U.S. Nuclear Regulatory Commission Public Meeting Summary

June 6, 2017

Title:	Patient Release Program Regulatory Issues Public Meeting
Meeting Identifier:	20170476
Date of Meeting:	April 25, 2017
Location:	11555 Rockville Pike Two White Flint North 2B1 Rockville, MD 20852
Type of Meeting:	Category 3
Purpose of the Meeting:	Discuss potential regulatory changes to the U.S. Nuclear Regulatory Commission's (NRC) Patient Release Regulations under Title 10 Code of Federal Regulations (CFR) 35.75.
General Details:	The meeting began at 9:00AM ET and ended at 3:25PM ET. In addition to in-person attendees, participants also utilized Web-streaming and an audio bridge line. As many as 87 people called in, and 10 people actively participated in the discussion. Two NRC staff members served as meeting facilitators.

Summary of Presentations:

NRC staff introduced the following six questions that were published in the *Federal Register* (82 FR 17465) on April 11, 2017, and provided the public an opportunity to discuss each question:

- **Question A "**Should NRC require an activity-based patient release threshold under which patients would be required to be maintained in a clinic-sponsored facility (e.g., a medical facility or facility under the licensee's control) until the standard for release is met."
- **Question B** "Should the NRC amend the regulations to clarify the time frame for the current dose limit in 10 CFR 35.75(a) for releasing Individuals?"
- **Question C "**Should the NRC continue to apply the same dose criteria of 5 mSv (0.5 rem) to all members of the general public, including family members, young children, pregnant women, caregivers, hotel workers, and other members of the public when considering the release of patients?"
- **Question D** "Should the NRC include a specific requirement for the release of a patient who is likely to expose young children or pregnant women to doses above the public dose limit?"
- **Question E** "Should the NRC have a specific requirement for the licensee to have a patient isolation discussion with patients in sufficient time prior to the administration to provide the patient time to make isolation arrangements or the licensee to make plans to hold the patient, if the patient cannot be immediately released?"

- **Question F** "Should the NRC explicitly include the time frame for providing instructions in the regulations (e.g., the instructions should be given prior to the procedure)?"

Public Participation Theme:

Below is a synopsis of the comments received per question.

Question A – 4 individuals provided comments

- One participant believed that the patient release criteria should be activity-based and the recommended activity release criteria should be 15 mCi.
- Two participants believed that the patient release criteria should remain dose-based.
- One participant believed that there should be both a "per activity" and "per dose" patient release criteria. This individual was in an Agreement State that had both.

Question B – 4 individuals provided comments

- One participant believed that the regulations should be amended to clarify that the dose limit is per year.
- Two participants believed that the regulations should be amended to clarify that dose limit is per administration.
- One was concerned about how to define the per year interval.

Question C – 4 individuals provided comments

- One participant believed that the general public dose limit should be amended to permit caregivers to receive more than 500 mrem (mentioned 1.25 – 2.0 rem) under special circumstances.
- One participant believed that the regulations should be amended to include a cumulative dose limit of 100 mrem to family members and all other members of the public, except for caregivers that agree to receive a higher dose.
- Two participants believed that the regulations should be not be amended and that 500 mrem public dose limit should apply for all groups but that the guidance suggest a lower limit for children. One currently uses 100 mrem and the other 250 mrem for children.

Question D – 4 individuals provided comments

- None of the participants believed that the regulations should be amended to include specific requirements for release of a patient who is likely to expose young children or pregnant women to doses above the public dose limit of 100 mrem. Everyone preferred addressing the issue of special instruction in guidance for released patients who are likely to expose young children or pregnant women to doses above the public dose limit.

Question E – 6 individuals provided comments

- None of the participants believed that the NRC should amend the regulations to have a specific requirement on when the isolation discussions should take place. Everyone preferred addressing the subject in guidance. Many of the participants voiced difficulty in establishing an appropriate time for the discussion.

Question F – 3 individuals provided comments

- None of the participants believed that the NRC should amend its regulations to address when release instructions are given to the patient. However, everyone recommended the time frame should be included in guidance.

Other

- An additional topic was discussed between three public commenters, concerning whether it was appropriate to send radiation patients to a hotel where neither the hotel nor the workers were aware that they were handling potentially contaminated items.

Action Items/Next Steps:

NRC staff will evaluate submitted comments in its development for a Commission paper on whether to amend the regulations under 10 CFR 35.75.

Attachments:

- Federal Register Notice (82 FR 17465)
- PowerPoint Presentation Slides
- Meeting Transcript (ML17157B388)

SUBJECT: Patient Release Program Regulatory Issues Public Meeting (DATE)

DISTRIBUTION:

ADAMS: ML16293A704

OFFICE	MSTR-MSEB	MSTR-MSEB	MSTR-MSEB
NAME	DBHowe	LDimmick	DBollock
DATE	6/6/17	6/6/17	6/6/17