Duquesne Light

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February 12, 1996

Mr. John C. Hoyle
Secretary
U. S. Nuclear Regulatory Commission
Washington, DC 20555-0001
Attention: Docketing and Services Branch

Subject: Petition for Rulemaking filed by Mr. Peter G. Crane

Dear Mr. Hoyle:

Duquesne Light Company (DLC) is responsible for the operation of Beaver Valley Power Station Units 1 and 2. DLC has reviewed the petition for rulemaking (60 FR 58256) which would amend the emergency planning standard in 10 CFR Part 50.47 and hereby submits the attached comments.

DLC concurs with the comments provided by the Nuclear Energy Institute (NEI). In particular, DLC believes that the Nuclear Regulatory Commission (NRC) should deny the petition. The stockpiling or predistribution of potassium iodide will not add any significant public health and safety benefit to the level of protection currently provided by existing emergency planning at and around commercial nuclear power plants.

Thank you for the opportunity to comment on this issue. If you have any questions on this submittal, please contact Mr. R. E. Kahler, Director, Emergency Preparedness Section, (412) 393-5767.

Sincerely,

Sushil C. Jain
Division Vice President
Nuclear Services

Attachment

Comments on Petition for Rulemaking filed by Mr. Peter G. Crane

- The Manual of Protective Action Guides and Protective Actions for Nuclear Incidents states on page C-13 that the "Food and Drug Administration (FDA) analyzed available information on the risk of radioiodine-induced thyroid cancers and the evidence and severity of side effects from potassium iodide (FD-82). They concluded, '...risks from the short-term use of relatively low doses of potassium iodide for thyroid blocking in a radiation emergency are outweighed by the risks of radioiodine-induced thyroid modules or cancer at a projected dose to the thyroid gland of 25 Rem. FDA recommends that potassium iodide in doses of 130 mg per day for adults and children above 1 year and 65 mg per day for children below 1 year of age be considered for thyroid blocking in radiation emergencies in those persons who are likely to receive a projected radiation dose of 25 Rem or greater to the thyroid gland from radioiodines released into the environment....' Evacuation and sheltering are, however, preferred alternatives for most situations because they provide protection for the whole body and avoid the risk of misapplication of potassium iodide."

- Protective action policy in the United States is evacuation. This is our first line protective action. European protocol is to distribute potassium iodide (KI) first, then evacuate. The petition for rulemaking does not take into account the differences in United States versus European protocol.

- The trigger level for evacuation in the United States is 1 Rem Total Effective Dose Equivalent (TEDE) and 5 Rem Thyroid Committed Dose Equivalent (CDE). The Europeans generally have a higher evacuation threshold.

- The Environmental Protection Agency's (EPA) Manual of Protective Action Guides and Protective Actions for Nuclear Incidents, states on page 2-8 that "If the administration of stable iodine is included in an emergency response plan, its use may be considered for exposure situations in which the committed dose equivalent to the thyroid can be 25 Rem or greater (see 47 FR 28158; June 29, 1982)." Since the NRC policy is to evacuate at 1 Rem TEDE and 5 Rem Thyroid CDE, the 25 Rem suggested trigger point for KI should not occur.

- The Federal Emergency Management Agency (FEMA) has published a Federal Policy. In summary, the policy recommends the stockpiling of KI and distribution during emergencies to emergency workers and institutionalized persons, but does not recommend requiring stockpiling or distribution to the general public.

- KI is considered a drug. It can only be administered once authorized by State officials with prior approval from the FDA even during emergency situations.