



October 15, 2018

PG&E Letter DCL-18-082
PG&E Letter DIL-18-014

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555-0001

10 CFR 50.54, 10 CFR 72.32

Docket No. 50-275, OL-DPR-80
Docket No. 50-323, OL-DPR-82
Diablo Canyon Units 1 and 2
Docket No. 72-26, Materials License No. SNM-2511
Diablo Canyon Independent Spent Fuel Storage Installation
Emergency Plan Implementing Procedure Update

Dear Commissioners and Staff:

In accordance with 10 CFR 50.54(q)(5) and the requirements of 10 CFR 72.32, Pacific Gas and Electric Company (PG&E) is providing a summary of the analysis of changes to Emergency Plan (E-Plan) Implementing Procedure EP RB-3, "Stable Iodine Thyroid Blocking."

The associated enclosures are listed below:

- Enclosure 1 - Diablo Canyon Power Plant Emergency Plan Implementing Procedures, Revision Numbers for Emergency Plan Implementing Procedures.
- Enclosure 2 - Summary of the Analysis of Changes to Emergency Plan Implementing Procedure EP RB-3, Revision 8, "Stable Iodine Thyroid Blocking."

PG&E evaluated the changes for a reduction in effectiveness, as defined in 10 CFR 50.54(q), and concluded that the changes do not reduce the effectiveness of the E-Plan. The E-Plan continues to meet the requirements in Appendix E of 10 CFR 50 and the planning standards of 10 CFR 50.47(b). Therefore, prior NRC approval of the associated changes was not required.

This update does not contain any privacy and proprietary information in accordance with NRC Generic Letter 81-27, "Privacy and Proprietary Material in Emergency Plans."

PG&E makes no new or revised regulatory commitments (as defined by NEI 99-04) in this letter.

If there are questions regarding this update, please contact me at (805) 545-3446.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Ginn". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael A. Ginn
Emergency Planning Manager

armb/4743/50997391

Enclosures

cc/enc: William C. Allen, NMSS Project Manager
Kriss M. Kennedy, NRC Region IV Administrator
Christopher W. Newport, NRC Senior Resident Inspector
Balwant K. Singal, NRC Senior Project Manager
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Enclosure 1
PG&E Letter DCL-18-082
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**DIABLO CANYON POWER PLANT EMERGENCY PLAN
IMPLEMENTING PROCEDURES**

Revision Numbers for Emergency Plan Implementing Procedures

**DIABLO CANYON POWER PLANT EMERGENCY PLAN
IMPLEMENTING PROCEDURES**

<u>Proc. No.</u>	<u>Rev.</u>	<u>Title</u>
OM10.ID1	18	Maintaining Emergency Preparedness
OM10.DC1	9	Emergency Preparedness Drills and Exercises
EP G-1	45	Emergency Classification and Emergency Plan Activation
EP G-2	51	Interim Emergency Response Organization
EP G-3	60	Emergency Notification of Off-Site Agencies
EP G-4	30	Assembly and Accountability
EP G-5	15	Evacuation of Non-Essential Site Personnel
EP OR-3	10	Emergency Recovery
EP RB-1	8	Personnel Dosimetry
EP RB-2	8	Emergency Exposure Guides
EP RB-3	8*	Stable Iodine Thyroid Blocking
EP RB-4	5	Access to and Establishment of Controlled Areas Under Emergency Conditions
EP RB-5	9	Alternate Personnel Decontamination Facilities
EP RB-8	29	Instructions for Field Monitoring Teams
EP RB-10	21	Protective Action Recommendations
EP RB-12	12	Plant Vent Iodine and Particulate Sampling During Accident Conditions
EP RB-14	10	Core Damage Assessment Procedure
EP RB-14A	3	Initial Detection of Fuel Cladding Damage
EP RB-15	15	Post Accident Sampling System
EP RB-16	16	Operating Instructions for the EARS Computer Program
EP RB-17	1	Operating Instructions for QuickDose
EP R-2	36	Release of Airborne Radioactive Materials Initial Assessment
EP R-3	9	Release of Radioactive Liquids
EP R-7	18	Off-Site Transportation Accidents
EP EF-1	55	Activation and Operation of the Technical Support Center
EP EF-2	40	Activation and Operation of the Operational Support Center
EP EF-3	46	Activation and Operation of the Emergency Operations Facility
EP EF-4	21	Activation of the Off-Site Emergency Laboratory
EP EF-9	12	Backup Emergency Response Facilities
EP EF-10	17	Activation and Operation of the Joint Information Center
EP EF-11	2	Alternate Emergency Response Facilities / Incident Command Post (ICP)

