



RADIATION SAFETY OFFICE

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Consultations

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Via E-mail

25 MAY 2015

Dear Sir/Madame:

RE: Modernizing the CNSC's Regulations Discussion Paper DIS-14-02

Thank you for the opportunity to comment on Discussion Paper DIS-14-02. I am making six comments on three of the six main themes:

1. Changing CNSC's regulations
2. Balance between performance-based regulation and prescriptive requirements
3. Opportunities to reduce administrative burden, without compromising safety
4. CNSC use of existing standards, additional opportunities
5. Is relationship clear between CNSC regulations and licence conditions?
6. Opportunities where CNSC can aid applicants and licensees in understanding their compliance obligations

Changing CNSC's regulations

Non-occupational caregivers should be exempt from the *Radiation Protection Regulations* Dose-Limits **regardless of the patient's location**. Currently, non-occupational caregivers outside a medical facility are exempt (previous Commission decision). Many parents of children with life-threatening illness want to be with their child, oftentimes the therapy patient is accommodated in hospital due to young siblings at home – the parents are typically providing psychosocial support while professional nursing staff is providing nursing care.

Opportunities to reduce administrative burden, without compromising safety

Consideration should be given to taking the burden off RSOs for Consolidated Licences that have been pressured into participating in Desktop Reviews which anecdotally seem to lead to in-person inspections anyway (RSOs were lead to believe that Desktop Inspections would replace in-person inspections for most Consolidated Uses licenses). Many of the questions in Desktop Review documents seem to be variations of information submitted with licence applications and Annual Compliance Reports, the purpose of regurgitating previously submitted information is beyond my understanding – it may be better to ask if there have been substantive changes since last ACR or licence application in the safety areas being reviewed. The time spent by an RSO in compiling all of this information could be better spent in doing walk-throughs in the lab areas and communicating directly with lab workers.

The *Radiation Protection Regulations* require that CNSC be informed of any workers whose exposure exceeds Dose Limits (S 16). CNSC staff is using that requirement to demand that all instances of skin contamination are formally reported and accompanied by Dose Estimates – that's not what the regulation says. So RSOs are spending time writing up reports and getting dose estimates done in cases where the worker's exposure may be only 0.2% of an annual dose limit. Let's stick with what's actually required by regulation.

RD/GD-99.3 explicitly exempts hospitals and cancer centres from the requirements of RD/GD-99.3, "Class II licensees such as hospitals and cancer treatment centres are exempt from the requirements of this document." (2nd sentence, Section 1.2) but CNSC staff insists that some PET Cyclotrons located in hospitals must comply. We really do not understand the safety case for putting in an additional reporting protocol when the regulatory document exempts our hospital-installed cyclotron to begin with.

Opportunities where CNSC can aid applicants and licensees in understanding their compliance obligations

CNSC staff are to be commended for offering Outreach Sessions coast to coast and participating in professional conferences such as the Canadian Radiation Protection Association (CRPA) annual conference and industry-CNSC working groups such as the Industrial Radiography-CNSC WG and the relatively new CRPA-CNSC WG. This involvement by CNSC staff should be supported and continued on an on-going basis.

Several medical RSOs in Canada would like to see a CNSC guidance document on dealing with deceased radionuclide therapy patients. This has been a subject of informal conversation between some CNSC staff and some medical RSOs for two or three years now but it does not seem to be going anywhere.

Thanks again for the opportunity to comment – my comments were crystallized during Kevin Lee's presentation on DIS-14-02 during the CRPA conference in Winnipeg 12 MAY.

Sincerely,

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WRHA