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Government Agency: University of Texas Medical Branch

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General Comment

See attached file(s)

Attachments

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SUNSI Review Complete
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Add= T. Wu (TWY1)

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March 10, 2017

Via Federal Rulemaking website: regulations.gov
Cindy Bladey
Office of Administration
Mil Stop: OWFN-12-H08
U.S. Nuclear Regulatory Commission
Washington, DC 20555-001

RE: Category 3 Source Security and Accountability
Docket No. NRC-2016-0276

The University of Texas Medical Branch appreciates the opportunity to provide comments to the U.S. Nuclear Regulatory Commission regarding Category 3 Source Security and Accountability.

COMMENTS AND OBSERVATIONS

You have requested responses to specific questions. In response to the GAO investigation being a reason for implementing additional controls for Category 3 sources:

> The problem with any state issuing a license to a non-valid entity will not be fixed by imposing additional constraints on licensees. A non-valid entity could still receive a license, if not properly vetted by the delegated authority.

In response to the Government Accountability Office (GAO) investigation revealing the ability to acquire an aggregated quantity of Category 2 material:

> It currently takes a general license or specific license to obtain radioactive material, so any concern about aggregating Category 3 materials to Category 2 levels will not be resolved by instituting additional requirements on existing licensees. This is an administrative issue which must be resolved by the NRC or Agreement State.

In response to the rationale for including Category 3 sources in the National Source Tracking System (NSTS):

> Has there been a demonstrated, credible threat posed by Category 3 sources not being included in the NSTS? Additionally, prior to including Category 3 sources, it would be useful to address who must enter updates to the system and the timing of those updates.

For instance, for high dose-rate (HDR) sources that are changed out quarterly, there is a source that is incoming from the vendor and a source that is outgoing from the licensee/vendor, usually with FedEx as the courier. Would the NSTS update occur when each source is handed to FedEx and then again when the licensee and vendor each take control of the source? Again, clarification of who is required to update and the timing of those updates would be useful.

In response to whether or not the NRC should consider expanding physical security requirement to Category 3 sources:

The burden would be significant while the benefits seem limited.

Example 1: Implementing Part 37 security requirements for Category 3 sources would create a tremendous burden in terms of money, time, and other resources for our institutions.

If additional security controls are applied to HDR, an exponentially larger number of people would be added to the vetting process currently only required of Category 1 & 2 sources. There would be no measurable increased safety or security, given that there are already stringent security rules in place for these sources.

Additional concerns with including HDR units are:

a. Given that the HDR units are often (and necessarily) portable for the purpose of positioning patients, how would security features such as the radio-frequency identification (RFID) be implemented?

b. At our institution, we have 9 therapeutic medical physicists and radiation oncology physicians authorized to conduct HDR treatments. These individuals would need to be vetted as Trustworthy & Reliable. This does not include the numerous dosimetrists, nurses, therapists, residents, and fellows and other support staff who may also be involved in these types of treatments. All of these individuals would have already undergone extensive background checks by the nature of their job in healthcare, and thus substantial additional effort and cost would be expended to fingerprint, investigate and T&R all of these individuals based upon rules currently in place under Part 37.

c. As an academic medical center responsible for training medical students and residents, requiring these individuals to become deemed T&R prior to having unescorted access to an HDR source could delay their educational program

d. The cost of installing and maintaining the additional security features for our HDR suite will be considerable. In addition, due to the location of our HDR suite and the fact that we are located on a barrier island, we are required to relocate our HDR source to higher ground when there is the potential for a hurricane. Installing these additional security features in this secondary location would involve considerable cost with no discernable benefits.

e. Our campus police department (UTPD) force is required to respond to each and every alarm for the Increased Control units. These alarms are easily tripped accidentally. In non-sterile treatment areas, police responding to accidentally-triggered alarm will interrupt in-progress treatment in an HDR suite. Treatments in progress could potentially be interrupted.

Costs:

Possible cost to UTMB for T&R process: 50 people x $50 per person = $2,500.00

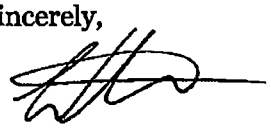
Possible cost to UTMB for implementation of complete security requirements for each room (primary location & hurricane relocation area = $100,000 x 2 locations = $200,000.00.

These costs do not include the costs of additional staffing for vetting, security checks, alarm response, etc. It also does not include the costs in lost time, lost revenue, and patient treatment interruptions while the systems are being installed.

CONCLUSION

The University of Texas Medical Branch supports your efforts to receive, incorporate, and accommodate comments as you move forward with your evaluation of Category 3 source security. Although the requirement to track Category 3 sources via the NSTS may not be overly burdensome, additional clarification is needed as to the timeframe required for HDR sources that are changed out on a quarterly basis. The implementation of additional security requirements (increased controls) for Category 3 radioactive materials would be overly burdensome, negatively impact patient care and educational programs, and result in limited benefits. Thank you for the opportunity to comment, and we look forward to further discussion. Do not hesitate to call if you would like additional information.

Sincerely,



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