*Revised Document

Enclosure 2
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**Summary of the Analysis of Changes to
Emergency Plan Implementing Procedure EP RB-3, Revision 8, “Stable Iodine
Thyroid Blocking”**

Change	Original Content (Rev 7)	Revised Content (Rev 8)	Description of Change
1	N/A	Procedure was converted	<p>Added content.</p> <p>Procedure was converted to meet the current revision of the Nuclear Generation Procedure Writer's Manual.</p> <p>This change does not affect how the current Emergency Plan (E-Plan) meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
2	<p>Table of Contents</p> <p>Section Page Headers</p> <p>Scope</p> <p>Responsibilities</p> <p>Instructions</p> <p>Records</p> <p>Attachments</p>	<p><u>Table of Contents</u></p> <p>Section and Page Headers were deleted</p> <p>Scope</p> <p>Discussion</p> <p>Responsibilities</p> <p>Prerequisites</p> <p>Precautions and Limitations</p> <p>Instructions</p> <p>Issuance of KI</p> <p>Authorization of KI Ingestion</p> <p>Ingestion of KI</p> <p>County Emergency Workers</p>	<p>Added content.</p> <p>Changes were made to Table of Contents.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

		Follow-Up Actions Records References	
3	<p>5. Attachments</p> <p>5.1 "Form 69-9395, "Record of Distribution of Potassium Iodide," 03/23/00</p>	<p><u>Table of Contents</u></p> <p>Attachments</p> <p>1. KI Process Flowchart</p> <p>2. Form 69-22007, Record of Distribution of Potassium Iodine, 08/15/18</p>	<p>Modified content.</p> <p>Section 5 of Revision 7 of EP RB-3 was moved to the Table of Contents.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
4	<p>1. Scope,</p> <p>1.1 This procedure provides instructions for the administration of stable iodine in the form of Potassium Iodide (KI) under emergency conditions for emergency personnel.</p>	<p>1. <u>SCOPE</u></p> <p>1.1 This procedure provides instructions for the issuance, authorization, and ingestion of stable iodine in the form of Potassium Iodide (KI) under emergency conditions for Pacific Gas and Electric (PG&E) emergency personnel.</p>	<p>Modified content.</p> <p>The following, "for Pacific Gas and Electric (PG&E) emergency personnel", was added to provide clarity that this procedure is to be used by PG&E emergency personnel only.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
5	N/A	1.2 This procedure was rewritten; therefore, revision bars are not included.	<p>Added content.</p> <p>This step was added to explain that the</p>

			<p>entire procedure was reformatted to meet the current revision of the Nuclear Generation Procedure Writer's Manual.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
6	N/A	2. <u>DISCUSSION</u>	<p>Added content.</p> <p>This section was added to meet the current standard.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
7	N/A	2.1 KI is a salt of stable iodine that can help block radioactive iodine from being absorbed by the thyroid gland in the unlikely event of a nuclear reactor accident, thus reducing radiation exposure. Consumption of KI can cause some side effects which may include stomach or gastro-intestinal upset, allergic reactions, rashes, and inflammation of the salivary glands.	<p>Added content.</p> <p>Added a discussion describing KI, its benefits and potential side effects.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

