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MONTICELLO NUCLEAR GENERATING PLANT
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EMERGENCY PLAN IMPLEMENTING PROCEDURE

Furnished with this letter is a revision to the Monticello Nuclear Generating Plant Emergency Plan Implementing Procedures. The following procedure is revised:

<u>Procedure</u>	<u>Procedure Title</u>	<u>Revision</u>
A.5-200	Contaminated Casualty Transport	4

Please post changes in your copy of the Monticello Nuclear Generating Plant Emergency Plan Implementing Procedures. The superseded procedure should be destroyed.

This revision does not reduce the effectiveness of the Monticello Nuclear Generating Plant Emergency Plan.

Please contact John Fields at 763-295-1663 if you require further information.



David L. Wilson
Site Vice President
Monticello Nuclear Generating Plant

CC Regional Administrator, USNRC, Region III (with two copies of enclosure)
Project Manager, USNRC, NRR (w/o enclosure)
NRC Resident Inspector (w/o enclosure, EPIP dist. by Monticello Document Control)
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Prepared By: <i>William A. Dan</i>		Reviewed By: <i>James J. Johnson</i>	
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1.0 PURPOSE

The purpose of this procedure is to provide instructions and guidance for the transport of contaminated, injured person(s) from the MNGP to the local hospital (Monticello-Big Lake) via ground ambulance. It covers the time from ambulance loading to arrival, unloading, survey and decontamination and release of the transport vehicle.

2.0 APPLICABILITY

- 2.1 An incident has occurred at the MNGP resulting in personal injury requiring immediate off-site medical attention and the plant has summoned off-site medical emergency support.
- 2.2 The injured person(s) is verified to be contaminated or contamination is suspected but cannot be verified due to the nature of the injury at the time of transport to the local hospital.

3.0 ORGANIZATION AND RESPONSIBILITIES

- 3.1 The Shift Manager (or Control Room Supervisor) is responsible for:

- 3.1.1 Overall direction of emergency medical response on-site.
- 3.1.2 Notification of the local hospital and ambulance service.

- 3.2 The Fire Brigade Leader is responsible for:

- 3.2.1 Coordination of Fire Brigade activities.

- 3.3 The Plant Security Force is responsible for:

- 3.3.1 Coordination of emergency vehicle access, personnel accountability and vehicle egress.

- 3.4 Radiation Protection Technicians (RPT) are responsible for:

- 3.4.1 Contamination control in the transport vehicle.
- 3.4.2 Radiological monitoring of the victim and personnel and vehicle monitoring and decontamination.
- 3.4.3 Ensuring ambulance crew have proper dosimetry and don appropriate protective clothing.

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4.0 DISCUSSION

4.1 Summary

This procedure provides instructions for the transport of an injured contaminated person from the MNGP to the Monticello-Big Lake Hospital. The instructions in this procedure apply primarily to plant Radiation Protection personnel attending the contaminated person while in transit. In addition, the procedure provides instructions for the radiological survey and decontamination of emergency vehicles used for the transport of contaminated person(s) to the hospital.

5.0 PRECAUTIONS

- 5.1 In all cases the health and safety of the injured person(s) is the primary concern. Prompt medical treatment takes precedence over radiological decontamination, monitoring or contamination control methods when serious injury involving the potential loss of life and limb has occurred.

6.0 INSTRUCTIONS

6.1 Contaminated Casualty Transport

- 6.1.1 The plant Fire Brigade should assist the ambulance crew in transport of the injured person(s) to the ambulance and loading of the ambulance as necessary.

- 6.1.2 Obtain the injured person's security badge. Give the security badge to the plant security personnel at the scene.

- 6.1.3 **NOTE:** The purpose of the final contamination survey is to verify the injured person or materials that are being transported to the hospital are contaminated. If the incident occurred in the Controlled Area the ambulance loading area will probably be the area with the lowest background radiation levels and therefore the best location to assess contamination. If a final survey is not possible (time constraints, etc.) base the contamination assessment on any surveys previously performed or on the potential that the individual is contaminated.

Immediately prior to loading, if time permits, perform a final contamination survey of the injured person and any materials used to transport the person that will be taken to the hospital (i.e., backboard). Document the results of the survey on Form 5790-100-01 (PERSONNEL SURVEY FORM).

- 6.1.4 Prior to loading, cover the individual with a blanket to prevent or limit the spread of contamination.

