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Duran-Hernandez, Doris

Subject: FW: Docket ID NRC–2017–0094 Comment from the State of Washington

From: Demaris, Curt (DOH) [mailto:Curt.Demaris@DOH.WA.GOV]
Sent: Tuesday, June 27, 2017 3:30 PM
To: Bladey, Cindy <Cindy.Bladey@nrc.gov>
Cc: Elsen, Mike (DOH) <Mike.Elsen@DOH.WA.GOV>; Lawrence, Craig (DOH) <Craig.Lawrence@DOH.WA.GOV>; Fordham, Earl W (DOH) <Earl.Fordham@DOH.WA.GOV>
Subject: [External_Sender] Docket ID NRC–2017–0094 Comment from the State of Washington

Cindy:

The state of Washington has reviewed the information contained in the above-referenced document, would like to thank you for the opportunity to comment, and has the following comments:

***Question:* Should the NRC develop an activity-based patient release threshold?**

Yes. An activity-based release threshold would provide a uniform and measurable basis for release once codified. Some of the release numbers currently found in Regulatory Guide 8.39 could provide at least some of those numbers. Naturally, the majority of these discussions center around the use of therapeutic I-131, but there are several other therapy nuclides in use and they all could/should have numbers for release associated with them based on potential exposure to the public.

***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? For example, should the regulations explicitly state that the criterion is a per year limit? If not, is there a different criterion that the NRC should consider? In either case, describe the resulting health and safety benefits, or lack of benefit, to the individual being released and to individual members of the public as a result of the proposed clarification.**

We believe an annual limit would work best since that is the basis for most exposure limits. The assumption here is that no single patient would be dosed and released more than once in a calendar year. However, in those cases where there is potential for that, there then should be some mechanism to assure that members of the public/household do not receive more than the allowable annual limit, for instance instead of a calendar year make the limits of exposure to family members or members of the public any consecutive twelve months.

***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?

No. The 5 mSv limit is fine for adults, but a case could, and should, certainly be made that for young children and pregnant women especially, the limit of 1 mSv should be the threshold.

***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?**

Yes, since they are biologically the most vulnerable (see comment immediately above about the 1 mSv limit for such people).

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?

Yes, most definitely. This would allow all parties concerned sufficient time to make the best arrangements for release, and if not suitable for release, for the administering institution to arrange in-house overnight stays until such time as the patient may be safely released from their control.

***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)?**

Yes, instructions should be given for all therapies prior to the procedure, with the scope of that lead-in time depending on the procedure in question. In the case of I-131 therapies, there is sufficient time since the patient needs to go on a specific diet prior to the therapy administration, leaving plenty of time to give them the instructions before administration. Such instructions can/should also be repeated on the day of the procedure, after administration. For other therapies, where there can be little to no lead-time, instructions should be given as soon as possible.

Again, thank you for the opportunity to comment and please feel free to contact us with any questions.

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