8	N/A	<p>2.2 The county Health Officer controls authorization for consumption of KI for all non-PG&E employees.</p>	<p>Added content.</p> <p>Added a discussion explaining that the county Health Officer's is responsible for non-PG&E personnel KI consumption.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
9	N/A	<p>2.3 Evaluating when to Issue KI</p> <p>2.3.1 Consider issuing KI to PG&E emergency personnel when responding to an event in which any one of the following exists:</p> <ul style="list-style-type: none"> • The potential for a radioactive release to the environment due to the event. • There is a radioactive release to the environment due to the event. • Fuel damage. 	<p>Added content.</p> <p>Added a discussion about evaluating when to consider issuing KI as an aid to the Rad Advisor, or Rad manager.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
10	3.1 Evaluating When to Administer KI	2.4 Evaluating when to authorize the ingestion of KI	<p>Modified content.</p> <p>Moved this discussion about evaluating when to authorize the ingestion of (administer) KI from the Instructions section to the new Discussion section.</p> <p>This change does not affect how the</p>

			current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
11	<p>Note following 3.1.1.b</p> <p>If the County Health Officer approves KI administration to the County emergency workers, then approving KI administration for PG&E workers may be considered below the 25 rem exposure Protective Action Guideline.</p>	<p>Note before step 2.4.1</p> <p>Authorization of KI ingestion for PG&E emergency personnel may be considered below the 5 rem exposure Protective Action Guideline, if the County Health Officer authorizes KI ingestion for County emergency workers.</p>	<p>Modified content.</p> <p>The note was rewritten for clarity and moved from the Instructions section to the beginning of the Discussion section to be more appropriately located.</p> <p>The Protective Action Guideline of 25 rem was changed to 5 rem to be in accordance with EPA-400/R-17/001, "PAG Manual: Protective Action Guides and Planning Guidance for Radiological Incidents". Five rem is also in accordance with San Luis Obispo County Health Agency SOP (CHO-07).</p> <p>The change to reduce the exposure limit from 25 rem to 5 rem was fully evaluated under 50.54(q) effectiveness evaluation 2018-59. No additional evaluation required.</p>
12	<p>3.1.1 KI is most effective when administered immediately prior to exposure to radioiodine, therefore administration of KI should be considered when:</p>	<p>2.4.1 KI is most effective when ingested immediately prior to exposure to radioiodine. Therefore, authorization of KI ingestion should be considered when any one of the following exists:</p>	<p>Modified content.</p> <p>Moved from the Instructions section to the Discussion section.</p>

			This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
13	N/A	<p>2.4.1</p> <ul style="list-style-type: none"> Core conditions exist where there is gap source term with degrading plant conditions. 	<p>Added content.</p> <p>Added a step as a bullet item to consider KI authorization when there is core gap source term with degrading plant conditions.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
14	3.1.1.a. Exposure situations exist where calculated iodine dose equivalent to the thyroid can be 25 rem or greater.	<p>2.4.1.</p> <ul style="list-style-type: none"> Exposure situations exist where calculated thyroid Committed Dose Equivalent (Thy CDE) of iodine to the thyroid may be 5 rem or greater. 	<p>Modified content.</p> <p>This step was rewritten for clarity and the exposure limit was changed from 25 rem to 5 rem to be in accordance with EPA-400/R-17/001, which has been added to revision 8's References and is now Reference 9.1. Five rem is also in accordance with San Luis Obispo County Health Agency SOP (CHO-07).</p> <p>The change to reduce the exposure</p>

			limit from 25 rem to 5 rem was fully evaluated under 50.54(q) effectiveness evaluation 2018-59. No additional evaluation required.
15	Note following 3.1.1.a Refer to Figure 1 below to determine thyroid dose equivalent as a function of the airborne I-131 concentration.	N/A	Removed content. Note was deleted, since Figure 1 was deleted. This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
16	3.1.1.b No current air analysis is available and high levels of radio-iodine release are suspected prior to undertaking an emergency response operation.	2.4.1. <ul style="list-style-type: none"> • No current air analysis is available and high levels of radioactive iodine from a radioactive release are suspected prior to entering the impacted area. 	Modified content. This step was rewritten for clarity. This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
17	Figure 1	N/A	Removed content. Figure 1 was deleted. The change to reduce the exposure limit from 25 rem to 5 rem was fully

			<p>evaluated under 50.54(q) effectiveness evaluation 2018-59. No additional evaluation required.</p>
<p>18</p>	<p>N/A</p>	<p>2.4.2 KI paperwork and authorization of KI ingestion should be prepared prior to a radiological release with significant amounts of iodine, to ensure prompt ingestion of KI.</p>	<p>Added content.</p> <p>This step was added to streamline the process of KI issuance and authorization.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
<p>19</p>	<p>3.3.1 Prior to issue of KI, warn personnel of the possible effects to personnel with iodine sensitivity.</p>	<p>2.4.3 Anyone ingesting KI shall be informed of the pharmaceutical precautions prior to ingesting KI.</p>	<p>Added content.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

