NC RADIATION PROTECTION SECTION Q&A

WITH CALEB SMITH

HOW ARE RPS LEADERSHIP ROLES BEING FILLED IN LIGHT OF LEE COX'S DEPARTURE BACK IN THE SUMMER?

- David Crowley is acting as the interim chief for RPS until the Division is able to post and interview for a permanent replacement. David is actively working on filling Jenny Rollin's position so there is not a disruption in the Radiology Compliance Branch's staffing.

CAN RPS HOST AN OPEN HOUSE WHEN THE PANDEMIC IS OVER TO MEET THE NEW STAFF MEMBERS IN LICENSING AS WELL AS INSPECTIONS?

- This is not typically done and we would not anticipate being able to hold one anytime soon. I would encourage people to attend the Radiation Protection Commission meetings; the next meeting is Friday February 25th. RPS managers and newer staff will usually be there (whether held in person or virtually).

HOW MANY BROAD SCOPE LICENSES ARE THERE IN THE STATE?

- There are 12 active licenses in North Carolina of Broad Scope in the jurisdiction of the NC RPS.

HAVE THERE BEEN ANY LICENSE TERMINATION/DECOMMISSIONING LATELY IN THE STATE SUCH AS PHARMACEUTICAL COMPANIES, CLINICS, ETC WHERE SURVEYING BY REGULATORS (NRC OR STATE PERSONNEL) OCCURRED?

- In the last 5 years there have been several large scale decommissioning projects, and a few smaller incidents and allegations that required NCRPS staff to monitor and to provide confirmatory surveys.

• HOW DOES RPS DEFINE THE TERM "USED ROUTINELY IN ONE LOCATION" FOR MOBILE XRAY/FLUORO UNITS. (.0604 (B)(2))

- If a mobile device is used with any schedule or frequency in a space, then it needs to have appropriate shielding designed to meet .1604 and .1611.
- A scenario frequently asked by registrants is if a mobile c-arm is used between two rooms in an operating suite, is assuring compliance to Rule .0604(b)(2) required? The answer is Yes. Additional Rule reference for shielding requirements for a stationary system is found at .0603(a)(1)(I)(iii) and .0603(b) .
- Additional guidance http://www.ncradiation.net/Xray/documents/plan_surveyreq.pdf

WHAT IS THE RPS'S POSITION ON THE PETITION TO MAKE EXTRAVASATIONS A MEDICAL EVENT.

- As an agreement state, NC does not recognize or agree the NRC's 1980 policy exempting extravasations. Thus they are already considered a medical event if the dose is severe enough (>50 rem to an organ or tissue). We expect that any unintended dose to a patient be evaluated and reported as required.

Do you want all procedures to be monitored as suggested by the petitioners, or do you agree with the AMCUI on their proposal to make it a non-dose based option for reporting extravasations that result in an injury?

- At this time, we would not request 100% monitoring for every nuclear medicine procedure; however, we strongly encourage that licensees take steps to improve their injection techniques and implement quality assurance and improvement strategies to reduce extravasation rates. There are methods of doing this without monitoring every single procedure. Of the options presented to the ACMUI (attached), option 2 with some modification makes the most sense. All of our other radiation protection thresholds are based on dose driven values. It would be a paradigm shift if we suddenly depart from that approach and follow the ACMUI's recommendation. Additionally, option 4 places too much burden on a patient to self-identify radiation induced injuries; that responsibility must fall on the facilities licensed to use materials. I would encourage anyone interested in this read the NC and OAS responses to better understand our position with respect to the petition (attached); David will also be happy to discuss any further questions on the issue.

IS IT POSSIBLE TO NOT SEND OUT LATE PAYMENT NOTICES IN AUGUST FOR THE LICENSE/REGISTRATION INVOICES SENT OUT IN JULY? AT LEAST WAIT ANOTHER MONTH? IT TAKES TIME FOR LARGE INSTITUTIONS TO GET THE INVOICES TO THE RIGHT DEPARTMENT FOR PAYMENT. JULY IS ALSO THE START OF THE FISCAL YEAR FOR STATE INSTITUTIONS AND THERE ARE OFTEN DELAYS IN GETTING THE APPROPRIATE ACCOUNTS FUNDED TO PAY INVOICES.

- We understand that this may be too quick for some facilities, but invoicing and collection of fees is a process. First and second round notices are just part of it and there are thousands of facilities we invoice each year. All together it may take over 6 months for us to complete invoicing and make all collection efforts. This revenue is relied upon exclusively for the operations and staffing of RPS. To delay might impact our abilities to cover budgetary costs. We would encourage that facilities find out in advance of the invoice season (April to early June) who is best to receive bills at their institutions. Billing names and contacts can be updated within your license/registration information if you contact RPS.