

Davis Besse Power Station  
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Davis-Besse Nuclear Power Station


EMERGENCY PLAN OFF NORMAL PROCEDURE


RA-EP-02000


(Supersedes RA-EP-02000 R0)

MEDICAL EMERGENCIES

REVISION 01

Prepared by:  10/01/01  
Date

Sponsor:  11/7/01  
Date  
Manager – Radiation Protection

Approved by:  1-10-02  
Date  
Plant Manager

Effective Date: 1/31/2002

Procedure Classification:

☐ Safety Related  
☐ Quality Related  
☒ Non-Quality Related

LEVEL OF USE:

**IN-FIELD REFERENCE**

[illegible][illegible][illegible]

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## 1.0 PURPOSE

This procedure describes and implements emergency treatment of an injured or ill person in the Davis-Besse Nuclear Power Station Protected Area.

## 2.0 REFERENCES

### 2.1 Developmental

2.1.1 29 CFR 1910.151

2.1.2 Davis-Besse Nuclear Power Station (DBNPS) Emergency Plan

2.1.3 Davis-Besse Nuclear Power Station Emergency Medical Technician Unit Charter and By-laws

### 2.2 Implementation

2.2.1 NOP-LP-3001, Safety and Health Program

2.2.2 RA-EP-02800, Preparation and Transport of Contaminated Injured Personnel

2.2.3 RA-EP-02807, Emergency Helicopter Landing Zone

2.2.4 IS-DP-00504, Personnel Control for Protected/Vital Areas

2.2.5 IS-DP-00026, Guidelines for Alarm Station Operation

2.2.6 HS-SF-04010, Emergency Medical Response Equipment

## 3.0 DEFINITIONS

3.1 EMERGENCY MEDICAL TECHNICIAN (EMT) - A person certified by the State of Ohio as an Emergency Medical Technician and is an active member of the DBNPS EMT Unit.

3.2 FIRST AID TEAM (FAT) - Pre-designated site personnel who have received training in handling medical emergencies.

3.3 FIRST AID TEAM (FAT) LEADER - A team member who coordinates and directs the First Aid Team.

3.4 MANAGEMENT REPRESENTATIVE - This shall be the patient's supervisor or someone designated by the supervisor.

## 4.0 RESPONSIBILITIES

4.1 The Control Room shall be responsible for:

4.1.1 Providing required communications and support.

- 4.2 The Secondary Alarm Station (SAS) Operator shall be responsible for:
  - 4.2.1 Providing required communications and support in accordance with IS-DP-00026, Guidelines for Station Alarm Operation.
  - 4.2.2 Initiating EMT pagers.
- 4.3 The Central Alarm Station (CAS) shall be responsible for:
  - 4.3.1 Providing required communications and support, as directed, if SAS is not available.
- 4.4 Nuclear Security shall be responsible for:
  - 4.4.1 Providing escort and transportation support.
- 4.5 The FAT Leader shall be responsible for:
  - 4.5.1 Coordinating overall activities of the medical emergency
  - 4.5.2 Determining the severity of injury or illness.
- 4.6 The FAT shall be responsible for:
  - 4.6.1 Responding to a medical emergency
  - 4.6.2 Performing required first aid treatment.
- 4.7 Radiation Protection (RP) personnel shall be responsible for:
  - 4.7.1 Providing applicable surveys and support, as needed, if injury or illness occurs in a Radiologically Restricted Area (RRA).
- 4.8 Emergency Medical Technicians (EMTs) shall be responsible for:
  - 4.8.1 Responding to a medical emergency.
  - 4.8.2 Performing their duties in accordance with the DBNPS EMT Unit Charter and By-laws.
- 4.9 The patient's supervisor or designated company management representative shall be responsible for:
  - 4.9.1 Accompanying the injured or ill individual when transported offsite or meet the individual at the offsite medical treatment facility.
  - 4.9.2 Documenting the work related injury or illness in accordance with NOP-LP-3001, Safety and Health Program.

- 4.10 All Protected Area Personnel shall be responsible for:
  - 4.10.1 Complying with this procedure in a medical emergency.
- 4.11 The Supervisor - Safety is responsible for:
  - 4.11.1 Maintaining any written reports of injury or illness.

