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Sent: June 10, 2020 12:14 PM
To: Consultation
(CNSC/CCSN)
Subject: The Ottawa Hospital Comments on Reg Doc. 1.6.2
Attachments: Reg Doc 1.6.2 The Ottawa Hospital comments.pdf

Thank you for the opportunity to provide the enclosed comments on Reg. Doc. 1.6.2. Kindly acknowledge reception.

Best Regards,

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Comments on: Reg Doc 1.6.2 Developing and Implementing Effective Radiation Protection Program for NSRD, June 10 2020

Michèle Légaré, M. Sc. C-NRPP

Director and Corporate Radiation and Laser Safety Officer

Radiation and Laser Safety Department,

The Ottawa Hospital

Thank you for the opportunity to review and provide the following comments.

Section 2, Para 1: *'The applicant authority should delegate duties for the day-to-day oversight of the RPP, but not accountability, to an individual known as the radiation safety officer (RSO)'*

The AA typically does not know the details duties that must be carry on. Perhaps a better way would be to delegate the *responsibility and authority* (just like in para 2 and section 3) to manage and oversee the RPP. Since the RSO is the signing authority, the institution often sees the RSO as the person accountable for the RPP program. The accountability is already delegated by nature of the leadership role but to imply the RSO should not be 'accountable' may risk taking away much of authority and ability to enforce compliance.

Page 3: AA should ensure the RSO has sufficient resources:

Thank you for including this important point and giving concrete examples of what this entails.

Page 4, section 3, para 2: Site RSOs

Site RSO may not be the best or only title option for staff supporting the Corporate RSO. For example, to better align job classification with expertise and responsibilities other titles may be used and job functions categorized by license oversight vs site. Examples of titles uses at The Ottawa Hospital are: Medical Health Physicist and Radiation Safety Specialists.

Page 4, section 3.1, para 1

'The applicant authority should ensure that competing duties or priorities are not assigned to the RSO that might detract significantly from their ability or availability to manage the RPP.'

Although this is true, it should also be stated to *'not add duties that could create a conflict of interest for the RSO'*. In addition, not to prevent potential career growth for the RSO, one could add to this sentence: *without ensuring additional/adequate resources are added.*

'The ability of the RSO to manage the RPP should be evaluated by the applicant authority at defined intervals, in order to identify where additional time or other assistance is needed.'

Most AA want to support the RSO but are often in a conflict of interest position when discussing budget and resources since they oversee other operational programs. For the AA to be able to evaluate the adequacy of resources, a guide or formula taking into account the complexity of the program and other areas under the scope of the RSO would be needed. The AA must also inherently trust and rely on their RSO and support them in meeting their need to effectively oversee the program. Many RSOs are struggling to make their needs for resources understood and met because of that lack of knowledge from the AA.

Page 4: last para: Communicate directly with the AA

As recommended in the last paragraph of second paragraph of page 4, and to align with 3.6.2, a Corporate RSO is *'designated to oversee RPP management at the corporate level (corporate RSO) and assisted by other individuals to oversee the program at the site (site RSOs) to ensure the RPP is effectively implemented and applied at the local level'*.

Since the Corporate RSO reports directly to the AA and the site or class 2 RSOs also often report to the Corporate RSO within the institution management structure, the requirement stated in the last paragraph on page 4 (section 3.2, 1) that RSO must have the authority to *'communicate directly with the AA'* could get in the way of effective team management and communications. In organizational structure where there is a Corporate RSO, the statement should be revised to state: *communicate with the applicant authority through the Corporate RSO or communicate directly with the applicant authority and the Corporate RSO*. The goal is to ensure that the Corporate RSO, by being included in all communications with the AA, can discharge his/her duties to ensure effective and consistent implementation of the corporate program in all areas of the institution.

Section 3.3 and 3.4:

Mention of applicable university degrees relevant to the role such as Medical Physics, Health Physics, nuclear physics, radiation biology, and for smaller sites, medical radiation technology etc. should be included as favorable knowledge for the role.

Section 3.5:

It would be helpful to define the duration of what is considered a lengthy absence.

Section 3.6.1:

It would be helpful to define the duration of short-term absences where an alternate RSO designation is required.

Section 3.6.2:

This requirement for site RSO to report to Corporate RSO should explicitly extend to class 2 RSO to ensure alignment of corporate program implementation and unified communication.

Section 4, para 3:

In reference to the RPP meeting the requirements of the license application and having sufficient resources and authority...: Including such requirements in the guide so that it becomes an integral condition of obtaining a license would be beneficial in ensuring the resources are in place to support implementation.

Section 5: Safety Culture:

I support the inclusion of foster a safety culture however it is not clear in this guide whether this will be mandatory to implement and/or to document.

Section 6:

It would be helpful to define what a 'management review' should include and who, from Management, should be leading. For example, for complex program where there is a Corporate RSO, can that person lead the management review reporting the results to the RSC and AA?

Section 5.2.2:

'Independent assessment should be conducted after substantives changes to work practices ...'
A self-assessment should be done but an independent one may be too onerous or costly and not necessarily required.

Section 5.3.3:

Please clarify what Management Review would entail. If self-assessment and compliance reports are shared with the AA and the Radiation Safety Committee, does this constitute a management review? Can the AA delegate the review to the Corporate RSO who may also be part of the management team?

Section 5.3.4:

Events that should be reported need to be very specific and well defined. RP regs, Transport and Security regulations include more specific event reporting definitions. These should be aligned with this guide.

Section 5.4:

Documentation and Policy Approval: the guide should specify that a procedure/policy review and approval system is in place with proper version control, but the way this is done may vary by institutions and requiring the RSO and AA to 'sign' may not work with defined document controls systems. What is important to consider is the process for review and approval such as: frequency of review, what may trigger a review, stakeholders involved in the review, approval and tracking of revisions, published versions, communication and training. The guide should state a minimum revision frequency to the radiation safety manual or individual procedures since the revision process could be staggered.

Appendix A, Physical design:

A form is submitted for each area, room....is this in line with the current design guide?

Appendix B, Radiation Safety Committee:

Requirement to review all proposed usage of nuclear substances: this should be left to the RSO and only escalated to the RSC when needed.

'Membership should include a representative of the auxiliary personnel (e.g., clerical, janitorial, security)': these representatives should be included as stakeholders for procedure reviews but not necessarily as members and be invited when relevant discussions occur or as resource members.

The comment: *'In general, the RSO should not be appointed chairperson of the RSC, since the RSO is responsible for the 'day-to-day oversight of the RPP and may be too closely involved in the*

licensed activities to be objective. This conflict could apply to other role as well, for example if the Chair is held by a Nuclear Medicine Physician. Instead, this could read: the person appointed as Chair should have the ability to be objective.

The requirement that: *'The chairperson shall work closely with the applicant authority to ensure effective decisions are made and carried out'*. The RSC acts as an objective advisory group to support the RSO. There is not a need for the Chair to work closely with the AA but instead the committee works as an independent advisory board and reports presented to the RSC or requested by the RSC can be shared with the AA. The RSC can also help mobilize the members, institution and the AA for the implementation of key actions relating to the RPP.

In addition to the minutes, a clear system demonstrating the tracking and closures of action items should be maintained.

References:

The Design application guide should be added as a reference.