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(59FR5132)

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MEMORANDUM

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BRANCH

TO: Secretary, U.S. Nuclear Regulatory Commission

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SUBJ: Comments regarding proposed rule, 10CFR 19&20, Radiation Protection requirements, FR59#24, pp5132-8.

1. This rule change proposes to delete the definition of controlled area, and thus allow two area definitions - restricted and unrestricted. The training requirements for personnel are also modified. These remarks principally concern the effect on medical institutions.

2. Training requirements are proposed to apply to any employee whose assigned duties involve the potential (emphasis added) for exposure to radiation and/or radioactive material (19.12 a.):

a. Clarify the meaning of the phrase "exposure to radioactive material." This could be construed to mean proximity to packages being delivered, injected patients, etc.

b. Should there not be a "dose" threshold that would trigger the requirements? It is easy to show that all employees, and even individuals outside the facility, may be theoretically exposed to an incremental dose above background as a result of radiation emissions due to activities of the facility. The use of the term "assigned duties" is unclear in this regard, and could be applied to all workers simply as a virtue of their employment, especially in a medical center.

A possibility is to change proposed 19.12 to reflect the degree of dose, potential for handling or accidental handling of sources, due their proximity to the sources or nature of their work, rather than simply one's potential for exposure.

c. All personnel, other than radiation workers (intrinsically exposed, see below), could be treated as a member of the public. An adequate radiation safety program / ALARA program would limit their dose and specify the training required.

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d. Another option to training is to apply the principle of distinction of workers as either *incidentally* exposed or *intrinsically* exposed. Those whose work intrinsically involves radiation exposure would be trained (e.g. radiation workers). By training these workers, and by the ALARA and radiation safety program, it would insure that other individuals, those whose work incidentally involves exposure, would be limited to 100 mrem/yr. Again, this distinction could be necessary and useful since virtually all persons who are employed in a hospital may be exposed to radiation sources.

e. There seems to be little appreciation for the impact on medical institutions, particularly larger medical/academic institutions, which have a fundamentally different type of use - i.e., deliberate exposure of individuals (patients) and a large and diverse large staff who must attend patients and have access to areas such as nuclear medicine departments and thus may be incidentally exposed to radiation. The healthcare worker group is the currently the largest group of occupationally exposed individuals and this rule, which could mandate a large extra training effort, if interpreted inappropriately, would have an unaccounted for impact economically. The rule appears to have been developed with only reactor licensees in mind.



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