20	N/A	<p>2.4.4 The term “offsite PG&E personnel” includes both offsite and onsite Field Monitoring Teams (FMTs), as the onsite FMTs are controlled by, and communicated to, from the Unified Dose Assessment Center (UDAC), an offsite emergency response facility.</p>	<p>Added content.</p> <p>This step was added to ensure that the ED knows that they are responsible for authorizing the ingestion of KI to all FMTs, including the onsite FMT.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
21	N/A	<p>2.5 Definitions</p> <p>2.5.1 Issue KI: The briefing, logging, and distribution of KI to PG&E emergency personnel.</p> <p>2.5.2 Authorize the Ingestion of KI (i.e. authorize the administration of KI): Permission for PG&E emergency workers to ingest KI. This is a non-delegable task for the person in command and control (Shift Manager, Site Emergency Coordinator, or Emergency Director), as described in Section 3.</p> <p>2.5.3 Ingest KI: To take KI into the body by swallowing it. This may only be done after KI has been both issued and authorized for ingestion to the PG&E emergency</p>	<p>Added content.</p> <p>The definitions section, and the definitions within this section, was added to help clarify the difference between issuing, authorizing and ingesting KI.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

		worker.	
22	2. Responsibilities	3. <u>RESPONSIBILITIES</u>	<p>Modified content.</p> <p>The Responsibilities Section was moved from Section 2 to Section 4. The text was not changed.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
23	N/A	<p>Note before 3.1</p> <p>NOTE: The authorization for PG&E personnel to ingest KI is a non delegable task.</p>	<p>Added content.</p> <p>This note was added for clarification and to reiterate the E-Plan requirement that authorizing the ingestion of KI as a non-delegable task.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
24	<p>2.3 Shift Manager</p> <p>2.3.1 Responsible for authorizing administration of KI to on-site and off-site PG&E personnel until</p>	<p>3.1 Shift Manager (SM) is responsible for authorizing the ingestion of KI for:</p> <p>3.1.1 All onsite PG&E personnel, prior to being relieved by the Site Emergency</p>	<p>Modified content.</p> <p>Reworded to clarify that the SM would retain responsibility for onsite personnel until relived by the SEC.</p>

	relieved by the Site Emergency Coordinator or the Emergency Director.	Coordinator (SEC). 3.1.2 All offsite PG&E personnel, prior to being relieved by the SEC or Emergency Director (ED).	This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
25	2.2 Site Emergency Coordinator 2.2.1 Responsible for authorizing administration of KI to on-site personnel. 2.2.2 Responsible for authorizing administration of KI to off-site PG&E personnel until relieved by the Emergency Director.	3.2 SEC is responsible for authorizing the ingestion of KI for: 3.2.1 All PG&E personnel (onsite and offsite) until relieved by the ED. 3.2.2 Onsite PG&E personnel, when either the SEC or ED has command and control of the event.	Modified content. Reformatted to meet the current standard and reworded for clarity. This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
26	2.2.3 Responsible for ensuring on-site personnel are informed of the decision to administer KI.	N/A	Removed content. This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
27	2.5 Emergency Director 2.5.1 Responsible for authorizing administration of KI to off-site PG&E personnel.	3.3 ED is responsible for authorizing the ingestion of KI to offsite PG&E emergency personnel, including all FMTs (onsite and offsite) when the ED has command and control of the event.	Modified content. Reworded to include all PG&E Field Monitoring Teams. This change does not affect how the

