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SUBJECT: Forwards response to IE Bulletin 86-098, "Offsite Medical
 Svc" & Guidance Memorandum MS-1, "Medical Svcs."

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Arizona Nuclear Power Project

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June 24, 1987
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U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

Subject: Palo Verde Nuclear Generating Station (PVNGS)
Units 1, 2 and 3
Docket Nos. STN 50-528 (License NPF-41)
50-529 (License NPF-51)
50-530 (License NPF-65)
NRC IE Information Notice No. 86-98:
Offsite Medical Services
File: 87-055-026

References: (A) Letter from U.S. NRC to ANPP (Subject: Offsite Medical Services, dated June 1, 1987).
(B) Letter from Arizona Division of Emergency Services to ANPP (dated June 12, 1987).

The subject Information Notice and Guidance Memorandum MS-1 described new NRC policy for 10 CFR 50.47(b)(1), 50.47(b)(12), 50.47(b)(14) and 50.47(b)(15) which ANPP is required to comply with no later than August 13, 1987. Additionally, ANPP is required to conduct a Medical Emergency Drill in accordance with 10 CFR 50.47(b)(14) FEMA guidance/criteria. Reference (A) requested ANPP to provide a brief report on the status of the offsite plans for Palo Verde to meet the new NRC policy. Reference (B) states ANPP procedures for evacuation to a medical facility and procedures for emergency treatment were demonstrated in accordance with the State plan and meet the criteria of FEMA Guidance Memorandum MS-1, "Medical Services." Also, FEMA evaluated the treatment of a simulated, contaminated injured patient during the exercise conducted on May 11, 1983. The evaluator's report is stated in the FEMA, Region IX, Evaluation Findings and satisfies the requirement for ANPP to conduct a Medical Emergency Drill in accordance with 10 CFR 50.47(b)(14) FEMA guidance/criteria.

The Attachment provides a brief response for each Planning Standard Evaluation Criterion which is contained in Guidance Memorandum MS-1, "Medical Services."

If you have any questions or need additional information, please do not hesitate to call.

Very truly yours,

J. G. Haynes
Vice President
Nuclear Production

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Attachment

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U. S. NRC Document Control Desk
NRC IE Information Notice No. 86-98:
Offsite Medical Services
161- 00312
Page 2

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Attachment to
161- 00312

ATTACHMENT

ANPP RESPONSE TO GM MS-1

STANDARDS, EVALUATIONS CRITERIA, AREAS OF REVIES AND ACCEPTANCE CRITERIA

A. Assignment of Responsibility (Organization Control)

Planning Standard - 10 CFR 50.47(b)(1)

Primary responsibilities for emergency response by the nuclear facility licensee, and by State and local organizations within the Emergency Planning Zones have been assigned, the emergency responsibilities of the various supporting organizations have been specifically established, and each principal response organization has staff to respond and to augment its initial response on a continuous basis.

A.3. Evaluation Criterion

Each plan shall include written agreements referring to the concept of operations developed between Federal, State, and local agencies and other support organizations having an emergency response role within the Emergency Planning Zones. The agreements shall identify the emergency measures to be provided and the mutually acceptable criteria for their implementation, and specify the arrangements for exchange of information. These agreements may be provided in an appendix to the plan or the plan itself may contain descriptions of these matters and a signature page in the plan may serve to verify the agreements. The signature page format is appropriate for organizations where response functions are covered by laws, regulations or executive orders where separate written agreements are not necessary.

Areas for Review and Acceptance Criteria

State or local government should obtain written agreements with the listed medical facilities (Planning Standard L. Evaluation Criteria 1 and 3) and transportation providers (Planning Standard L. Evaluation Criterion 4). The written agreements should contain simple assurances that the providers have adequate technical information (e.g., treatment protocols) and treatment capabilities for handling "contaminated injured" individuals. An indication of Joint Commission on Accreditation of Hospitals (JCAH) accreditation will suffice for each assurance. (Note: Veterans Administration (VA), military and other government hospitals are not usually accredited by JCAH but usually have the desired capabilities.) If state or local governments do not obtain written agreements, the licensee should obtain written agreement with the listed medical facilities and transportation providers. If good faith efforts are not successful in a particular case, the licensee shall provide or arrange for adequate compensatory measures, e.g., obtain written agreements with other providers or provide temporary field medical care.

