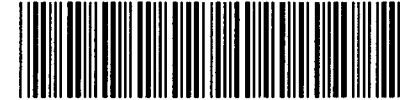


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CRYSTAL RIVER UNIT 3

PLANT OPERATING MANUAL

**EM-213**

**MEDICAL EMERGENCY RESPONSE**

REVISION 31

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## 1.0 PURPOSE

1. Provides actions to be taken by personnel in response to a radiological or non-radiological medical emergency.
2. Implement this procedure for medical emergencies within the Protected Area, and other medical emergencies outside the Protected Area where the Shift Manager determines it appropriate, such as when the Emergency Response Coordinator is dispatched or the Main Control Room requests an ambulance.
3. Major injuries warrant the implementation of this procedure. Individuals with minor injuries are treated in the individual shops using first aid kits or are directed to Medero Medical (dayshift) or Seven Rivers Regional Medical Center Emergency Room (after-hours) for treatment.
4. This procedure is an Emergency Plan Implementing Procedure (EPIP) and any revisions must be carefully considered for emergency plan impact.

## 2.0 REFERENCES

### 2.1 Developmental References

1. 10 CFR 50.47 Emergency Plans
2. 10 CFR 50, Appendix E, Emergency Planning and Preparedness for Production and Utilization Facilities
3. HPS-NGGC-0013, Personnel Contamination Monitoring, Decontamination, and Reporting
4. NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants
5. Radiological Emergency Response Plan
6. ADM-NGGC-0105, ALARA Planning
7. **[R1]** NOCS 1591, Available Lines of Communication during Medical Emergency
8. OPS-NGGC-1000, Fleet Conduct of Operations

## 3.0 DEFINITIONS

1. **Emergency Response Coordinator (ERC)** –Crystal River Site Support personnel who respond to medical emergencies at CR-3. These individuals are also specially trained and equipped to handle emergencies such as high angle and confined space rescue and rescues that require heavy lifting.
2. **Medical Emergency** – An incident or condition where the mechanism of injury (MOI) or nature of illness (NOI) requires medical attention. Medical attention is standard first aid or advanced medical care.

#### 4.0 RESPONSIBILITIES

1. Individual responsibilities when discovering an injured/ill person(s) are implemented in Subsection 9.1, Emergency Notification
2. Emergency Response Coordinators provides the primary medical response upon arrival at a medical emergency scene and implements Subsection 9.2, Emergency Response Coordinator
3. The Shift Manager (SM) coordinates the onsite response and implements Subsections 9.3, Main Control Room and 9.4, Shift Manager.
4. The Fire Team Leader (FTL) or designee establishes overall scene control and implements Subsection 9.5, The Fire Team Leader or Designee at the scene.
5. The Health Physics Technician or Radiation Monitoring Team (RMT) member maintains appropriate radiological control and implements Subsection 9.6, Transportation of Possible Contaminated Patient.
6. The TSC Emergency Coordinator (EC) assists in the coordination of the medical response as requested by the Shift Manager and dispatches a RMT member to the scene.
7. The Superintendent, Radiation Protection ensures results of bioassays performed by the offsite medical facility for personnel radiologically exposed at CR-3 are obtained by Progress Energy.
8. Security establishes scene control and provides requested assistance as needed.
9. The Supervisor of the injured individual ensures notification to the family / emergency contact is made and completion of the CR-3 Safety Incident Reporting Checklist on the CR3 Safety homepage.

#### 5.0 PREREQUISITES

None

#### 6.0 LIMITATIONS, PRECAUTIONS, AND NOTES

1. In an accident situation, avoid aggravating the injury. Immediate medical treatment is the highest priority and radiological control is secondary. In such cases, radiological control procedures are **NOT** permitted to adversely affect the condition of the victim. However, in most cases, injuries are of a nature that radiological safety need **NOT** be compromised.
2. In situations where radiation or contamination exists, consider ALARA and radiological safety of the Patient and those aiding the Patient to the greatest extent possible under the existing conditions.
3. In most cases, the Citrus County Sheriff's Office (CCSO) performs an investigation of an accident scene to determine if foul play was involved. Therefore, if the patient is obviously deceased, the patient should **NOT** be moved until the Sheriff's Deputy reporting to the scene has declared it is **NOT** a crime scene.
4. A delay in the initiating call to the Main Control Room may jeopardize the health and well-being of the Patient because of the actions coordinated by the Main Control Room staff for the response team.

