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Patient Release Program

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## Submitter Information

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## General Comment

These questions were published on April 11, 2017, in the Federal Register, "Patient Release Program." (NRC-2017-0094)

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."

Yes- Secondary to the fact that not all individuals who receive radio active iodine would be sensitive to the impact they would have on the unsuspecting public. This would also provide patients with medical care and personal assistance if needed. Which I did need and thankful I had access to assistance. I feel some people would place the public at risk. Just like when a person is drowning they reach out for whatever help is closest to them.

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?"

Yes since the whole purpose of regulations are for preventative measures, safety, and to not cause harm.

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?"

I was made aware of increased risk to more vulnerable individuals. I don't think that is ethical to expose hotel workers who may come in contact with linens, etc. I am not an expert on dosing criteria although I would side with the most caution.

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?"

Yes, as noted in the above A. Secondary to the fact that not all individuals who receive radio active iodine

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would be sensitive to the impact they would have on the unsuspecting public.

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?" Most definitely. When I was a patient I was given this discussion which I felt was vague and therefore did my own research to be better informed. This enabled a more pleasant experience. I thought it was sad that there was not one place to go for the most current and regulated information.

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)?"

Yes, although I had a good experience by having been given time to make preparations and research. Not everyone will have my same experience and if a time frame is stated in the regulations it provides a check point for medical providers.