

RULES AND DIRECTIVES  
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## RECEIVED

**Docket:** NRC-2017-0094  
Patient Release Program

**Comment On:** NRC-2017-0094-0004  
Patient Release Program; Extension of Comment Period

**Document:** NRC-2017-0094-DRAFT-0107  
Comment on FR Doc # 2017-11027

### Submitter Information

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4/11/2017

### General Comment

See attached file.

82FR17465

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### Attachments

Submission - Docket NRC-2017-0094 Patient Release Program

SUNSI Review Complete

Template = ADM - 013

E-RIDS= ADM-03

Add= DB Home (DBH)

**Comments: Docket ID NRC-2017-0094. Patient Release Program**

- A. Development of an Activity-Based Patient Release Threshold - Question: Should the NRC develop an activity-based patient release threshold?

No, the current method for releasing patients are sufficient and conservative. Activity based release threshold will present added burden to the facility as well as the patient. It will increase cost with so no subsequent increase in safety.

- B. Clarification of the Time Covered by the Current Dose Limit in 10 CFR 35.75(a) for Releasing Individuals - Question: 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?

The NRC should clarify that the current dose limit is 500 mrem per administration rather than a per year limit. We don't agree that this limit shall be restricted to an annual limit. It would be difficult for a licensee to be responsible for tracking a patient medical history since there is no requirement for them to get all their treatments at one facility. Additionally, Nuclear Medicine studies rarely require multiple administration per year. There is no clear scientific evidence that someone being allowed 1,000 mrem or even 15,000 mrem in a year will be a detriment to their health.

- C. Appropriateness of Applying the Same Limit on Dose From Patient Exposure to All Members of the General Public - Question: 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?

Yes, 500 mrem is already a conservative dose.

- D. Requirements for Releasing Individuals Who Are Likely To Expose Young Children and Pregnant Women - Question: 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?

No, conservative regulation are already in place.

- E. Requirement for Timely Discussion With the Patient About Patient Isolation to Provide Time for Licensee and Patient Planning - Question: 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?

No, the discussion with the physician and the patient about their lifestyle after treatment is heavily dependent on the specific patient and should not be hindered by placing some generic time limit.

- F. Requirement To Ensure Patients Are Given Instructions Prior to the Procedure Question: 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)?

No, see answer to E.