



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

Office of General Counsel – Business Law Section
201 W. 7th Street, Suite 600
Austin, Texas 78701
512-499-4462
WWW.UTSYSTEM.EDU/OGC

James M. Phillips
Managing Attorney
jphillips@utsystem.edu
Direct Number: (512) 499-4474

March 10, 2017

Via Federal Rulemaking website: regulations.gov

Cindy Bladey
Office of Administration
Mail Stop: OWFN-12-H08
U.S. Nuclear Regulatory Commission
Washington, DC 20555-001

**RE: Category 3 Source Security and Accountability
Docket No. NRC-2016-0276**

The University of Texas System Environmental Health & Safety Advisory Committee (U.T. System)¹ appreciates the opportunity to provide comments to the U.S. Nuclear Regulatory Commission regarding Category 3 Source Security and Accountability.

COMMENTS AND OBSERVATIONS

You requested comments on this question:

Should physical security requirements for Category 1 and 2 quantities of radioactive material be expanded to include Category 3 quantities?

We respectfully caution against such an expansion. The burden would be significant while the benefits seem limited.

¹The University of Texas System Environmental Health & Safety Advisory Committee is composed of the Environmental Health and Safety Directors of the System institutions and System Administration staff, including: 8 academic campuses located in Austin, El Paso, Dallas, Arlington, San Antonio, the Permian Basin (Odessa), Tyler, and the Rio Grande Valley (Brownsville and Edinburg) and 6 health institutions, including the Medical Branch in Galveston, M.D. Anderson Cancer Center, Southwestern Medical Center at Dallas, the Health Science Centers at Houston and San Antonio, and the Health Center at Tyler.

Example 1: Implementing Part 37 security requirements for Category 3 sources would create a tremendous burden in terms of money, time, and other resources for U.T. System institutions.

Existing requirements to that regulate Gamma Knife use under the increased control regulations is already a huge inconvenience for staff and patients alike. If additional controls are applied to HDR, a far more common modality, an exponentially larger number of people would be added to the vetting process. There would be no measurable increased safety or security, given that there are already stringent security rules in place for these sources.

Additional concerns with including HDR units are:

- a. Given that the HDR units are often (and necessarily) portable for the purpose of positioning patients, how would security features such as the radio-frequency identification (RFID) be implemented?
- b. At one of the U.T. System institutions, there are approximately 110 therapeutic medical physicists and radiation oncology physicians authorized to conduct HDR treatments. These individuals would need to be certified as Trustworthy & Reliable. This does not include the numerous dosimetrists, residents, and fellows who may also be involved in these types of treatments.
- c. The cost of installing and maintaining the additional security features for each HDR suite will be considerable.
- d. At one U.T. System facility, we currently have six suites, including one in a special operating room (OR). The device in the OR suite is currently locked in a secure cabinet when not in use. If additional security requirements are instituted, then Part 37 security features would be required. This would require any nurse, surgeon, or technician, using that room for other types of surgical patients to be fully vetted. This would be burdensome to our medical institutions.
- e. Our campus police department (UTPD) force is required to respond to each and every alarm for the Increased Control units. These alarms are easily tripped accidentally. In the previously mentioned OR suite, a delay in response time would be incurred while the police gown up and scrub in to maintain the sterile environment in the OR. In non-sterile treatment areas, police responding to accidentally-triggered alarm will interrupt in-progress treatment in an HDR suite. Treatments and surgeries could potentially be interrupted.
- f. While UTPD responds to campus alarms, many HDR facilities are not located on the main campuses. In these cases, local law enforcement responds and will require additional training. Additionally, new relationships will have to be developed to meet and maintain the of the program requirements, security plans, etc.

- g. Unintended consequences from the increased security may arise when other treatments are co-located with HDR. Linear accelerators (LINACs) are commonly co-located. At least one of our institutions is currently proposing to collocate MRI nearby. Would people working with the lesser-regulated modalities also need to be vetted?

Example 2: Sources used for calibrating exposure rate meters fall into Category 3. Storage areas or facilities where these sources are used will be required to meet Part 37 regulations. This seems unnecessary, given that existing security and training has been adequate in the past.

Example 3: Implementation of IC requirements for Category 3 sources would adversely impact two teaching laboratories at one UT System institution alone. Given the frequent turnover of students and teaching assistants, it would not be possible to certify these individuals as T&R in a timely manner. This would reduce the educational opportunities for the students.

If the students and teaching assistants have to be escorted by T&R certified faculty and staff, it would place a burden on the institution to hire additional T&R certified staff.

COST ANALYSIS

The cost to implement changes across the U.T. System will be prohibitive. Possible cost to one U.T. System medical institution will be: $200 \text{ people} \times \$50 \text{ per person} = \$10,000.00$.

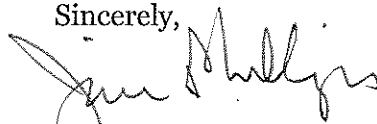
Possible cost for implementation of complete security requirements for each room at a U.T. System Medical institution = $\$100,000 \times 6 \text{ additional locations} = \$600,000.00$.

These costs do not include the costs of additional staffing for vetting, security checks, alarm response, training, writing security plans, or monitoring at dispatch locations. These will be recurring costs. It also does not include the costs in lost time, lost revenue, or patient treatment interruptions while the systems are being installed.

CONCLUSION

UT System supports your efforts to receive, incorporate, and accommodate comments as you move forward with your evaluation of Category 3 source security. Thank you for the opportunity to comment, and we look forward to further discussion. Do not hesitate to call if you would like additional information.

Sincerely,



Jim Phillips