



Industry Position on Problem Statements – Medical Treatment of Individuals and Contamination Events at Fuel Facilities

Industry Representatives

NRC Public Meeting

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NRC Headquarters

Overarching Comments

- ***Generic Issues Appropriate for Resolution under NEI 14-14, Issue Resolution Protocol; NRC-endorsed***
 - Generic issue for industry despite low number of NRC reports
- ***Current Industry Radiation Protection Programs Implemented in Accordance with NUREG-1520 and Reviewed/Accepted by NRC***
 - Policies, procedures, programs in place including OSHA safety programs to address medical treatment of individuals and contamination events
 - Decades of safe operating experience and NRC inspections
- ***From Risk Perspective, Issues Should be Treated Consistent with Part 50***
 - 10 CFR 50.72(b)(3)(xii) only requires reporting of “off site” medical treatment
 - 10 CFR 50 does not require reporting of contamination events within a controlled area regardless of how they are labeled
 - Regulatory approach should reflect lower risk profile of fuel cycle facilities

Medical Treatment of Contaminated Individual

10 CFR 40.60(b)(3) and 70.50(b)(3)

Industry's Guiding Principles:

- *Medical treatment of individuals with spreadable contamination is currently documented*
- *Onsite "first aid" does not constitute "medical treatment"*
- *Spreadable or removable contamination is determined consistent with health physics standard practices including release limits.*

NRC expectation that licensees report all onsite and offsite medical treatment at a medical facility including first aid leads to multiple & unnecessary reports from a risk perspective, e.g.,

- Onsite first aid of workers in areas not accessible to public
- Monitored workers do not leave site with spreadable contamination
- Significant licensee resources diverted and expended to make 24 hour reports ; NRC Headquarters and Regional resources diverted as well

Medical Treatment (continued)

2-Prong Industry-Suggested Path Forward:

1. Licensees would utilize existing event logs to document onsite “medical treatment”--not “first aid”--of an individual with spreadable contamination, e.g., currently maintained event logs (e.g., OSHA Form 300); available now for NRC inspection

2. Licensees would report offsite medical treatment at a medical facility of an individual with spreadable contamination*

Advantages: One definition of “medical treatment” used by OSHA, NRC and licensees; single source of event information; no need to define “medical facility”; mutual resource savings; regulatory approach consistent with Part 50

* Spreadable contamination determined by standard methods of detection. See 1991 Statements of Consideration, Response B.32. Such methods based on accepted health physics practices and protocols.

Contamination Events

10 CFR 40.60(b)(1) and 70.50(b)(1)

Industry Guiding Principles:

- *Licensees establish, define and post radiological or contamination controlled areas to safely contain and control radioactive material under normal and upset conditions*
- *Minor contamination in controlled areas is reasonably anticipated (i.e., expected, planned) and addressed in Chapter 4 of license application and internal procedures*
- *Scope, magnitude and timing of licensee response to contamination events is event-specific; activities should be driven by prudent radiation safety practices and not by a “24-hour report clock”*

NRC reporting of reasonably anticipated (not “unplanned”) contamination events is unnecessary burden and not consistent with ALARA principles:

- No safety benefit to reporting, e.g., scope, timing and duration of licensee response not determined by reporting requirements
- NRC can inspect at any time, e.g., Resident Inspectors and RP module inspections
- Reporting of all contamination events diverts significant licensee resources as well as NRCs

Contamination Events (continued)

Any NRC concern with level of detail in current licensee documentation regarding planned contamination events should be clearly articulated

2-Prong Industry Suggested Path Forward:

1. Industry would not report reasonably anticipated (i.e., expected, “planned”) contamination events regardless of where they occur onsite.

2. Industry would continue to report genuinely “unplanned” (not reasonably anticipated, expected or planned) contamination events as described in 10 CFR Part 40.60(b)(1) or 70.50(b)(1) that occur outside established contamination control areas and require restricted access > 24 hours.

Advantages: Licensee response would be aligned with ALARA principles and good health practices; mutual resource savings; regulatory approach consistent with Part 50

Summary

Under Industry Draft Proposal, licensees would:

- Log onsite medical treatment—not first aid--of individuals with spreadable contamination;
- Report offsite medical treatment at a medical facility of individuals with spreadable contamination;
- Continue to respond to—but not report--reasonably expected contamination events inside controlled areas; and
- Report genuinely unplanned contamination events that occur outside established contamination controlled areas and require restricted access > 24 hours.