

Date Entered: Jan 10, 2002

TO: USNRC/WASHINGTON
JMCKNIGHT

Copy Number: 145

TRANSMITTAL NUMBER: 209550

PROCEDURE NUMBER: EI-14

TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL

TRANSMITTAL: LISTED BELOW ARE NEW/REVISED PROCEDURES WHICH MUST BE
IMMEDIATELY INSERTED INTO OR DISCARDED FROM YOUR PROCEDURE
MANUAL.

Action Required	Section or Description
REMOVE AND DESTROY	EI-14, R/4, ENTIRE PROCEDURE
REPLACE WITH	EI-14, R/4, ENTIRE PROCEDURE
	EDITORIAL / APPLICABILITY

SIGN, DATE, AND RETURN THE ACKNOWLEDGEMENT FORM WITHIN 10 DAYS TO THE PALISADES
PLANT DOCUMENT CONTROL.

SIGNATURE OR INITIALS

DATE

A045

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

Table of Contents

1.0	<u>PERSONNEL RESPONSIBILITIES</u>	1
2.0	<u>PURPOSE</u>	1
3.0	<u>REFERENCES</u>	1
3.1	SOURCE DOCUMENTS	1
3.2	REFERENCE DOCUMENTS	1
4.0	<u>INITIAL CONDITIONS AND/OR REQUIREMENTS</u>	2
4.1	DEFINITIONS	2
4.1.1	<u>Minor Injuries</u>	2
4.1.2	<u>Major Injuries</u>	2
5.0	<u>PROCEDURE</u>	3
5.1	MINOR INJURIES WITH CONTAMINATION	3
5.2	MAJOR INJURIES WITH CONTAMINATION	5
5.3	ASSISTING AMBULANCE PERSONNEL	6
5.4	ASSISTING HOSPITAL PERSONNEL	7
5.5	EMERGENCY WORKER RADIATION EXPOSURE LIMITS	8
6.0	<u>ATTACHMENTS AND RECORDS</u>	8
6.1	ATTACHMENTS	8
6.2	RECORDS	8
7.0	<u>SPECIAL REVIEWS</u>	8

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

USER ALERT

INFORMATION USE PROCEDURE

The activities covered by this procedure may be performed from memory.

1.0 PERSONNEL RESPONSIBILITIES

- 1.1 The Chemical and Radiological Services Manager has overall responsibility for radiation exposure and contamination control.
- 1.2 Radiation Safety Personnel who have completed American Red Cross Multimedia First Aid shall respond to injuries in a Radiological Controlled Area and administer/direct first aid and personnel decontamination.
- 1.3 When contaminated and injured personnel are transported offsite, the Shift Supervisor is responsible for ensuring that a 8-hour report is submitted to the NRC as required by Palisades Administrative Procedure 3.03, "Corrective Action Process."

2.0 PURPOSE

To describe the guidelines for responding to injured personnel who may be contaminated, and assisting ambulance and hospital personnel in radiation exposure and contamination control.

3.0 REFERENCES

3.1 SOURCE DOCUMENTS

- 3.1.1 Site Emergency Plan, Section 6, "Emergency Measures"

3.2 REFERENCE DOCUMENTS

- 3.2.1 Health Physics Procedure HP 2.18, "Personnel Contamination Monitoring and Decontamination"
- 3.2.2 Emergency Implementing Procedure EI-3, "Communications and Notifications"

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

- 3.2.3 Health Physics Procedure HP 2.42, "Evaluation of Shallow-Dose Equivalent Due to Personnel Skin Contamination"
- 3.2.4 Emergency Implementing Procedure EI-2.1, "Site Emergency Director"
- 3.2.5 Palisades Administrative Procedure 3.04, "Reporting Requirements"
- e | 3.2.6 Palisades Administrative Procedure 3.03, "Corrective Action Process"

4.0 **INITIAL CONDITIONS AND/OR REQUIREMENTS**

4.1 **DEFINITIONS**

4.1.1 **Minor Injuries**

Those injuries that do not require immediate first aid and when the victim(s) is ambulatory, (ie, strains, sprains, bruises, minor cuts, etc).

4.1.2 **Major Injuries**

Any injury which involves the airway, breathing, circulatory system, shock, neck, back, fracture of a bone, major bleeding, or any injury that you judge needing immediate first aid.