Attachment to
161- 00312

ANPP Response

Letters of agreements between APS and the primary and backup hospitals (Maryvale Samaritan and Good Samaritan respectively) are included in the PVNGS Emergency Plan, Appendix A (Agreement Letters). Also, lists developed by the State are included in the Fixed Nuclear Offsite Emergency Response Plan, Annex D, Appendix 10. These lists include both hospitals and ambulance services with a description of the facility and transportation resources to support contaminated patients.

L. Medical and Public Health Support

Planning Standard - 10 CFR 50.47(b)(12)

Arrangements are made for medical services for contaminated injured individuals.

L.1. Evaluation Criterion

Each organization shall arrange for local and backup hospital and medical services having the capability for evaluation of radiation exposure and uptake, including assurance that persons providing these services are adequately prepared to handle contaminated individuals.

Areas for Review and Acceptance Criteria

There should be one primary local hospital and one backup hospital for each site for the evaluation and emergency treatment of "contamination injured" members of the general public. Hospitals are generally distributed proportional to the population. Thus, at sites with low population and few hospitals, the primary local and backup hospitals for members of the general public could be the same as those for the utility employees and emergency workers.

ANPP Response

Letters of agreements between APS and the primary and backup hospitals (Maryvale Samaritan and Good Samaritan, respectively) are included in the PVNGS Emergency Plan, Appendix A (Agreement Letters).

L. Medical and Public Health Support

Planning Standard - 10 CFR 50.47(b)(12)

Arrangements are made for medical services for contaminated injured individuals.

L.3. Evaluation Criterion

Each State shall develop lists indicating the location of public, private and military hospitals and other emergency medical services facilities within the State or contiguous States considered capable of providing medical support for any contaminated injured individual. The listing shall include the name, location, type of facility and capacity and any special radiological capabilities. These emergency medical services should be able to radiologically monitor contaminated personnel, and have facilities and trained personnel able to care for contaminated injured persons.

Areas for Review and Acceptance Criteria

The lists should be annotated to indicate the ambulatory/non-ambulatory capacities for providing medical support for "contaminated injured" members of the general public and any special radiological capabilities. This will enable state and local officials to direct members of the general public to those institutions capable of handling "contaminated injured" patients. In the event that local and regional medical resources need to be supplemented, additional medical resources would be available through the Federal Radiological Emergency Response Plan. These resources would include the Radiation Emergency Assistance Center/ Training Site at Oak Ridge, Tennessee and the National Disaster Medical System with headquarters in Rockville, Maryland.

ANPP Response

Lists developed by the State are included in the Fixed Nuclear Facility Offsite Emergency Response Plan, Annex D, Appendix 10. These lists include both hospitals and ambulance services with a description of the facility and transportation resources to support contaminated patients.

L. Medical and Public Health Support

Planning Standard - 10 CFR 50.47(b)(12)

Arrangements are made for medical services for contaminated injured individuals.

L.4. Evaluation Criterion

Each organization shall arrange for transporting victims of radiological accidents to medical support facilities.

Areas for Review and Acceptance Criteria

Because the early symptoms of persons exposed to dangerous levels of radiation are usually limited to nausea and vomiting, ambulances may not be required to transport such persons to medical facilities. Rather, non-specialized public and private vehicles can be used, supported, if necessary, with agreements in accordance with A.3. above. For other types of contaminated injured individuals, specialized transportation resources (e.g., ambulances) would be necessary and should be assured by agreements, if necessary, in accordance with A.3. above. Provisions should be made for the use of contamination control in transporting contaminated persons to medical facilities.

ANPP Response

An agreement between Samaritan AirEvac and APS has been executed and will be included in the PVNGS Emergency Plan, Appendix A (Agreement Letters) at the next annual revision of the Plan. All specialized ground transportation required will be provided by the onsite ambulances.

0. Radiological Emergency Response Training

Planning Standard - 10 CFR 50.47(b)(15)

Radiological emergency response training is provided to those who may be called on to assist in an emergency.