7.0 **SPECIAL TOOLS AND EQUIPMENT**

None

8.0 **ACCEPTANCE CRITERIA**

None

## 9.0 INSTRUCTIONS

### 9.1 Emergency Notification

1. Individuals discovering a medical emergency inside the Protected Area, the warehouses, and the Maintenance Training Facility, **PERFORM** the following:
  - a. **CHECK** the scene to ensure it is safe and then **CHECK** the victim.
  - b. **NOTIFY** the Main Control Room by dialing 5555 on a landline telephone or PAX or 795-5555 on a cellular telephone or by plant radio **AND PROVIDE** the following information:
    - Location of medical emergency
    - Caller's name and telephone number
    - Patient's name(s) and badge number(s)
    - What happened (injury/illness)
    - Hazards in the area (if any)
    - Help being given (if any)
  - c. **PROVIDE** any medical assistance qualified to perform on the victim.
  - d. **WHEN** Emergency Response Coordinator arrives, **THEN PROVIDE** brief summary of the situation and actions taken.
  - e. **REMAIN** in a safe area until monitored by Health Physics Technician if the possibility of personnel contamination exists.
  - f. **FOLLOW** instructions from the person in charge at the emergency scene.

## 9.2 Emergency Response Coordinator

1. RESPOND when requested to medical emergencies within the CR-3 Protected Area and at other points within the Crystal River Energy Complex.
2. RESPOND to the scene of a fire, hazmat incident, confined space rescue or high angle rescue when requested.
3. REPORT to the Fire Team Leader or designee during radiological and non-radiological medical emergencies and keep the FTL updated on the condition of the Patient.
4. EVALUATE the urgency of moving the Patient(s) according to their medical condition and the radiation levels.
5. EVALUATE conditions and PROVIDE basic life support as appropriate upon arrival at the scene of a medical emergency.
6. **IF** the injury/illness threatens the life of the Patient, or is an obvious severe injury, **THEN REQUEST** an ambulance.
7. **IF** the Patient experiences chest discomfort, loses consciousness, complains of severe abdominal pain, severe respiratory distress or is experiencing a heat stroke, **THEN REQUEST** an ambulance.
8. **IF** Patient conditions exist such that a Trauma Alert is warranted, **THEN REQUEST** the Main Control Room through the Fire Team Leader to initiate a Trauma Alert during the 9-1-1 call.
9. COMPLETE the Emergency Patient Treatment Record (EPTR), as time permits or REQUEST someone standing near-by to fill out the form as the Medical Response Personnel PROVIDES the information.
10. PROVIDE turnover to the Emergency Medical Service (EMS) personnel as appropriate **AND SUBMIT** the original EPTR for the Patient(s) to EMS personnel.
11. INVENTORY **AND RESTOCK** Jump and Trauma Kits as needed.

## 9.3 Main Control Room

1. COMPLETE Attachment 1, Checklist for Medical Emergencies.
2. **IF** the TSC/OSC is operational, **THEN NOTIFY** the Emergency Coordinator of the medical emergency.
3. **IF** numerous injuries occur, **THEN REQUEST** support **AND FOLLOW-UP** from the Emergency Coordinator



#### 9.4 Shift Manager

**NOTE:** Radiological conditions should be taken into account before sending the Fire Team Leader.

1. DISPATCH the Fire Team Leader or designee to the emergency scene to establish scene control.
2. COMPLETE notifications and actions listed in Attachment 1, Checklist for Medical Emergencies [R1].
3. MAINTAIN communication with the Fire Team Leader **AND** COORDINATE the onsite medical response.
4. **IF** an ambulance and/or Emergency Response Coordinator are arriving onsite, **THEN** ENSURE Security is aware as applicable.

**NOTE:** All Patients (contaminated or non-contaminated) are transported to Seven Rivers Regional Medical Center. If Seven Rivers Regional Medical Center is being evacuated or is unavailable, Citrus Memorial is the alternative hospital.

5. DETERMINE the hospital the Patient is transported to based on the Emergency Response Coordinator report from the scene. If an ambulance is requested, Emergency Medical Services (EMS) will make the final decision on where the Patient is transported.
6. REVIEW minimum shift staffing requirements according to Improved Technical Specifications (ITS) and OPS-NGGC-1000 to ensure compliance.