5.0 INITIATING CONDITIONS

There is an injured or ill individual at DBNPS requiring medical assistance.



Note 6.0

EMTs may not be available on all shifts

**6.0**    PROCEDURE**6.1**    Actions of Injured or Ill Person or Their DiscovererCAUTION 6.1.1

Preserving human life takes priority over any other considerations.

Protective measures shall be used by persons assisting injured or ill (e.g., Self-Contained Breathing Apparatus, protective clothing, etc.) as conditions dictate.

- 6.1.1 If injured or ill person is discovered inside the Protected Area, contact the Control Room using the Gai-Tronics line 5 or dial 7911 on the nearest telephone.
- 6.1.2 Describe the situation to the Control Room (e.g., location, number and type of injuries, etc.). Remain on the line until dismissed by the operator.
- 6.1.3 Listen to "Initiate Emergency Procedures" Alarm to ensure correct location is announced.
- 6.1.4 Maintain contact with the Control Room and keep them informed of the injured or ill individual's status.
- 6.1.5 Upon FAT arrival, tell how patient was found and what actions were taken prior to their arrival.
- 6.1.6 Standby to assist the FAT or to maintain contact with the Control Room if requested by FAT Leader.

**6.2**    Actions of Control Room

- 6.2.1 Under normal plant conditions, summon FAT to location of injured or ill person via Gai-Tronics.
  - a. Sound "Initiate Emergency Procedures" alarm.

- b. Announce the following twice:

"Attention Station personnel. A medical emergency exists at (location). First Aid Team report to (location). All unaffected personnel stay clear of the area."

NOTE 6.2.2

When activated, the Operations Support Center may provide FAT/EMT members and additional resources as required.

- 6.2.2 If the Operations Support Center (OSC) is activated, advise the OSC Manager.
- 6.2.3 Summon additional help as requested by the FAT Leader.
- 6.2.4 If injury or illness occurs in a Radiologically Restricted Area (RRA), request RP assistance.
- 6.2.5 If patient is being treated for a chemical exposure, a copy of the Material Safety Data Sheet (MSDS) should be provided to the attending medical personnel. The MSDS's are available from Control Room personnel, or Station Document Control.
- 6.2.6 Notify SAS immediately when offsite transportation or Life Flight is needed.
- 6.2.7 Notify injured or ill person's supervisor.
- 6.2.8 If treatment is necessary when on-duty manning is minimal, a Management Representative shall be called to meet the patient at the treatment facility.

6.3 Actions of the First Aid Team and First Aid Team Leader

CAUTION 6.3.1

Protective measures shall be used by persons assisting injured or ill (e.g., Self Contained Breathing Apparatus, protective clothing, etc.) as conditions dictate.

- 6.3.1 Upon notification from Control Room, proceed immediately to injured or ill person with First Aid Response Equipment. (See HS-SF-04010, Emergency Medical Response Equipment, for equipment locations.)

- 6.3.2 The FAT Leader shall initiate a Davis-Besse Nuclear Power Station Medical Response Form, (Attachment 1).
- 6.3.3 The FAT Leader shall evaluate injury or illness and notify the Control Room if offsite transportation is required and provide additional information on number and type of injuries which may be helpful to expedite offsite emergency assistance.
  - a. Render emergency medical treatment appropriate for their level of training and/or qualification and keep Control Room informed of status and degree of injury or illness.
  - b. If patient refuses a degree of treatment or transportation to an offsite medical facility, complete a patient refusal form (Attachment 2).
- 6.3.4 If patient is radiologically contaminated and requires transportation offsite, refer to RA-EP-02800, Preparation and Transport of Contaminated Injured Personnel.
- 6.3.5 Emergency Air Ambulance Service (if required) will be requested following their current protocol and landed following RA-EP-02807, Emergency Helicopter Landing Zone.
- 6.3.6 Render Basic First Aid and keep Control Room informed of status and degree of injury or illness.
- 6.3.7 The FAT Leader shall be responsible for:
  - a. Requesting RP assistance outside the RRA.
  - b. Determining the need to move the patient (to prevent further injury or to facilitate transport).
  - c. Directing transport of patient to nearest accessible location for Emergency Medical Service (EMS) or Supervisor transport.
  - d. Informing Control Room from which exit the individual is to be transported.
  - e. Providing information to EMS squad leader on patient's condition.
  - f. Ensuring a Davis-Besse Nuclear Power Station Medical Response Form, (Attachment 1), is completed, and forwarded to the Supervisor - Safety.
  - g. Ensuring a Davis-Besse Patient Refusal Form, (Attachment 2), is completed, and forwarded to the Supervisor - Safety (if applicable).

