

STATE OF ILLINOIS
DEPARTMENT OF NUCLEAR SAFETY

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Jim Edgar
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Thomas W. Ortziger
Director

June 10, 1997

E. Vincent Holahan
Office of Nuclear Regulatory Research
U.S. Nuclear Regulatory Commission
11545 Rockville Pike
Mail Stop T-9C24
Rockville, Maryland 20852-2738

Dear Dr. Holahan:

Thank you for the opportunity to comment on your Draft Rulemaking Plan - Dose Limits to Members of the Public Exposed to Hospitalized Patients (SP-97-032). We encourage rulemakings such as this that facilitate patient care. However, clarification on several points of this plan is required as follows:

1. It does not appear that contamination in radiopharmaceutical therapy patients' rooms was considered in this proposal. While doses may be extremely low, contamination and the spread of contamination is a matter of routine in these areas and should not be ignored. A case where doses to visitors may be of concern is that of dislodged brachytherapy sources. Both of these should be addressed in your proposal.
2. Current 10 CFR 35 regulations and medical licensing practices require substantial radiation protection measures be implemented to protect health care workers and other patients from radiation therapy procedures. Very little detail is provided about visitor control and instruction in 10 CFR 35.310, 315, 410 and 415. This should be provided in the new rulemaking or in 10 CFR 35.

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3. Please indicate who will provide the ALARA instruction to visitors. Nursing may not be capable of answering all questions in this regard, and this may be too great a burden for the RSO. This instruction is the focus of the rulemaking and should be provided by a person well versed in radiation protection and cover topics specific to radiation therapy.
4. Throughout the proposal, references are made to exposure from diagnostic doses. These studies require very little patient/visitor control and no posting of the patients' rooms. Diagnostic doses should not be considered in this proposal.
5. How will the health care facility keep track of doses for multiple visits by an individual to a given patient? Some visitors may spend a significant amount of time in a patient's room. Are you suggesting that if the visitor follows the ALARA instruction and the requirements of Parts 35.315 and 35.415 that unlimited visits would be allowed?
6. Specific parameters used by medical facilities (authorized users) to determine the suitability of visitation for certain patients should be specified. If a patient is prone to incontinence or emesis for example, visitation should be restricted or additional controls implemented.

With these items in mind, we believe that visitors will rarely exceed the 0.5 rem limit. However, we do believe that there is some risk involved. Visitors must be provided a certain degree of training and oversight by qualified staff to include an inspection of the patient's room before and after visitation to detect and remediate any potential hazards. As always, radiation surveys should be performed of articles removed from the room and personnel if contamination is suspected.

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We hope that these comments have provided some insight to this draft rulemaking plan. Generally, we are in favor of Option 3 of your proposal with some additional oversight by health care providers. We agree with the medical community's position that patient care is the number one priority and that visitation in many cases is of immeasurable benefit to the patient. However, we wish to ensure that this goal is not accomplished at the expense of public health and safety.

Sincerely,

A handwritten signature in cursive script that reads "Steven C. Collins".

Steven C. Collins, Chief
Division of Radioactive Materials

SCC:CGV:dks