#### 9.5 The Fire Team Leader or Designee at the scene

1. ESTABLISH communications with Control Room.
2. ESTABLISH communications with the Emergency Response Coordinator.
3. ESTABLISH scene control **AND** IDENTIFY responding members:
  - COORDINATE medical response.
  - ESTABLISH contamination control if required.
  - ENSURE Security is controlling access to the emergency scene.
4. EVALUATE available information concerning the patient and other conditions (radiation, contamination, equipment malfunction) and REPORT information to the Shift Manager.
5. ESTABLISH exit route and ambulance pickup point (if required). Primary exit route from the Auxiliary Building and Reactor Building with a patient is through the Hot Machine Shop Rollup Door.
6. REQUEST Main Control Room or TSC ensure an ambulance is en route, if applicable.
7. COORDINATE requests for additional equipment and personnel.

## 9.6 Transportation of Possible Contaminated Patient

### CAUTIONS

1. All personnel, including assisting personnel, are suspect of carrying radioactive contaminants until proven otherwise.
2. Should the severity of the wound restrict decontamination efforts by Health Physics Technicians, the Patient is transported to an offsite medical facility for treatment and further decontamination efforts.

**NOTE:** In case of serious injury / illness, consideration of life and health overrule other requirements.

1. IF transportation of the Patient is required, **THEN CONSIDER** the removal of the protective clothing. The severity of the injury/illness and degree of contamination dictate the specific steps taken, such as cutting off the protective clothing, the necessity of a stretcher, or wrapping in a blanket.
2. IF the Patient is completely decontaminated, **THEN CONSIDER** transporting by private vehicle.
3. ENSURE a Health Physics Technician / RMT member accompanies contaminated Patient(s) to the off-site medical facility.
4. Upon arrival at the prescribed hospital entrance, WAIT until assistance arrives.
5. The Health Physics Technician / RMT member ASSIST ambulance and hospital personnel as required, and:
  - PROVIDE the medical facility pertinent information necessary to treat the Patient(s).
  - PREVENT the spread of contamination.
  - PROVIDE survey instruments, as required.
  - PROVIDE plastic bags to collect remaining protective clothing and irrigation washings containing radioactive contamination, SEAL **AND RETURN** to plant.
  - ESTABLISH communications with Shift Manager or Emergency Coordinator to keep informed of status.
  - ENSURE vehicle(s) used to transport Patient(s) are cleared of contamination before releasing for other service.
  - OBTAIN results of bioassay performed by offsite medical facilities for radiological exposed CR-3 personnel.

## 10.0 RECORDS

Shift Manager or Emergency Coordinator TRANSMITS Attachment 1 to Document Services.

**CHECKLIST FOR MEDICAL EMERGENCIES [R1]**

**A. Initial Report**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

(Obtain information from initial call to fill-in after notification of ERC, Item B)

1. Location of Medical Emergency: \_\_\_\_\_
2. Caller's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_
3. Patient's Name: \_\_\_\_\_ Badge # \_\_\_\_\_  
(If deceased, inform caller **NOT** to move individual)
4. Type of Injury / Illness: \_\_\_\_\_
5. Hazards in Area: ☐ Radiological ☐ Steam ☐ Fire ☐ Hazardous Material ☐ Other \_\_\_\_\_
6. Help being given to Patient: ☐ None ☐ First Aid ☐ Basic Life Support ☐ Other \_\_\_\_\_

**B. Emergency Response Coordinator Notification Extension 4655 or Radio Channel 7**

Contact for all medical emergencies and as needed for Hazmat,  
fire, high angle or confined space rescue incidents .....TIME \_\_\_\_\_

**C. Site Security Notification Extension 3132**

1. REQUEST Security Officer to be dispatched to scene.....TIME \_\_\_\_\_
2. NOTIFY Security that ambulance is en route when required ... TIME \_\_\_\_\_ ☐ NA

**D. Health Physics Notification Extension 3150 .....TIME \_\_\_\_\_**

**E. Report at Scene**

1. Transport to hospital via: ☐ Not Applicable ☐ Ambulance ☐ Other \_\_\_\_\_
2. Type of injury / illness: \_\_\_\_\_
3. Patient condition (identify if Trauma Alert): \_\_\_\_\_
4. Contamination Present: ☐ No ☐ Yes Level: \_\_\_\_\_
5. Patient pickup point: ☐ Hot Machine Shop ☐ Other (Specify) \_\_\_\_\_

**CHECKLIST FOR MEDICAL EMERGENCIES (Cont'd)****F. Ambulance Service Notification** (Use the direct outside line for this notification)