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- 6.1.5 Upon completion of loading, enter the ambulance and position your self such that enroute radiological surveys could be conducted if necessary. If attendance in the ambulance is not possible (due to space limitations, etc.) arrange to follow the ambulance in a company or private vehicle.
- 6.1.6 If RPT attendance in the ambulance is not possible, provide instructions to ambulance personnel on contamination control techniques prior to their departure. Instruct them to park, close the doors and post the ambulance as a CONTROLLED AREA upon completion of unloading the patient at the hospital.
- 6.1.7 If traveling in the ambulance, follow the direction of ambulance personnel and:
 - A. Remain aware of the activities of ambulance personnel with respect to contamination spread. Note equipment and materials used that may be cross-contaminated;
 - B. Conduct radiological surveys as necessary and provide advice and guidance on contamination control methods (i.e., changing gloves, etc.) to ambulance personnel;
 - C. Relax contamination control if the patient's condition deteriorates and immediate medical attention is required.
- 6.1.8 Upon arrival at the hospital observe ambulance unloading and:
 - A. Advise and assist ambulance personnel with contamination control during the unloading process.
 - B. Instruct ambulance personnel to close all ambulance doors and windows and post the ambulance and hospital ER entrance as Controlled Areas using signs and rope obtained from the hospital emergency locker.
 - C. Instruct the ambulance crew to standby near the ER, within the posted area, after delivering the patient until properly monitored and released (i.e., frisked).
- 6.1.9 When time and RPT resources permit, assist ambulance personnel in exiting the Controlled Area as follows:
 - A. Assist ambulance personnel in doffing any protective clothing at the step-off pad area.
 - B. Perform a whole body frisk of all ambulance personnel upon exit from the Controlled Area.
 - C. Instruct any contaminated ambulance personnel to standby until decontaminated and unconditionally released.

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NOTE: The first RPT to arrive at the hospital is primarily responsible for HP coverage in the Emergency Room. Area control, posting and monitoring outside the Emergency Room are the responsibility of additional RPSs as they arrive.

6.1.10 Instruct ambulance personnel to return personal dosimetry. Record DRD reading OUT on Form 5790-100-02 (DOSIMETRY ISSUANCE FORM). Retain TLDs and return to the plant for processing.

6.1.11 Don appropriate protective clothing and proceed to the Emergency Room as directed by hospital personnel. Refer to Procedure A.5-300 (CASUALTY CARE AT THE LOCAL HOSPITAL) for instructions.

6.2 Transport Vehicle Monitoring and Decontamination

6.2.1 Prior to entering and surveying the vehicle don protective clothing appropriate for anticipated conditions.

6.2.2 Initiate Form 5790-200-01 (EMERGENCY VEHICLE SURVEY FORM) and document the location of all surveys performed.

6.2.3 Perform a loose surface contamination survey of the vehicle interior using a Large Area Wipe (Masslinn cloth) in accordance with proper Radiation Protection practices.

6.2.4 Perform an analysis by counting the wipe using a Count Rate Meter with a pancake probe. Consider the surveyed area contaminated if there is detectable radiation.

CAUTION

If the ambulance is contaminated (based on survey results) use a removal technique which will minimize contamination spread.

6.2.5 Bag and properly control all potentially contaminated materials.

6.2.6 Perform a fixed contamination survey of the vehicle internal surfaces using a County Rate Meter with a pancake probe. Consider the surveyed area contaminated if there is detectable radiation.

A. Frisk suspect areas such as seats, straps and any irregular surfaces;

B. Frisk any equipment used in the ambulance for transport of the patient (i.e., gurney wheels, etc.).

6.2.7 Decontaminate any contaminated areas identified during the initial surveys using decon supplies located in the emergency equipment locker at the hospital.

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- 6.2.8 Bag and properly control all materials used for vehicle decontamination. Return all waste material to the plant for proper disposal.
- 6.2.9 Resurvey decontaminated areas. If, after two decontamination attempts the vehicle does not meet the criteria for unconditional release close and post the vehicle. In this case the vehicle should be returned to the MNGP for more extensive decontamination.
- 6.2.10 If survey results verify the vehicle is uncontaminated release the vehicle back to service.
- 6.2.11 Upon return to the plant, document and analyze the smears using a smear counting system at Access Control. Document the results of all surveys on appropriate Radiation Protection forms and submit for RPC review.

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