- 4.2 Except for minor injuries, first aid for the victim(s) takes precedence over contamination control.

- 4.2.1 Any injury involving the airway, breathing, or circulatory system must be treated immediately. Refer to Section 5.2 of this procedure.

- 4.3 Radiation Safety Technicians should respond to the accident scene with the Emergency First Aid Kit, the Emergency Ambulance Kit, and the Emergency Decontamination Kit. Two people are needed to carry the equipment. If only one Technician is available, respond with the First Aid Kit and request assistance from the Control Room. Emergency Medical Technicians may respond with a medical kit of their own.

- 4.4 Move the individual only if necessary to prevent further injury. The individual should only be moved for radiological considerations when those considerations become health threatening in themselves.

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

- 4.5 Personnel decontamination shall be done or directed by a qualified Radiation Safety Technician as per Health Physics Procedure HP 2.18, "Personnel Contamination Monitoring and Decontamination."
- 4.6 If emergency facilities are activated (Technical Support Center, Operational Support Center) all communications from Radiation Safety Technicians should go to the Health Physics Supervisor in the Operational Support Center.
- 4.7 The Shift Supervisor (SS) should ensure that the appropriate hospital is notified as per Emergency Implementing Procedure EI-3, "Communications and Notifications," Attachment 2, when contaminated, injured personnel are transported. The one touch autodialer in the Shift Engineer Office may be used to accomplish this notification.

5.0 **PROCEDURE**

USER ALERT
INFORMATION USE PROCEDURE

The activities covered by this procedure may be performed from memory.

5.1 **MINOR INJURIES WITH CONTAMINATION**

- 5.1.1 After determining that the injury is minor, remove the victim(s) from the contaminated area taking precautions to minimize the spread of contamination.

NOTE: If a high background prohibits determining contamination levels, the status sheet for the area may provide good estimates.

- 5.1.2 Notify the Shift Supervisor (SS) as soon as possible and give the following information:
- a. Offsite assistance needed? Ambulance/Hospital
 - b. Location of victim(s)
 - c. Number of victims

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

- d. Extent of injuries
- e. First aid initiated
- f. Level of contamination

If ambulance assistance is needed, indicate where the ambulance personnel should report to.

- 5.1.3 In a low background area, perform a wholebody frisk on the victim(s).
- 5.1.4 Remove any contaminated clothing.
- 5.1.5 If the victim(s) has skin contamination take the victim(s) to the area where skin decontamination and showering can be done, if applicable.
- 5.1.6 Perform personnel decontamination as per Health Physics Procedure HP 2.18, "Personnel Contamination Monitoring and Decontamination."
- 5.1.7 Bag and label samples of contamination for possible future analysis.
- 5.1.8 Cover contaminated wounds with sterile dressings before and after decontamination efforts. Do not attempt to decon wounds.
- 5.1.9 If skin contamination exceeds 10,000 cpm above background, or if the individual cannot be decontaminated to below 100 cpm above background, an evaluation of the Shallow Dose Equivalent (skin of the whole body) will be done per Health Physics Procedure HP 2.42, "Evaluation of Shallow-Dose Equivalent Due to Personnel Skin Contamination."
- NOTE:** See Sections 5.3 and 5.4 of this procedure if ambulance or hospital assistance is needed.
- 5.1.10 If hospital assistance is needed, the victim(s) can be transported by ambulance or private vehicle.
- 5.1.11 If the victim(s) is contaminated at least one qualified Radiation Safety Technician shall accompany the victim. If possible, a second technician should report to the hospital to assist hospital personnel in contamination control.

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

- 5.1.12 Notify the SS and the Duty Health Physics (HP) Supervisor prior to leaving the Plant site.
- 5.1.13 After returning to the Plant site, update the SS and the Duty HP Supervisor on the condition of the victim(s).
- 5.1.14 Document appropriate entries in the Health Physics Logbook.

5.2 MAJOR INJURIES WITH CONTAMINATION

- 5.2.1 Preserving vital functions and providing emergency medical care takes precedence over contamination control.
- 5.2.2 Any injury involving the airway, breathing, or circulatory system must be treated immediately. Assure open airway, assist breathing if impaired or absent with artificial ventilation, apply cardiopulmonary resuscitation (CPR) if no pulse is detectable, and control bleeding with direct pressure.