- g. Ensuring a Davis-Besse Patient Refusal Form, (Attachment 2), is completed, and forwarded to the Supervisor - Safety (if applicable).

6.4 Actions of Radiation Protection Personnel

- 6.4.1 If the injured or ill person is potentially contaminated, and offsite transportation is needed, refer to RA-EP-02800, Preparation and Transport of Contaminated Injured Personnel, for additional information.
- 6.4.2 If EMS personnel enter a RRA, RP personnel shall advise them of necessary radiological precautions.

6.5 Actions of Secondary Alarm System

- 6.5.1 The SAS Operator shall request offsite assistance according to IS-DP-00026, Guidelines for Station Alarm Operation, when directed by the Control Room.
- 6.5.2 The SAS Operator shall initiate the EMT Group Page.

6.6 Actions of Nuclear Security

- 6.6.1 Nuclear Security shall provide emergency kits to the EMS and escort EMS personnel following guidelines provided in IS-DP-00504, Personnel Control for Protected/Vital Areas.

6.7 Actions of Supervisor - Safety

- 6.7.1 Ensure the DBNPS Medical Response Form and Davis-Besse Patient Refusal Form (if required) are completed and distributed.

6.8 Actions of Patient's Supervisor

- 6.8.1 The patient's supervisor shall document the work related injury or illness in accordance with NOP-LP-3001, Safety and Health Program.

7.0 RECORDS

- 7.1 The following quality assurance records are completed by this procedure and shall be listed on the Nuclear Records List, captured, and submitted to Nuclear Records Management in accordance with NG-NA-00106:

- 7.1.1 None

7.2 The following non-quality assurance records are completed by this procedure and may be captured and submitted to Nuclear Records management, in accordance with NG-NA-00106:

7.2.1 Davis-Besse Nuclear Power Station Medical Response Form (submit as "confidential").

7.2.2 Davis-Besse Patient Refusal Form (submit as "confidential").

## ATTACHMENT 1: DAVIS-BESSE NUCLEAR POWER STATION MEDICAL RESPONSE FORM



# DAVIS-BESSE NUCLEAR POWER STATION MEDICAL RESPONSE FORM



NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BADGE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY/DEPARTMENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

LOCATION OF EMERGENCY \_\_\_\_\_ CONTAMINATED? \_\_\_\_\_ RP ASSISTANT: \_\_\_\_\_

CONTROL ROOM NOTIFIED (NAME) \_\_\_\_\_ (TEAM LEADER) \_\_\_\_\_

TREATMENT PROVIDED BY: ☐ FIRST AID TEAM ☐ EMT ☐ HEALTH CENTER ☐ OTHER \_\_\_\_\_TRANSPORTED BY: ☐ SUPERVISOR ☐ EMS WHERE: \_\_\_\_\_ ☐ LIFE FLIGHT

RESPONDERS:

1. _____ <input type="checkbox"/> ATT	2. _____ <input type="checkbox"/> ATT	3. _____ <input type="checkbox"/> ATT
4. _____ <input type="checkbox"/> ATT	5. _____ <input type="checkbox"/> ATT	6. _____ <input type="checkbox"/> ATT
7. _____ <input type="checkbox"/> ATT	8. _____ <input type="checkbox"/> ATT	9. _____ <input type="checkbox"/> ATT

