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Comment On: NRC-2009-0279-0037

Impact of Reduced Dose Limits on NRC Licensed Activities; Solicitation of Public Comment

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Submitter Information

Name: Thomas Conley

Address:

1000 SW Jackson, Ste 330
Topeka, KS, 66612-1365

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RULES AND DIRECTIVES
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General Comment

See attached file(s)

Attachments

Impact of reduced dose limits comments

*SUNSI Review Complete
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Add = T. Brock (Tab2)*



The Kansas Radiation Control Program is pleased to offer the following comments regarding the "Impact of Reduced Dose Limits on NRC Licensed Activities"

We believe that the impact for most byproduct radioactive material (RAM) licensees would be relatively small, however, medical licensees may experience substantial impacts that could negatively affect patient care. In addition, the impact on both state radiation control programs and certain machine produced radiation users, such as interventional cardiologists will be substantial.

Most states use the same exposure limits for both RAM and machine produced radiation users. Changing 10 CFR Part 20 to lower the exposure limits for RAM users would of necessity result in a dual limitation system, one for the RAM users and one for machine produced radiation users. This would be troublesome and cumbersome, and would result in increased costs to the regulating authority, the regulated community and potentially have a negative impact on patient care.

It has been demonstrated that many radiologists and cardiologists performing interventional fluoroscopic procedures cannot meet the lower dose limits due to their workloads, despite conscientious efforts to reduce their exposures. These physicians challenge the current dose limits even when applying weighting factors and determining an effective dose equivalent. Cardiologists often perform both diagnostic RAM and interventional fluoroscopic procedures and therefore would be in the position of one individual having two limits depending on which procedure was being performed.

Certain classes of machine produced radiation users might decide to cease using their dosimetry if they believe it would result in them being prohibited from working once they reach the exposure limits. This then becomes a health and safety issue in that they no longer know what exposures they have received. While not using dosimetry is a violation, the ultimate goal is to have rules that regulated individuals are both able and willing to follow. Having seen no evidence that the current exposure limits pose a health risk, it would be very difficult to convince such users that lowering their exposures, at the cost of patient care, is a good idea.

Those users who decide to continue wearing their dosimetry will as required by regulation cease performing all procedures involving radiation leaving a large population of patients without needed medical care.

In the end, we believe that it would be more of a health and safety issue to lower the exposure limits to levels that might result in individuals not using dosimetry than to leave them at their current levels.

Thank you for the opportunity to comment on this subject. Please feel free to contact me if you have any questions.

Sincerely,

Thomas A. Conley, CHP
Chief, Radiation and Asbestos Control