			current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
28	<p>2.1 Radiological Advisor</p> <p>2.1.1 Responsible for evaluating when KI should be administered.</p> <p>2.1.2 Responsible for coordinating the issuance of KI to on-site personnel.</p>	<p>3.4 Radiological Advisor (RA) is responsible for:</p> <p>3.4.1 Evaluating when KI should be issued to onsite PG&E personnel, based on radiological conditions.</p> <p>3.4.2 Coordinating the issuance of KI to onsite PG&E personnel.</p> <p>3.4.3 Coordinating the ingestion of KI to onsite PG&E personnel, upon authorization from the SEC.</p>	<p>Modified content.</p> <p>Reworded to clarify the difference between issuing and ingesting KI. Also, reinforces the requirement of obtaining SEC authorization prior to ingesting KI.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
29	<p>2.4 Radiological Manager</p> <p>2.4.1 Responsible for evaluating when KI should be administered.</p> <p>2.4.2 Responsible for advising the Emergency Director when the County Health Officer has elected to issue KI to emergency workers.</p> <p>2.4.3 Responsible for coordinating the issuance of KI to off-site PG&E personnel.</p>	<p>3.5 Radiological Manager (RM) is responsible for:</p> <p>3.5.1 Evaluating when KI should be issued to offsite PG&E personnel, based on radiological conditions.</p> <p>3.5.2 Coordinating the issuance of KI to offsite PG&E personnel.</p> <p>3.5.3 Coordinating the ingestion of KI to offsite PG&E personnel, including the onsite FMT, upon authorization by the ED</p>	<p>Modified content.</p> <p>Reworded to clarify the difference between issuing and ingesting KI. Also, reinforces the requirement of ED authorization prior to ingesting KI. Step 3.5.3 was added as a reminder that KI for the onsite FMTs are controlled by the EOF.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-</p>

		<p>for KI ingestion.</p> <p>3.5.4 Advising the ED when the San Luis Obispo County Health Officer has elected to authorize ingestion of KI to county emergency workers.</p> <p>3.5.5 Ensuring the County Health Officer and applicable County Unified Dose Assessment personnel are informed of when and why KI is issued and is authorized to ingest.</p>	<p>specific commitments. No additional evaluation required.</p>
30	N/A	<p>4. <u>PREREQUISITES</u></p> <p>None</p>	<p>Added content.</p> <p>This section was added to meet the current standard.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
31	N/A	<p>5. <u>PRECAUTIONS AND LIMITATIONS</u></p>	<p>Added content.</p> <p>This section was added to meet the current standard.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-</p>

			specific commitments. No additional evaluation required.
32	<p>Caution before Step 3.3.1</p> <p>CAUTION: Personnel with sensitivity to iodine may develop adverse symptoms from KI tablet ingestion. A history of shellfish allergies may indicate iodine sensitivity.</p>	<p>5.1 Personnel who are allergic to or have sensitivity to iodine may develop adverse symptoms from KI tablet ingestion.</p>	<p>Modified content.</p> <p>This step was reworded for clarity. The second part concerning shellfish allergies was deleted since it is no longer thought to be factual.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
33	N/A	<p>6. <u>INSTRUCTIONS</u></p> <p>6.1 Issuance of KI</p> <p>NOTE 1: KI may be issued at any time, with instructions to not ingest KI until authorized.</p>	<p>Added content.</p> <p>This note clarifies that KI may be issued prior to authorization to ingest KI.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
34		<p>6. <u>INSTRUCTIONS</u></p> <p>6.1 Issuance of KI</p> <p>NOTE 2: Attachment 1 provides a</p>	<p>Added content.</p> <p>This note informs the reader of the new flowchart that helps describe the process.</p>

		flowchart of the KI issuance, authorization of ingestion, and ingestion process.	This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
35	3.3 Administration of KI CAUTION: Personnel with sensitivity to iodine may develop adverse symptoms from KI tablet ingestion. A history of shellfish allergies may indicate iodine sensitivity.	6. <u>INSTRUCTIONS</u> 6.1 Issuance of KI CAUTION: Personnel with sensitivity to iodine may develop adverse symptoms from KI ingestion.	Modified content. Caution was reworded for clarity. The second part concerning shellfish allergies was deleted since it is no longer thought to be factual. This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
36	3.3.1 Prior to issue of KI, warn personnel of the possible effects to personnel with iodine sensitivity. 3.3.2 Instruct personnel to review the instructions for potassium iodide tablets.	6.1.1 <u>IF</u> conditions warrant issuance of KI, <u>THEN</u> perform the following: a. Ensure PG&E personnel are briefed on the pharmaceutical precautions for KI tablets.	Added content These steps were reworded and condensed to one step. This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.