<b>NATURE OF PROBLEM</b> <input type="checkbox"/> DIFFICULT BREATHING <input type="checkbox"/> CHEST PAINS <input type="checkbox"/> FULL ARREST <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> C.V.A. (Stroke) <input type="checkbox"/> DIABETIC <input type="checkbox"/> OVERDOSE <input type="checkbox"/> SEIZURES		<input type="checkbox"/> HEAT RELATED ILLNESS <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> PREGNANCY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> FALL <input type="checkbox"/> BURNS <input type="checkbox"/> ILL <input type="checkbox"/> VEHICULAR <input type="checkbox"/> OTHER		<b>CONSCIOUSNESS</b> 1st 2nd <input type="checkbox"/> ALERT <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> VERBAL STIM. <input type="checkbox"/> PAINFUL STIM. <input type="checkbox"/> UNRESPONSIVE <input type="checkbox"/> COMBATIVE		<b>PUPILS</b> Left Right 1st 2nd SIZE <input type="checkbox"/> REACTIVE <input type="checkbox"/> NON-REACTIVE <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLUGGISH <input type="checkbox"/> UNEQUAL	
<b>BLOOD PRESSURE</b> TIME _____ READING _____ _____ / _____ _____ / _____ _____ / _____ <input type="checkbox"/> UNABLE TO OBTAIN DUE TO CLOTHING	<b>PULSE</b> 1st 2nd 3rd 4th <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> WEAK <input type="checkbox"/> BOUNDING TEMPERATURE _____ <input type="checkbox"/> ORAL <input type="checkbox"/> AX. <input type="checkbox"/> TIMPANCIC		<b>RESPIRATION</b> 1st 2nd 3rd 4th <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> DEEP <input type="checkbox"/> DIFFICULT <input type="checkbox"/> NOISY		<b>SKIN</b> 1st 2nd <input type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> DRY <input type="checkbox"/> MOIST <input type="checkbox"/> CYANOTIC <input type="checkbox"/> PALE <input type="checkbox"/> FLUSHED		<b>PUPIL SIZE</b> 1 2 3 4 5 6
<b>MEDICAL HISTORY</b> <input type="checkbox"/> ASTHMA <input type="checkbox"/> CARDIAC <input type="checkbox"/> DIABETES <input type="checkbox"/> EMPHYSEMA <input type="checkbox"/> SEIZURE DISORDER <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> ABDOMINAL DISORDERS <input type="checkbox"/> C.V.A. (Stroke) <input type="checkbox"/> CANCER <input type="checkbox"/> OTHER				<b>STABILIZATION MEASURES</b> <b>AIRWAY MANAGEMENT</b> <input type="checkbox"/> Hyperextension <input type="checkbox"/> Nasal / Oropharyngeal <input type="checkbox"/> Mouth to Mouth <input type="checkbox"/> Suction <input type="checkbox"/> Bag Mask / Demand Valve <input type="checkbox"/> O <sub>2</sub> /min. Mask/Cannula <input type="checkbox"/> Jaw Thrust <input type="checkbox"/> Endotracheal Intub <input type="checkbox"/> Other <b>PATIENT STATUS</b> <input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worsened			
<b>MED. ALLERGIES</b> _____ <b>MED. PT. IS TAKING:</b> _____ <b>FAMILY DR.</b> _____				<b>CIRCULATORY MANAGEMENT</b> <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Compress Hot/Cold <input type="checkbox"/> CPR manual/mech <input type="checkbox"/> Dressing applied <input type="checkbox"/> Shock Trousers <input type="checkbox"/> Trendelenberg <b>FRACTURE MANAGEMENT</b> <input type="checkbox"/> Backboard Full/half <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Splint Vac./Board <input type="checkbox"/> Traction Thomas/Hare <input type="checkbox"/> C.I.D.			

PATIENT CONDITION

ATTACHMENT 2: DAVIS-BESSE PATIENT REFUSAL FORM

## PATIENT REFUSAL

The possible grave nature of my illness and/or injury has been explained to me and I understand that my refusal of treatment by First Aid Team Members and/or transport by an emergency medical service is against medical advice and could cause temporary or permanent disability and/or death. The undersigned hereby releases FirstEnergy, and its officers, agents, and employees from any and all claims and damages resulting directly or indirectly in connection with the undersignee's refusal.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE

## Notice to First Aid Team Member:

1. Provide the patient with a copy of the refusal for his/her record.
2. Attach the original refusal form to the completed First Aid Team Response Form.

COMMITMENTS

<u>Section</u>	<u>Reference</u>	<u>Comments</u>
	NONE	

END