0.4. Evaluation Criterion

Each organization shall establish a training program for instructing and qualifying personnel who will implement radiological emergency response plans. The specialized initial training and periodic retraining programs (including the scope, nature and frequency) shall be provided in the following categories:

h. Medical support personnel

Areas for Review and Acceptance Criteria

Each hospital listed under Evaluation Criteria L.1 and L.3. shall have at least one physician and one nurse on call within about 2 hours who can supervise the evaluation and treatment of radiologically "contaminated injured" members of the general public. There are several sources for this training including NRC licensee sponsored training. Transportation providers should have basic training in contamination control. Examples include but are not limited to:

1. FEMA handbook, videotape, slides and instruction manual titled "Hospital Emergency Department Management of Radiation Accidents," SM 80/1984.
2. Courses from The Radiation Emergency Assistance Center/ Training Site (REAC/TS) at Oak Ridge Associated Universities.
3. Audiocassette and text course, "Radiation Accident Preparedness: Medical and Managerial Aspects" by Science-Thru-Media Inc., 303 Fifth Avenue, Suite 803, New York, NY 10016.

ANPP Response

ANPP provides annual training/retraining for the primary and backup hospitals, AirEvac personnel, and onsite medical emergency response personnel. The training is performed according to ANPP Procedure No. 8N718.04.00 (Rev. 4) (Emergency Plan Training) and No. 8I718.04.01 (Rev. 0) (Emergency Planning Offsite Training Department Instruction). All shifts of emergency response personnel for the hospitals are offered training to handle contaminated injuries.

N. Exercises and Drills

Planning Standard - 10 CFR 50.47(b)(19)

Periodic exercises are (will be) conducted to evaluate major portions of emergency response capabilities, periodic drills are (will be) conducted to develop and maintain key skills, and deficiencies identified as a result of exercises or drills are (will be) corrected.

N.2. Evaluation Criterion

A drill is a supervised instruction period aimed at testing, developing and maintaining skills in a particular operation. A drill is often a component of an exercise. A drill shall be supervised and evaluated by a qualified drill instructor. Each organization shall conduct drills, in addition to the biennial exercise at the frequencies indicated below:

c. Medical emergency drills

A medical emergency drill involving a simulated contaminated individual which contains provisions for participation by the local support services agencies (i.e., ambulance and offsite medical treatment facility) shall be conducted annually. The offsite portions of the medical drill may be performed as part of the required biennial exercise.

Areas for Review and Acceptance Criteria

Both hospitals and AirEvac are drilled annually on the capability to respond to a contaminated injury according to ANPP Procedure No. 7N409.08.00 (Rev. 2) (Emergency Preparedness Drills). The relocation centers are also drilled annually on the capability to provide care, either directly or indirectly, for individuals temporarily displaced by emergency conditions at Palo Verde. This care would include directing injured persons with possible or actual contamination to the appropriate medical facilities if necessary.

ANPP Response

Both hospitals and AirEvac are drilled annually on the capability to respond to a contaminated injury according to ANPP Procedure No. 7N409.08.00 (Rev. 2) (Emergency Preparedness Drills). The relocation centers are also drilled annually on the capability to provide care, either directly or indirectly, for individuals temporarily displaced by emergency conditions at Palo Verde. This care would include directing injured persons with possible or actual contamination to the appropriate medical facilities if necessary.

Implementation

State and local emergency response plans should reflect the provisions of this GM at the next annual update following 9 months from the effective date of this GM.

Plans for plants that do not have a full power operating license should reflect the provisions of this GM within 9 months of the effective date of this GM. The first medical drill reflecting the provisions of this GM should be conducted by the end of the next biennial exercise following 1 year from the effective date of this GM.

ANPP Response

The APS/Samaritan AirEvac agreement will be included in the next annual revision of the Emergency Plan.

Medical drills including AirEvac, Maryvale Samaritan Hospital, and Good Samaritan Medical center are scheduled for completion by December 1987.

In addition, PVNGS has successfully completed the following medical drills:

April 27, 1983
May 11, 1983
July 20, 1983
September 5, 1984
September 26, 1984
May 7, 1985
September 11, 1985
October 2, 1985
May 21, 1986
December 10, 1986

