



RADIATION SAFETY OFFICE

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Consultations

Canadian Nuclear Safety Commission

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Via E-mail

07 FEB 2019

Dear Sir/Madame:

RE : Draft REGDOC-3.1.3 Reporting Requirements for Waste Nuclear Substance Licensees, Class II Nuclear Facilities and Users of Prescribed Equipment, Nuclear Substances and Radiation Devices - Request for Information

Thank you for the opportunity to comment on potential impacts of Draft REGDOC-3.1.3 *Reporting Requirements for Waste Nuclear Substance Licensees, Class II Nuclear Facilities and Users of Prescribed Equipment, Nuclear Substances and Radiation Devices.*

I previously submitted comments approximately 19 SEP 2018 and I stand by them.

I have three comments from “Guidance” examples in Table A and one observation:

Page 11 (PDF page 15), bottom, “Guidance: This includes non-compliances found during internal audits.”

Comment: This guidance would be onerous on licensees **and** CNSC staff and could lead to Internal Audits being less collaborative . This should be revised or ideally deleted.

- [third bullet] exposure devices, radiation devices or nuclear substances left unattended

Comment: “unattended” is a surprising choice of words and two possibly unintended non-compliances come to mind:

1. could mean that a Nuclear Medicine Technologist (NMT) is in non-compliance if their SPECT/CT Gamma Camera is set up for Auto QC (which would make it a Radiation Device since it contains a sealed source) and they step out of the Imaging Room to fetch their patient or show the patient where the patient washroom is located – the NMT is still in the Nuclear Medicine department and they haven’t left an open source sitting in the open. Is the expectation that that Imaging Room is locked up every time the NMT steps out to fetch a patient if the SPECT/CT Gamma Camera has an internal source?
2. could mean that many universities and hospitals with “accessible” counting rooms containing Liquid Scintillation Counters (many of which are classified as Radiation Devices due to internal sealed sources) need to start being locked up, in many locations those “counting” rooms are not locked, have other analytical equipment shared by many researchers and CNSC Inspectors have not previously made adverse comments on those situations. Impact on “Counting Rooms” is potentially huge if they have to be locked up now – keys for all user groups along with attendant key security, if swipe card locking is introduced that could be over \$5000 per door – a waste of taxpayer’s money for publicly funded academic and medical institutions. I am aware of an LSC “Counting Room” with an inadequate HVAC system that would cause problems for the LSC and other instruments in the room if the door needs to be closed and locked. Upgrading that HVAC system would likely costs tens of thousands of dollars.

In neither scenario described above is the sealed source in the Gamma Camera or Liquid Scintillation Counter in a portable device subject to theft by a passer-by, it would require some dismantling of the apparatus to access the sealed source. Third “bullet” point should be revised.

Page 28 (PDF page 28), middle, “Guidance, Examples of possible overexposure [last bullet]:

- “Wrong patient (without any requisition) injected with or exposed to a nuclear substance”

Observation: CNSC typically does not require reports of things that are patient related, odd that this scenario is singled out.

Comment: If there is no requisition then this wouldn’t be a patient so I recommend that “patient” be changed to “person”, so then the last bullet would be

- Wrong **person** (without any requisition) injected with or exposed to a nuclear substance

Please do not hesitate to contact me if any additional information is required.

Sincerely,

J. Dovyak

Jeff Dovyak RTNM, CRPA (R)
Radiation Safety Coordinator

From: Janice Grift

Sent: January-22-19 2:07 PM

To: Consultation (CNSC/CCSN)

Subject: REGDOC.3.1.3 Reporting Requirements for Class II Nuclear Facilities

I have a concern with regards to the change to include reporting of non-compliances found during internal audits to CNSC. I feel that this may impact the working relationships between the internal auditors and those providing the services. The internal audits have been extremely collaborative and those being audited are very cooperative with the auditor. I would hate to create an environment where those being audited feel that they should not disclose certain information for fear of reprisal. While I realize this would be a breach of the standards/regulations, I fear that the change may lead people to want to hide certain things or feel too much pressure from the internal audits that it impacts their day-to-day work.

I do not think this change should be made.

Respectfully submitted,

Janice Grift, MBA

Manager, DI Quality & Process Improvement

Winnipeg Regional Health Authority