1. Call 9-1-1. (This also notifies the Sheriff's Office) .....TIME: \_\_\_\_\_  
IF the Emergency Response Coordinator requests a Trauma Alert,  
THEN notify 9-1-1 to initiate a Trauma Alert.
2. GIVE your name and title. .... ☐
3. REQUEST ambulance at the Crystal River Nuclear Plant..... ☐
4. GIVE them patient information from Section E (Items 2, 3, 4) if  
available. .... ☐
5. ADVISE Dispatcher that Security will direct ambulance upon arrival on Site. .... ☐
6. NOTIFY Security at Extension 3132 ambulance is en route. .... ☐

**G. Hospital Notification**

Primary: Seven Rivers Regional Medical Center - 795-8335 / 795-6560

Secondary: Citrus Memorial - 344-6569 / 726-1551 (If primary unavailable)

1. Time: \_\_\_\_\_
2. Person Contacted: \_\_\_\_\_
3. GIVE name and title. TELL them you are transporting a  
patient(s) to their facility. .... ☐
4. GIVE them patient information and transport mode from  
Section E (Items 1, 2, 3, 4)..... ☐
5. IF contamination is present or unknown, THEN INFORM Hospital  
that a Health Physics Technician will accompany the patient.  
(Review minimum shift staffing requirements from ITS and  
OPS-NGGC-1000 to ensure staffing is maintained)..... ☐

**H. Supervisor Notification**

1. NOTIFY injured person's supervisor to contact  
family/emergency contact..... TIME \_\_\_\_\_ ☐ NA
2. REMIND supervisor to complete the CR-3 Safety Incident Reporting Checklist.

Supervisor's Name: \_\_\_\_\_

**I. Ambulance Arrives On Site** ..... TIME \_\_\_\_\_ ☐ NA**J. Ambulance Leaves Site** ..... TIME \_\_\_\_\_ ☐ NA

Completed By \_\_\_\_\_

Title \_\_\_\_\_

Date / Time \_\_\_\_\_

Reviewed By Shift Manager / EC \_\_\_\_\_

Date / Time \_\_\_\_\_

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## Summary of Changes

PRR 305581

- NOTES:** 1. Procedure Sponsor: There is no information contained in EM-213 that affect ERF posters or briefing guidelines. The medical facilities referenced in EM-213, 1.0.4 should be verified against the CR3 Safety Incident Reporting Checklist on the CR3 Safety homepage for consistency.
2. Procedure Sponsor: No content changes to EM-213 impact other EIPs. EM-213 is only referenced in AI-525, Standards and Expectations for the Acquisition and Training of Non-Station Personnel.

Section/Step	Changes
Throughout	Reformatted per PRO-NGGC-0201. Replaced Shift Supervisor with Shift Manager (PRR 305581). Changed emphasis technique for negative words per PRO-NGGC-0201. Deleted the word "Site" from Security as there is no difference between Site and Nuclear like there used to be in the past. Added "Main" to the Control Room designation. Deleted inactive commitments-16010 / 6200 / 9190 / 16070 / 10552 / 10540. Replaced Citrus County Sheriff's "Department" with "Office" to correctly reflect the title
1.0.4	Added statement "This procedure is an Emergency Plan Implementing Procedure (EPIP) and any revisions must be carefully considered for emergency plan impact (PRR 321647). Changed Allen Ridge Medical Center to Medero Medical and reversed order of locations based on operating hours according to Incident Reporting Checklist
2.1.	Added NOCS 1591 and OPS-NGGC-1000 to reference section
9.1.1.2 NOTE	Deleted note as cellular telephones can now be used to notify the Main Control Room and added cell number to step of procedure as available notification option.
Step 9.2.4 NOTE	Deleted note as it contained active voice and is sufficiently covered under limits and precautions.
9.4.6	Added new step to Shift Manager actions to "REVIEW minimum shift staffing requirements according to Improved Technical Specifications (ITS) and OPS-NGGC-1000 to ensure compliance."
Step 4.6.5 (old) Step 9.6.5 (new)	Removed bulleted item of "PROVIDE dosimetry to EMS/hospital personnel." from step as HP no longer provides dosimetry to hospital/EMS personnel because Citrus County EM is responsible. (PRR 349308)

Section/Step	Changes
Enclosure 1 (old) Attachment 1 (new)	Replace AI-500 with OPS-NGGC-1000 under hospital notification for review of minimum shift requirements. Re-designated enclosure to attachment per PRO-NGGC-0201. Added NOCS reference number per PRO-NGGC-0201. (PRR 339697)
Enclosure 2 and 3	Deleted enclosures as local EMS personnel know locations of hospitals and these were used when non-EMS personnel transported individuals to the hospitals.
Summary of Changes	Added 2 notes for procedure writers / sponsors (PRR 411907)