NOTE: If a high background prohibits determining contamination levels, the status sheet for the area may provide good estimates.

- 5.2.3 Notify the SS as soon as possible for ambulance and hospital assistance. Provide the SS with the following information:
 - a. Location of victim(s)
 - b. Number of victims
 - c. Extent of injuries
 - d. First aid initiated
 - e. Level of contamination
- 5.2.4 A qualified Radiation Safety Technician shall accompany the victim(s) in the ambulance. If possible, a second Technician should report to the hospital to assist hospital personnel in contamination control.
- 5.2.5 The SS and the Duty HP Supervisor should be notified prior to leaving the Plant site.

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

- 5.2.6 After returning to the Plant site, update the SS and the Duty HP Supervisor on the condition of the victim(s).
- 5.2.7 Document appropriate entries in the Health Physics Logbook.
- 5.3 **ASSISTING AMBULANCE PERSONNEL**
 - 5.3.1 The primary responsibility of the Radiation Safety Technician in the ambulance is contamination control.
 - 5.3.2 Survey the victim(s) for contamination levels.
 - 5.3.3 If not already done and if the condition of the victim(s) permits, remove contaminated clothing.
 - 5.3.4 Place contaminated materials in a yellow poly bag to be disposed of later at the Plant, and for possible future analysis.
 - 5.3.5 As conditions permit, perform personnel decontamination using the Emergency Decon Kit. Reference Health Physics Procedure HP 2.18, "Personnel Contamination Monitoring and Decontamination."
 - 5.3.6 If skin contamination exceeds 10,000 cpm above background, or if the individual cannot be decontaminated to below 100 cpm above background, an evaluation of the Shallow Dose Equivalent (skin of the whole body) will be done per Health Physics Procedure HP 2.42, "Evaluation of Shallow-Dose Equivalent Due To Personnel Skin Contamination."
 - 5.3.7 Do a thorough contamination survey and decontamination as needed on ambulance personnel and equipment prior to them leaving the hospital. If extensive decontamination is needed it should be done at the Plant.
 - 5.3.8 Return all contaminated material to the Plant.

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

5.4 ASSISTING HOSPITAL PERSONNEL

- 5.4.1 If possible, two Radiation Safety Technicians should assist hospital personnel in contamination control.
- 5.4.2 Each hospital has a specific procedure for setting up to treat contaminated injuries. Technician assistance may be needed in setting up the facilities.
- 5.4.3 Ensure that hospital personnel are properly suited in protective clothing and are wearing dosimetry as required.
- 5.4.4 Ensure that the step-off-pad is in place at the entrance to the treatment room. Establish other radiological boundaries as needed.
- 5.4.5 Ensure that radioactive contaminated materials are collected in yellow poly bags to be disposed of at the Plant. Samples of the contaminations may be needed for future analysis.
- 5.4.6 Be aware that most hospital personnel do not routinely work with radiation or radioactive materials. Answer any questions in a manner they will most easily understand.
- 5.4.7 Act professional, you are the expert in radiation exposure, contamination control.
- 5.4.8 Assist in frisking any personnel or equipment leaving the radiation/contaminated area.
- 5.4.9 After treatment of the victim(s) is complete:
 - a. Collect all dosimetry from victim(s) and ambulance and hospital personnel. Each piece of dosimetry must indicate who it was worn by. Return dosimetry to Plant dosimetry for processing.
 - b. Survey the affected hospital area to ensure it is not contaminated, and decontaminate as needed.

**TITLE: MEDICAL CARE/TREATMENT OF CONTAMINATED,
INJURED PERSONNEL**

5.5 EMERGENCY WORKER RADIATION EXPOSURE LIMITS

- 5.5.1 Emergency Implementing Procedure EI-2.1, "Site Emergency Director," gives requirements for authorizing exposure in excess of the Consumers Energy Administrative Dose Control Levels and 10CFR20 Dose Limits.

6.0 ATTACHMENTS AND RECORDS

6.1 ATTACHMENTS

None

6.2 RECORDS

None

7.0 SPECIAL REVIEWS

None