

September 5, 2007

MEMORANDUM TO: Nancy L. Salgado, Chief
Operator Licensing and Human Performance Branch
Division of Inspection and Regional Support (DIRS)
Office of Nuclear Reactor Regulation (NRR)

Steven K. West, Director
Division of Reactor Safety
Region III

FROM: Siegfried Guenther, Senior Examiner **/RA/**
Operator Licensing and Human Performance Branch
DIRS/NRR

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Operations Branch
Region III

SUBJECT: OPERATOR LICENSING MEDICAL SEMINAR TRIP
REPORT

On August 9 and 10, 2007, we participated in the first annual medical seminar sponsored by Scientech, Inc., in Las Vegas, Nevada, by making the enclosed presentations covering "Licensed Operator Medical Requirements and Guidelines," "NRC Form 396 – NRC Perspective," "NRC Perspective – Failure to Report Medical Issues," and "The Aging Workforce Impact on Licensed Operator Medical Restrictions."

The meeting was attended by 42 individuals representing facilities in all four NRC Regions. While most of the attendees specialized in the medical field (e.g., nurses and physicians), a small number of training, regulatory compliance, and licensing staff were also in attendance. Our presentations appeared to be well-received; they stimulated lively discussion among the attendees, prompted numerous questions and answers, and, hopefully, cleared up several misconceptions (e.g., each facility is limited to one no-solo license holder). We emphasized two major points during the meeting:

- Facility licensees need to do a better job of communicating NRC medical policy and guidance clarifications to their medical personnel. Many of the attendees were not aware of the medical questions and answers that have been posted on the operator licensing web page and were pleased to learn that such a resource is available to them. We collected a number of written questions (also enclosed) at the end of the seminar and committed to inform the attendees when the answers get posted on the web.
- Failure to report an operator's medical issue to the NRC is a serious concern that could result in enforcement action against the facility licensee, but there is no harm in over-reporting medical issues. If a facility is concerned about the administrative burden of submitting written reports, they should not hesitate to call or email their Region to seek advice on whether or not to make a formal report.

We believe that the attendees appreciated the NRC's participation in the seminar and left with a better understanding of our medical requirements. We were informed that Scientech is considering the possibility of making this an annual event, so it is possible that the NRC will be invited to repeat its participation.

Please let us know if you have any questions.

Enclosure: As stated

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Please let us know if you have any questions.

Enclosures: As stated

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Via e-mail

Medical Questions Submitted at the Conclusion of
the August 2007 Seminar in Las Vegas, Nevada

1. How far back does a medical history have to go? For example, if an applicant was a “blue baby” would that have to be documented as part of his or her medical history?
2. Can the NRC clarify in writing whether it is acceptable for an operator to satisfy the near visual acuity requirement in one eye and the distant acuity requirement in the other (as might be the case if someone had lasik surgery)?
3. Can the NRC provide examples of actual operators who have been permanently disqualified?
4. Does the NRC expect us to report a diagnosis of high cholesterol with medication?
5. Does the NRC expect us to report an episode of vasovagal syncope only during blood draw? Should they be no solo?
6. Does the NRC expect us to report when an operator is taking Viagra or Cialis (due to the side effects)?
7. We fill out NRC Form 396 after every biennial examination so compliance has the form on file, which causes about half of our submittals to be on the old version of the form. Is this a problem, or should we be filling out the forms as needed for a submittal?
8. If an employee’s doctor restricts them with “no overtime” should we report this to the NRC?
9. If an operator has one blood pressure reading over 160/100 followed by two readings that are lower, should we report the high reading to the NRC? Should we restrict the operator immediately or just refer him or her for treatment?
10. What fasting blood sugar level is deemed “uncontrolled” and in need of further evaluation? Is there a cutoff? Is there an A1C level cutoff?
11. The format and organization of NRC Form 396 is confusing when reporting new or changed medical conditions and recommending appropriate license amendments when the existing license already has other, unrelated restrictions.
12. If an operator is medically disqualified for licensed duties and awaiting a final determination from the doctor, is it acceptable to use the individual as a procedure reviewer if the facility requires that position to have an active license?
13. If an operator takes a sleep aide (e.g., Ambien, Lunesta, or Provigil) how long does he/she need to wait before returning to licensed duties? There are reports that the effects can linger for up to 24 hours; do they need to wait that long?

Enclosure