectious material per the <Exposure Control Plan for Bloodborne Pathogens>.

5.5 Supervisor, Nuclear Security Operations (SNSO)

1. Direct a Lead Security Officer, if available, to the injury scene to support the FAT and to control access at the scene.
2. Expedite the entry of ambulance into the Protected Area, including the timely issuance of emergency dosimetry per <EPI-B11>.
3. Coordinate all on-site security operations in support of the emergency condition.
4. Ensure a First Aid Team Report is completed for patients reporting to the PACP walk-in first aid station.

NOTE: A First Aid Team Report is not required for patients reporting to Health Center.

5. Process completed First Aid Team Report in accordance with <SPI-0027>.

5.6 Primary Vehicle Access Control Point (PACP) Officer

1. When notified that an ambulance is responding to the Protected Area, perform the following:
 - o Issue dosimetry to emergency responders per <EPI-B11>.
 - o Unless directed otherwise by the SAS, verify that Ambulance Support Kit is placed on vehicle.

NOTE: Perry Township Fire Department (PTFD) ambulances are equipped with kits to support response to plant.

- o Coordinate emergency vehicle access per <SPI-0010>.

2. When the ambulance exits the Protected Area, perform the following:
 - When a site RP Technician is not accompanying the ambulance, collect the dosimetry, record all information, and notify the Radiation Protection Unit (RPU) in accordance with <EPI-B11>.
 - Verify that ambulance personnel have notified the offsite hospital regarding the radiological status of victim.
3. At the earliest convenience, notify the on-call Emergency Planning Representative to have the emergency equipment kits inventoried.

5.7 On-Shift Radiation Protection Supervisor or Technician-In-Charge

1. Respond to the injury scene to coordinate RP response.
 - a. If unable to respond to the injury scene establish contact with RP technician(s) at the scene using available communications means (i.e., Plant PA, portable radio).
2. Oversee the decontamination of injured individual.
3. For injuries where a complete frisk can not be completed, perform the following prior to the victim(s) leaving the Protected Area:
 - a. Determine whether the victim should be considered contaminated based on contamination levels at the injury scene, contamination levels on victim's co-workers, removal of protective clothing, etc.
 - b. Notify the Control Room Shift Supervisor and FAT Leader that the victim, while not fully frisked, is being considered contaminated or not contaminated.
4. Dispatch additional RP support to accompany victim on ambulance and to the hospital ER if the victim is considered radiologically contaminated.
5. Prior to the ambulance leaving the Protected Area, notify the FAT Leader of the radiological status of the victim including areas of contamination and contamination levels; verify that this status is communicated by the FAT to the Control Room Shift Supervisor and SAS.

5.8 Radiation Protection Technicians Responding to Injury Scene

1. Respond to assess any radiological complications when notified by SAS.
 - a. Pick up a portable radio if available, before entering RRA when responding from the 620' CC Access Point.

2. Assess radiological conditions at the injury scene, and advise the FAT Leader as to whether the victim should be moved due to radiological concerns.
 - a. When premature movement of the victim will unacceptably compound the injury based on the FAT judgment, attempt to either shield the victim and FAT from the radiation source or remove the source.
3. Establish a radiological boundary utilizing available materials and personnel at the scene.
4. Establish contact with RP Supervisor or Technician-In-Charge, if not at the injury scene, and brief him on radiological conditions at the scene and the radiological status of the victim.
5. Perform a whole body frisk of victim(s) when conditions allow and document the results of this survey.
6. Advise the RP Supervisor/Technician-In-Charge and the FAT of the radiological status of the victim.
7. Remove the victim's protective clothing when necessary to reduce contamination spread, after obtaining FAT approval, and re-risk the victim(s).

NOTE: Ensure every effort, consistent with the well-being of the patient, is made to minimize the spread of contamination to uncontrolled areas and attending personnel. <P00013>

8. Wrap or cover contaminated areas on victim to avoid contamination spread, when on-site decontamination can not be performed without delaying necessary treatment or aggravating the injury.
9. Brief ambulance personnel on the victim's radiological status and RP concerns, and ensure they are appropriately dressed out in protective clothing, if needed.

NOTE: General victim contamination levels are measured in "cpm" by hospital staff.

5.9 Radiation Protection Technician Accompanying Victim(s) in Ambulance

1. Verify that ambulance personnel have notified offsite hospital of radiological status of victim prior to vehicle leaving the Protected Area.
2. Advise ambulance personnel on contamination control practices and warn against the unnecessary spread of contamination during transport.

3. Complete frisking of victim(s), after obtaining ambulance crew approval, if exact radiological status of victim(s) has not yet been determined.
 - a. When frisking determines that contamination exists on victim previously considered not to be contaminated, request that ambulance personnel immediately notify offsite hospital.

