



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

12/13/96
date
882
initials

November 7, 1996

OFFICE OF THE
SECRETARY

MEMORANDUM TO: James M. Taylor
Executive Director for Operations
FROM: John J. Hoyle, Secretary
SUBJECT: STAFF REQUIREMENTS - SECY-96-193 - ABNORMAL
OCCURRENCE REPORTS: IMPLEMENTATION OF
SECTION 208 ENERGY REORGANIZATION ACT OF
1974; FINAL POLICY

The Commission has approved publication of the final Policy statement on "Abnormal Occurrence Reports: Implementation of Section 208 Energy Reorganization Act of 1974; Final Policy Statement" subject to the changes noted in the attachment. Also, throughout the policy statement, all uses of the term "nursing infant" should be replaced with "nursing child."
(EDO) (SECY Suspense: 12/13/96)

The staff should file incident information on potential abnormal occurrences (AOs) in the Public Document Rooms (PDRs) as soon as possible after the staff determines that the incident is a potential AO because it may meet the AO criteria. The staff should not wait until an AO determination is made by the Commission, once a year, to make the incident information available to the public through the PDRs. In following this direction, the staff should place already-existing documents on these incidents in the PDRs and identify the incident as a potential AO. Preliminary Notifications, press releases, or morning report information filed in the PDRs will satisfy this directive. The staff should not develop lengthy, new documents for the PDRs on each incident to satisfy this Commission direction. Instead, the intent is to make information on major incidents immediately available to the public and categorized as potential AOs in advance of a final Commission decision, with minimal resource impact on the staff.

SECY NOTE: THIS SRM, SECY-96-193, AND THE VOTE SHEETS OF ALL COMMISSIONERS WILL BE MADE PUBLICLY AVAILABLE 5 WORKING DAYS FROM THE DATE OF THIS SRM.

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The staff should begin to develop conforming changes to the final AO policy statement to cover fuel cycle facilities that may receive NRC certification. Specifically, the staff should determine whether modifications to criteria III., "For Fuel Cycle Licensees," are necessary to explicitly include fuel cycle facilities that are not licensed but are otherwise regulated such as the gaseous diffusion plants (GDPs). These conforming changes should be in place if and when NRC accepts jurisdiction for the GDPs.

(EDO)

(SECY Suspense: 3/3/97)

Following issuance of the FY 1997 AO report to Congress (in early 1998), the staff should report to the Commission on how NRC will identify unintended medical radiation exposures to an embryo/fetus or a nursing child and describe the staff's experience with voluntary reporting. In the staff's report, the staff should address whether the final AO policy criteria should be revised to omit reference to these types of incidents, if the staff does not recommend a mechanism to identify unintended medical radiation exposures to an embryo/fetus or a nursing child.

(EDO)

(SECY Suspense: 3/17/98)

Attachment:
As stated

cc: Chairman Jackson
Commissioner Rogers
Commissioner Dicus
Commissioner Diaz
Commissioner McGaffigan
OGC
OCA
OIG
Office Directors, Regions, ACRS, ACNW, ASLBP (via E-Mail)

Response: The revised criteria were presented to ACMUI and comments received were incorporated before publishing them in the Federal Register (January 9, 1996; 61 FR 661). ~~Because only minor changes have been made to the criteria since ACMUI's review, the Commission does not believe that it is necessary for ACMUI to further examine the criteria.~~

Comment: Add a third condition to the medical AO criteria to read: "and (c) is a radiation exposure that has resulted in unintended permanent functional damage to an organ or a physiological system as determined by a physician" to eliminate reporting events to Congress that do not have any medical significance.

Response: The NRC believes that the dose thresholds of the revised criteria have sufficient margin included to limit the reporting of insignificant events. In addition, the NRC considers it important to report events that have the potential to result in adverse public health and safety. The inclusion of the recommended criterion would preclude reporting of these events. Therefore, the NRC does not intend to include the proposed language.

Comment: Insignificant medical events have been included in the past AO reports to Congress.

Response: The NRC understands the commenters' concerns with the implementation of the medical AO policy before the revision. Because of the low dose thresholds established in the previous criteria, medical events that have not had the potential to result in significant radiation consequences to

setting, as a patient who was not intended to receive a prescribed dose, or as a member of the public.

Comment: Three States suggested providing credential for a "physician" as listed in criterion I.A.3.

Response: For general purposes the term "physician" is defined in 10 CFR Part 35.2, where "Physician means a medical doctor or doctor of osteopathy licensed by a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to prescribe drugs in the practice of medicine."

Although the NRC regulations do not specify the detailed credentials of a "physician" for incident evaluation purposes, the NRC staff has developed an NRC Inspection Manual Chapter (IMC 1360) "Use of Physicians and Scientific Consultants in the Medical Consultant Program" that ~~lists a group of physicians that the NRC staff may obtain as~~ provides guidance on the use of NRC consultants in case of an incident. ~~In addition, NRC staff has developed NRC Management Directive 8.10, "NRC Medical Event Assessment Program" to ensure timely and comprehensive review of medical events. The NRC staff has reviewed the credentials of these physicians and has determined that they have the expertise in specialized areas using byproduct material for the evaluation of radiation consequences. The Inspection Manual is IMC 1360 and Management Directive 8.10 are~~ available in the NRC public document room, 2120 L Street, NW. (Lower Level), Washington, DC 20555-0001.

unintended radiation exposures include any exposure to a nursing ~~infant~~ child, fetus, or embryo as a result of an exposure (other than an occupational exposure to an undeclared pregnant woman) to a nursing mother or pregnant woman above specified values.

3. Abnormal occurrence general statement of policy. The Commission will apply the following policy in determining whether an incident or event at a facility or involving an activity that is licensed or otherwise regulated by the Commission is an AO within the purview of Section 208 of the Energy Reorganization Act of 1974, as amended.

An incident or event will be considered an AO if it involves a major reduction in the degree of protection of the public health or safety. This type of incident or event would have a moderate or more severe impact on the public health or safety and could include, but need not be limited to the following:

- (1) Moderate exposure to, or release of, radioactive material licensed by or otherwise regulated by the Commission;
- (2) Major degradation of essential safety-related equipment; or
- (3) Major deficiencies in design, construction, use of, or management controls for licensed facilities or material.

Criteria by type of event used to determine which incidents or events will be considered for reporting as AOs are set out in appendix A of this policy statement.