



Conference of Radiation Control Program Directors, Inc.

NEWSBRIEF

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A Partnership Dedicated to Radiation Protection

December 2011

Message from Chairperson Alice Rogers, PE



The board held its winter meeting in Orlando, Florida, early this month. I am pleased to announce that the board chose to extend Ruth McBurney's contract as executive director. Please join me in complimenting Ruth on a job well done and congratulating her on her reappointment.

During the board meeting, we reviewed our priorities and determined that our work is aligning well to support our priorities. The top priority is to increase membership and participation on working groups and task forces. One discussion focused on how to attract and keep new members, especially in these days of limited state-funded travel, which limits the number of members that can attend the annual meeting.

Our review of priorities led us to the conclusion that it is time to review and revise our strategic plan. Terry Frazee and Earl Fordham agreed to take the lead on that review. Based on their findings and recommendations, we may be bringing suggested changes to the strategic plan to the membership at an upcoming annual meeting.

Upon conclusion of the board meeting, the planning committee for the annual meeting began putting together the program for this May's annual meeting. Lots of good papers had been received, and the program is shaping up nicely. Thanks to everybody who submitted abstracts! Please begin planning on attending the annual National Conference on Radiation Control, which will be held in Orlando, Florida, May 7-10, 2012.

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As Ruth describes in her article in this edition of *Newsbrief*, we have launched the operational version of the online registry of Qualified Medical Physicists. It is our hope that this will be a valuable tool to use to verify individual medical physicists' board certifications and licenses.

Have a safe and happy holiday!



Greetings from the Executive Director



Ruth E. McBurney, CHP

It is hard to believe that another year is coming to a close. At the end of each year, we sing “Auld Lang Syne,” which is a lowland Scottish phrase, and converted to English literally means “old long since.” For some occurrences that have impacted state radiation control programs this year, such as the U.S. response to the natural disasters and ensuing reactor accident in Japan in March 2011, it seems like a long time since. The states took on the added responsibility of additional air monitoring, dealing with passenger and cargo screening issues, and communication with members of the public and the media as a result of the Fukushima Dai-ichi reactor incident. And this was on top of program budget cuts and a myriad of other issues in state and local radiation control programs. It really seems like an “old long since.”

However, in many ways, the year also has flown by swiftly. For me personally, the last five years that I have been privileged to serve as your executive director have also gone by fast.

As we come to the end of 2011, it is time to pause and reflect on CRCPD’s accomplishments of this year. These include:

- The launch of the Alliance for Radiation Readiness, of which CRCPD was one of the founding members, and launch of a website by the Alliance at www.radiationready.org.
- A successful pilot program of the development of a radiation response volunteer corps in six states and one city. Following on this, CRCPD has entered a five-year cooperative agreement with the Centers for Disease Control and Prevention to broaden the development of such programs in other states. We have sent out the Request for Proposals (RFP) and have posted the RFP on the CRCPD website at http://www.crcpd.org/RRVC/rrvc_rfp.aspx. I hope you will consider such a program in your state.
- The development and launch of a Qualified Medical Physicist database on the CRCPD website at <http://www.crcpd.org/QMP/aboutQMP.aspx>. This is a useful tool for radiation control programs and employers to verify qualifications of medical physicists for licensing and registration purposes and for employment. Future plans include encouragement of the use of the database by state and federal regulatory agencies for verification of medical physicist credentials. →

Executive Director Greetings *(Continued)*

- Start of work on the development of a machine-based medical events database by the H-38 Committee on Radiation Medical Events.

The end of the year is also a time to look forward to the next year. So, it's time to mark your calendars for the 44th National Conference on Radiation Control, which will be held in Orlando, Florida, on May 7-10, 2012. The Technical Planning Committee is putting together a great agenda for the 2012 meeting. This event is not only a great time to share information, learn, and network, but it is being accompanied by several opportunities for training of state radiation control program staff. This year, plans are being made for:

- Two days of training in mammography, for which continuing education credits will be granted
- One day of training on Quality Assurance in Radiation Therapy
- One day of training on radiological emergency response and changes to the FEMA Radiological Emergency Preparedness (REP) Manual
- Several half-day topical training session options, including a follow-up session on Quality Assurance in Radiation Therapy and an introductory training session on radiological emergency response with tools and guidelines available to the states, as well as a Members Forum for discussion of future strategies for CRCPD and radiation control programs

Orlando will also be a great place to bring your family and enjoy all the activities that central Florida has to offer.

As we end up the year, I would also like to take this opportunity to wish you all a wonderful holiday season. And, for "auld lang syne" and the coming New Year, a toast to you all!



SCATR Program for Disposition of Unwanted Sources

By Russ Meyer, CHP
CRCPD Technical Assistant
(General Radiation)

The Source Collection and Threat Reduction (SCATR) program occupies a small corner of the Global Threat Reduction Initiative of the National Nuclear Safety Administration. SCATR has been in operation since 2007. Its primary purpose continues to be the reduction via disposal of the number of unwanted, discrete, radioactive sources that have commercial disposal options in the United States.

