



Department of Health

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30 December 2021

Brian C. Anderson, Chief
State Agreement and Liaison Programs Branch
Division of Materials Safety, Security, State and Tribal Programs
Office of Nuclear Material Safety and Safeguards

Dear Mr. Anderson:

Enclosed please find comments to the draft report of the 2021 Rhode Island IMPEP review. The Rhode Island Radiation Control Agency has reviewed the draft report and believes that the comments within the enclosed attachment will be effective in helping to clarify several points as well as adding additional detail and/or accuracy in a few instances.

We appreciate the conscientious efforts of the review team and look forward to the conversation with the Management Review Board on January 20, 2022 at NRC Headquarters.

Thank you in advance for your consideration with respect to the enclosed comments.

Sincerely,

A handwritten signature in black ink that reads "Alexander Hamm".

Alexander Hamm
Supervising Radiological Health Specialist
Center for Health Facilities Regulation
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Enclosure: 2021 Rhode Island Draft IMPEP Report Comments

cc: Seema Dixit, RIDOH
Jennifer Olsen-Armstrong, RIDOH
Joseph Catalano, RIDOH

2021 Rhode Island Draft IMPEP Report Comments

I. INITIAL STATEMENT

The Rhode Island Radiation Control Agency (RCA), as an Agreement State program, undergoes regular IMPEP reviews where the RCA is subject to close examination of the actions performed to safeguard the health and security of Rhode Islanders and those outside of Rhode Island in the national materials program. Though this scrutiny can be uncomfortable, the RCA has historically been able to use the results of the IMPEP review process as a catalyst to effect greater change in the way it performs and has improved program operations over time.

As always, we appreciate the courtesy and professionalism of the IMPEP review team, as well as the recognition for what the RCA has done well, including what can be improved upon.

It is our hope that the Management Review Board (MRB) will recognize that the RCA takes MRB recommendations very seriously and will act on them as it has acted upon previous recommendations, as steps are already being taken to address the IMPEP review team's recommendations.

II. INDIVIDUAL COMMENTS

- a. In 2.0 on page 2, 3.1.b, Discussion, on page 5, and in 3.1.c, Evaluation, on page 5, it is stated that the Radiation Control Program Director position "turned over" three times, and the Supervisor position "turned over" four times. The RCA would like to clarify that during the IMPEP review period, 3 individuals worked as the Radiation Control Program Director and 4 individuals worked as the program Supervisor. There is a semantic difference between having 4 separate individuals working as the Supervisor and having the duties turn over 4 times, as the latter form would suggest that 5 individuals in total would have worked in the Supervisor position. This comment on a semantic difference is not intended to suggest that the RCA rejects the IMPEP review team's conclusion that our management turnover was significant and impactful; it is a comment intended only for the sake of numerical accuracy.
- b. In 3.1. b, Discussion, on page 4 of the draft report, it states, "[t]he four technical staff are also responsible for performing x-ray, mammography, tanning, and radon inspections." The RCA does not regulate radon. The Rhode Island Department of Health regulates radon within the Health Department's Division of Environmental Health. We recognize that the intent of the statement was to illustrate how the RCA staff members have several different responsibilities that have demands on their time, and we agree that this holds true.

- c. In one instance in 3.1. b, Discussion on page 4, in two instances in 3.1.c, Evaluation on pages 5 and 6, in two instances in 3.4.b., Discussion on pages 11 and 12, and in one instance in 3.4.c, Evaluation on page 13, there are references made to the RCA only having one fully qualified license reviewer. The RCA would like to add some additional detail to this. According to our State's training plan, there is an additional staff member in the RCA who is fully qualified as a license reviewer, bringing the total to two staff. The RCA will provide additional structured training for this staff member because the staff member has not acted as a license reviewer for several years. Due to the staff member's previous formal training, the RCA intends to provide training that is geared toward refreshing the process of license review. We accept the points made by the IMPEP review team, as they speak to the need to train additional license reviewers; we believe that it is important to clarify that we have an additional staff member who has been trained and is technically qualified by our guidelines but practically needs additional, structured training. We believe that a distinction can be made to reflect the lack of current training as opposed to having no license review training at all. We are not suggesting that the RCA discounts the IMPEP review team's finding that our lack of peer review led to inconsistencies in licensing.
- d. In 3.4.b., Discussion, on page 11, and in 3.4.c., Evaluation, the IMPEP review team "noted one instance where an inspector training as a license reviewer independently performed one medical licensing action while the only qualified license reviewer was on medical leave." The RCA would like to explain more clearly what happened in this instance. Our staff member who had been effectively the sole license reviewer had completed a draft of the license to be issued and was poised to send out that license but wanted to wait one more day for a response from the Regional State Agreements Officer to an e-mail inquiring if any additional/special license conditions would be required. Before the regular license reviewer received a response, that license reviewer had to go out on medical leave. As a result, the license was in the form of a complete draft that could not be finalized or sent out. The staff member in training knew that the prospective licensee could not begin to treat veterinary patients without a radioactive materials license, and then endeavored to ask the relevant questions of the NRC Regional State Agreements Officer, had the Radiation Control Program Director sign the license and proceeded to issue the license to the licensee. At no point during the process did the staff member in training make any changes to the draft copy of the license, which was written in its entirety by the license reviewer. The RCA disagrees with the characterization of this largely administrative action as "independently" performing a licensing action, although the related point made by the IMPEP review team about peer review is nevertheless valid.

III. CONCLUSION

We would like to thank the IMPEP review team for this opportunity to comment on the report and for the review done for our mutual benefit as partners in the national materials program.