37	N/A	<p>6.1.1.b. Consider dispatching available C&RP techs to assembly areas and other locations where onsite PG&E personnel are located to assist in the distribution of KI.</p> <p>1. KI stockpiles exist in the following onsite locations:</p> <ul style="list-style-type: none"> • Control room • Security building • RCA access control • Building 113 (Warehouse B) 	<p>Added content</p> <p>These steps were added to aid in the distribution of KI to on-site personnel.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
38	N/A	<p>6.1.1.c. <u>IF</u> someone refuses to take KI, <u>THEN</u> replace that person with someone who agrees to take KI on the applicable team or activity.</p>	<p>Added content</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
39	<p>3.3.3 Ensure personnel complete Attachment 5.1, "Record of Distribution of Potassium Iodide."</p> <p>3.3.4 Instruct affected personnel to take one 130 mg KI tablet.</p>	<p>6.1.1 <u>IF</u> conditions warrant issuance of KI, <u>THEN</u> perform the following:</p> <p>d. Ensure personnel complete Attachment 2, "Record of Distribution of Potassium Iodide."</p> <p>e. Ensure personnel listed on Attachment 2 understands the following:</p> <p>1. Dosage is one (1) 130 mg tablet per</p>	<p>Modified content.</p> <p>These steps were rewritten for clarity.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

		<p>day.</p> <p>2. Direction will be given when to ingest the KI tablet.</p>	
40	N/A	<p>6.2 <u>Authorization of KI Ingestion</u></p> <p>NOTE: Authorization of KI ingestion is a non delegable task for the SM/SEC/ED.</p>	<p>Added content.</p> <p>This note was added for clarification.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
41	<p>3.2 Approval of KI Administration</p> <p>3.2.1 Radiological Advisor shall obtain Site Emergency Coordinator authorization prior to administering KI to on-site personnel.</p> <p>3.2.2 Radiological manager shall obtain Emergency Director authorization prior to administering KI to off-site personnel.</p>	<p>6.2.1 Obtain authorization for the ingestion of KI.</p> <p>a. RA shall obtain SEC authorization for KI ingestion prior to telling onsite PG&E personnel to ingest KI.</p> <p>b. RM shall obtain ED authorization for KI ingestion prior to telling offsite PG&E personnel (including all FMTs, onsite and offsite) to ingest KI.</p>	<p>Modified content.</p> <p>These steps were rewritten to specify SEC and ED authorization to ingest KI for onsite/offsite PG&E personnel.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
42	N/A	<p>6.2.2 Document the authorization to ingest KI in an ERO position log.</p>	<p>Added content.</p> <p>This step was added to align with Emergency Planning expectations.</p>

			This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.
43	N/A	<p>6.3 <u>Ingestion of KI</u></p> <p>CAUTION: Ensure KI ingestion has been authorized by the SM/SEC/ED.</p> <p>NOTE: For optimal prophylaxis, KI is dosed daily, until a risk of significant exposure to radioiodines by either inhalation or ingestion no longer exists.</p> <p>6.3.1 Direct applicable PG&E personnel to ingest one (1) 130 mg KI tablet.</p>	<p>Added content.</p> <p>This revision distinguishes the difference between issuing, authorizing and ingesting KI. These steps were added to instruct how to ingest KI after KI has been issued and authorized.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
44	N/A	<p>6.4 <u>County Emergency Workers</u></p> <p>6.4.1 The RM should ensure the ED knows when the County Health Officer has issued, and authorized to ingest, KI to County emergency workers.</p> <p>6.4.2 The RM should ensure the County Health Officer and applicable County Unified Dose Assessment personnel are informed of:</p>	<p>Added content.</p> <p>These steps were added to ensure the Emergency Director and the County Health Officer are aware of each other's decisions regarding KI ingestion.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