4. Upon arriving at the off-site hospital, perform the following:

- a. Brief the hospital ER staff member meeting the ambulance on the radiological status of the victim(s).

NOTE: Whenever possible, hospital staff will meet ambulance at Emergency Room entrance, transfer victim to another gurney, and wrap victim before moving into emergency Room. This method is referred to as a "clean" transfer and eliminates need to line Emergency Room hallway with herculite.

- b. Verify that hospital ER staff are dressed, at a minimum, in the following hospital gown, surgical gloves, a Thermoluminescent Dosimeter (TLD), and pocket dosimeter.
- c. Direct ambulance personnel to return to the vehicle and not to leave the ambulance until crew and vehicle are monitored for radiological contamination.
- d. Assist the hospital ER Treatment Area staff in monitoring the victim for contamination, removal of potentially contaminated clothing, and decontamination.
 - If surgery is required due to the severity of the injury prior to the victim being decontaminated, the RP technician may be requested to accompany the victim into the Operating Room.

- e. Request hospital ER staff, or second RP technician to notify the Perry Plant Control Room, if radiological contamination is detected on victim(s), who was transported prior to the exact radiological status of victim(s) being determined.

- f. Provide guidance to attending ER staff regarding:

- Radiation exposure and protective actions.
- Collection of samples and decontamination procedures.
- Controlling access in/out of the treatment area to prevent the spread of radiological contamination.
- Removal of their protective clothing and in monitoring themselves for contamination.

5.10 Additional Radiation Protection Support Arriving at Hospital

1. Obtain your Company identification badge prior to leaving the Perry Plant site to display to hospital emergency room (ER) Security.
2. Notify the RP technician, who responded with the ambulance, of your arrival.
3. Monitor the ER hallway leading from the ambulance to the treatment area, and release the hallway to hospital personnel for normal access.
4. Monitor the ambulance EMT(s)/paramedics and vehicle(s) for contamination, collect plant dosimetry, and release the ambulance when frisked radiologically clean.
5. Assist in controlling access to the ER Treatment Area and with the monitoring of staff exiting this area.
6. Assist in monitoring the ER Treatment Area for contamination once the victim and ER staff have left the room, and release the treatment area to hospital personnel for normal access when frisked radiologically clean.
7. Bag and return any contaminated waste to the plant.

5.11 Records

5.11.1 Records Handling

The First Aid Team Report is handled in accordance with <SPI-0027> as a SPS Incident Report Form. The SPS Supplemental and Statement Forms may be utilized per <SPI-0027> in documenting FAT response actions.

5.11.2 Records Capture

The following records are generated by this document:

Quality Assurance Records

None

Non-Quality Records

First Aid Team Report (PNPP No. 7346)

FIRST AID TEAM REPORT

Report No. _____

PNPP No. 7346 Rev. 1/2/97

EPI-B4

Date: _____

Location: Bldg. _____ Elev. _____ Specific Area _____

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ Badge No. _____ Age _____

Employer: _____ Immediate Supr.: _____ Ext. _____

Times	FAT	OffSite FD
Alerted		
On Scene		
Departed		
Clear		

VITAL SIGNS			
Time	B/P	Pulse	Resp

PUPILS		Skin Condition	
Right	Left		
<input type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/> Cool	<input type="checkbox"/> Pale
<input type="checkbox"/> Dilated	<input type="checkbox"/>	<input type="checkbox"/> Warm	<input type="checkbox"/> Cyanotic
<input type="checkbox"/> Constricted	<input type="checkbox"/>	<input type="checkbox"/> Hot	<input type="checkbox"/> Jaundiced
<input type="checkbox"/> No Reaction	<input type="checkbox"/>	<input type="checkbox"/> Dry	<input type="checkbox"/> Moist

Chief Complaint: _____

LEVEL OF CONSCIOUS

☐ Alert ☐ Unconscious ☐ Semi Conscious ☐ DisorientedContaminated: ☐ Yes ☐ No

Medical History (Allergies, Medications, etc.): _____

VICTIM MANAGEMENT

Level of Care: Standard First Aid ☐ EMT ☐ Other: ☐ _____

Ventilation: _____

Wound Care: _____

Immobilization: _____

Positioning: _____

Additional Comments: _____

Victim Transfer: _____ at _____ (Time)

DETAILS

Reported By: _____ Date/Time: _____

First Aid Team Members:

1. _____
2. _____
3. _____
4. _____

EMT On-line No. _____

(Cont'd. on back)

Distribution: Site Safety, Security, F.P. Coord.

FIRST AID TEAM REPORT

PNPP No. 7346 Rev. 1/2/97

EPI-B4

DETAILS: (Cont'd.)