

**From:** Robert Quillin MICHELLE SIMS-MOORE <mrsims@smtpgate.dphe.state.co.us>  
**To:** TWD2.TWP9(evh)  
**Date:** 6/11/97 7:38pm  
**Subject:** Draft Rulemaking Plan

With the following exceptions, Colorado agrees with the NRC's preferred options--to grant the petition without exposure monitoring. The proposed regulations should be modified in two areas.

1. Health care workers should be considered radiation workers.

The Petition for Rulemaking (PRM-20-24) requested amendments to dose limits for "specified visitors". The examples provided were individuals needed for emotional or physical support of the patient, e.g., "parents of very young radiation therapy patients, close family members of elderly patients, or other persons who could provide emotional support to the patient." The planned rule, however, has been broadened to include professional health care givers.

10 CFR 20.1003 defines "Occupational Dose" as the dose received by an individual in the course of employment in which the individual's assigned duties involve exposure to radiation from licensed sources of radiation whether in the possession of the licensee or other person. A professional health care provider attending to a radiation therapy patient will receive their dose in the course of employment, and their assigned duties will involve exposure to radiation. If the NRC proposes to treat health care providers as members of the public because their routine dose is less than 0.5 rem per year, then the NRC can also eliminate most of their gauge licenses because the users of these gauges also routinely receive less than 0.5 rem per year.

As a radiation worker, health care providers will not only receive ALARA instructions, they will also be provided knowledge about the hazard to which they are exposed. Further, as part of an ALARA review, the licensee will have to periodically evaluate the doses and determine whether they can be further reduced.

NRC should limit the planned rule to friends and family necessary to provide emotional or physical support.

2. Special consideration should be given to pregnant women.

The discussion of Option 2, Grant the Petition as Requested, addressed authorization for nonpregnant care givers. The preferred option, Option 3, does not address pregnancy. There should be an ample margin of safety for the fetus. If the limit for care givers is increased to 0.5 rem, special consideration needs to be given to women who could be pregnant.

**CC:** ud1.internet3("RQUILLIN@smtpgate.dphe.state.co.us"...

**From:** Jay Hyland <Jay.Hyland@state.me.us>  
**To:** Return requested <EVH@nrc.gov>  
**Date:** 6/17/97 10:53am  
**Subject:** Comments on sp-97-032

Dear Dr. Holahan;

I apologize for the lateness of this response but I only today received the final response from our Radiation Advisory Committee. This response is from the State of Maine.

The comments actually come from two specialists on our committee, a Radiation Physicist (ABR certified), and a Radiation Oncology M.D.. Both feel that the 500 mrem annual limit from exposure to radiation patients is reasonable and in line with other parts of the regulations. The reference here is the embryo/fetus restriction of 500 mrem/term to a more radio-sensitive population. The radiation physicist is also a Hospital RSO and generally felt that changing the rule would be mostly unnecessary from a dose standpoint due to the apparent ease with which he now complies. The radiation oncologist felt that the 500 mrem limit would give him the "breathing room" that he needs to meet the emotional needs of the patient, balanced with the radiation safety of the visitor.

BOTH SUPPORT THE INCREASED LIMIT OF 500 mrem/year. At authorized user discretion with the review of the Radiation Safety Officer.

The Maine State Staff feel that the 500 mrem/year at the discretion of the Authorized user and RSO with some type of a signoff on the room radiation area sign or posting would be easily accessible for those workers with any possible questions.

Thank you for the opportunity to comment.  
Jay Hyland  
Maine Radiation Control Program

From: Frazee, Terry <tcf0303@hub.doh.wa.gov>  
To: TWD2.TWP9 (evh)  
Date: 6/24/97 6:20pm  
Subject: SP-97-032

Recognizing that our comments are late, I'll keep this short:

We prefer Option 2 over Option 3. We would reject Options 1 and 4 for the same reasons you find them to be unacceptable.

With regard to Option 2, we believe providing dosimetry is important (self-reading pocket dosimeters would be acceptable, even preferable): it gives both the licensee and the exposed care giver "instant gratification"; it serves to validate the licensee's calculations; and, contrary to your concern about the imposed inspection burden on the regulator, we regulators can choose NOT to spend our time and energy reviewing in detail the dosimetry logs! The important point is ascertaining whether the licensee has provided a way for the care giver to monitor their exposure.

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This message from: Terry Frazee

Quick ways to reach me:  
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Also, visit our Home Page at  
--> <http://www.doh.wa.gov/ehp/rp>

CC: WND1.WNP9 (ph1,ljr2)