		<p>a. When and why KI is issued to PG&E personnel.</p> <p>b. When and why KI is authorized for PG&E personnel to ingest.</p> <p>c. What radiological conditions will be used to determine when PG&E personnel will be directed to ingest KI.</p>	
45	<p>3.3.5 Tablets should be administered for ten days after verified exposure. Dosage is one tablet, once a day.</p> <p>3.3.6 Individuals suspected of inhalation of airborne contamination should receive thyroid counts on a regular basis throughout the KI treatment period to verify effectiveness of treatment and to estimate dose commitment.</p>	<p>6.5 <u>Follow-Up Actions</u></p> <p>6.5.1 Ensure one (1) tablet is ingested daily for up to 10 days after verified exposure.</p> <p>6.5.2 Ensure individuals suspected of inhalation of airborne contamination receive thyroid counts on a regular basis throughout the KI treatment period to ensure effectiveness of treatment and to estimate dose commitment.</p>	<p>Modified content.</p> <p>The steps have been reworded for clarity and moved to Section 7.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
46	<p>4 <u>RECORDS</u></p> <p>4.1 Drills</p> <p>4.1.1 When used for drills, Attachment 5.1 is a good business record and shall be retained by emergency planning for 3 years.</p>	<p>7 <u>RECORDS</u></p> <p>7.1 Documents generated by this procedure during drills are non-quality good business records and are maintained per OM10.ID1, "Maintaining Emergency Preparedness."</p> <p>7.2 Documents generated by this</p>	<p>Modified content.</p> <p>The Records Section was moved from Section 4 to Section 8. These steps were reworded for clarity.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-</p>

	<p>4.2 Emergency</p> <p>4.2.1 When used for an actual emergency, Attachment 5.1 shall be retained as a quality record in accordance with AD10.ID1.</p>	<p>procedure during actual events are quality records and are maintained for the life of the plant, per AD10.ID1, "Storage and Control of Quality Assurance Records."</p>	<p>specific commitments. No additional evaluation required.</p>
<p>47</p>	<p>N/A</p>	<p>8. <u>REFERENCES</u></p> <p>8.1 EPA-400/R-17/001, "PAG Manual: Protective Action Guides and Planning Guidance for Radiological Incidents</p> <p>8.2 NRC000075, "Guidance Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies</p>	<p>Added content.</p> <p>New section was added.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
<p>48</p>	<p>N/A</p>	<p>Attachment 1</p>	<p>Added content.</p> <p>A flowchart was added as an attachment to aid the procedure user with the process of issuing, authorizing and ingesting KI for PG&E emergency workers.</p> <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>

49	<p>Attachment 5.1</p> <p>69-9395</p> <p>1. Fill out time and date KI is administered.</p> <p>2. Your initials indicate you have been made aware of possible adverse effects to iodine sensitive personnel.</p> <p>Columns: Date Time Dosage Name Initials SSN Organization Address</p>	<p>Attachment 2</p> <p>DCP Form 69-22007</p> <p>NOTE: Your Name and LAN ID indicate you have read and understand the pharmaceutical precautions for KI tablets.</p> <p>Columns: PG&E Worker Name LAN ID Date KI Issued Time KI Issued Date KI Ingested Time KI Ingested Dosage per Day (130mg) KI Ingestion Authorized by (SM/SEC/ED Name)</p>	<p>Modified content.</p> <p>Attachments are numbered 1, 2, 3... in accordance with the current standard.</p> <p>Columns changes: - The Date column was replaced by Date KI Issued and Date KI Ingested. This was done to distinguish between the two. - The Time column was replaced by Time KI Issued and Time KI Ingested. This was done to distinguish between the two. - Dosage column was changed to Dosage per Day with 130mg already entered. This was done to ensure that both the dosage is recorded and that 130mg/day is used. - The Name column was changed to PG&E Worker Name to ensure that only PG&E personnel are issued or directed to ingest KI. - The Initials column was removed as it was unnecessary. - the SSN column was replaced by LAN ID to remove the risk of having emergency response member's personal information being easily available to personnel who have no legitimate reason of having that information.</p>
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			<ul style="list-style-type: none">- The Organization column was removed as it was unnecessary.- The Address column was removed as it was unnecessary and to remove the risk of having emergency response member's personal information being easily available to personnel who have no legitimate reason of having that information.- The KI Ingestion Authorized by (SM/SEC/ED Name) column was added as a result of reviewing the Palo Verde KI Distribution form. <p>This change does not affect how the current E-Plan meets any planning standard functions, elements, or site-specific commitments. No additional evaluation required.</p>
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