As an unintended consequence of the Low-Level Radioactive Waste Disposal Act of 1985, only 14 states have access to low-level radioactive waste disposal sites for class B and C low-level radioactive waste. These states define the niche in which SCATR works. Federal and state laws allow the Northwest Compact low-level radioactive waste site to receive radium-226 from out of compact; therefore, the SCATR program also includes that isotope within its scope.

The closing of the Barnwell site to out-of-compact waste provided the opportunity for the initiation of the SCATR program. The Off-Site Recovery program was tasked with the development of the program to encourage and coordinate a large collection effort to assist states in disposing of as much low-level radioactive waste as could be disposed prior to the closure of the Barnwell site to all out-of-compact waste. In addition to facilitating the collection and disposal of sources, financial assistance was offered through cost sharing. As the program would involve multiple states, CRCPD was provided a grant to administer the project with guidance from its E-34 Committee for Unwanted Radioactive Materials. The state of Florida agreed to conduct a pilot project for the collection.

Florida provided facilities and staff to receive and catalog the waste from numerous participants. The project collected a total of 2,569 sources. This was nearly twice the number of sources that were indicated to be unwanted on the OSRP's database. These sources were subsequently transferred to a broker for packaging and disposal at the Barnwell site. Lessons learned from the Florida project were that the project consumed a tremendous amount of resources of the Department of Health, Bureau of Radiation Control. Also, other states indicated that they did not possess the manpower to perform a task of that magnitude and their state's government contracting rules were not amenable to the task of disposing of low-level radioactive waste. →

SCATR Program

(Continued)

A new paradigm began to develop as the project continued after the Florida pilot. The program still allows for radiation control agencies, users' groups, or in some cases manufacturers to organize a collection effort in coordination with the CRCPD. Since the Florida project, however, the CRCPD, with the assistance of the states involved, has organized and provided financial assistance in all subsequent collection efforts.

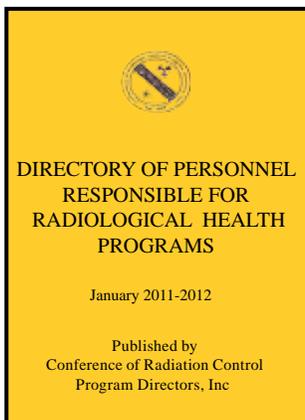
Collection has continued at a reduced pace as it has been confined to the 14 "sited" states for the most part. To date the SCATR program has collected a total of 4,414 sources, including those collected in the pilot program. Radium-226 sources of significant activity are still being collected on occasion. Opportunities for facilities in "un-sited" states to dispose of sealed sources may open in the near future. In anticipation of these opportunities, OSRP and CRCPD are encouraging persons who have unwanted sources, low-level radioactive waste, and radium-226, to register those sources with OSRP now.

Registration is a prerequisite for participation in the SCATR program. The program continues to provide encouragement by facilitating the disposal of sources and when necessary providing opportunities for cost sharing. Facilities in both "sited" and "un-sited" states can register unwanted discrete sources with OSRP at the following web sites: downloadable form: <http://osrp.lanl.gov/SCATRTemplate.xls> and online entry form: <http://osrp.lanl.gov/PickUpSources.aspx>. If you have questions, please contact Russ Meyer, telephone: 512-761-3822 or email: rmeyer@crcpd.org.



CRCPD's Directory of Personnel Update

Update notices for the 2012 *Directory of Personnel Responsible for Radiological Health Programs* have been submitted to the states, federal agencies, foreign agencies, and Low-Level Waste Compacts. Due to the overwhelming changes, directory changes to the 2011 directory are not available for this issue. The 2012 directory will be available on or about mid-February 2012. The cost of the 2012 *Directory of Personnel Responsible for Radiological Health Programs* will be \$55.00 each.



EPA Job Announcement

Director, National Air and Radiation Environmental Laboratory/ GS-15

U.S. EPA is seeking a highly skilled and motivated individual to lead one of its key air and radiation laboratories. The announcement for the position of director of the National Air and Radiation Environmental Laboratory (NAREL) within EPA's Office of Radiation and Indoor Air will be released in January 2012 on USAJobs.

The NAREL director manages a highly technical and experienced group of scientists and engineers and a state-of-the-art laboratory facility in Montgomery, Alabama. The diverse work of the laboratory includes radioanalysis, radiochemistry, hazardous waste analysis and air monitoring technical support. The director oversees nationwide activities that include:

- Performing environmental radiation studies and near real-time radiation monitoring
- Conducting field monitoring and laboratory analyses for radiological emergencies and cleanup activities
- Providing radiological technical support to EPA, other federal agencies and states

Interested applicants should have strong technical experience in radiation monitoring and analysis as well as strong management experience.

EPA consistently ranks as one of the top federal agencies in which to work, offering solid benefits and a flexible work environment. Look for this announcement in early January 2012. All applications must be submitted through USAJobs to be considered.



Radiation Response Volunteer Corps and the Medical Reserve Corps (RRVC & MRC)

By Isabelle Busenitz (Kansas),
HS/ER-10 Chairperson

In the October 2011 *Newsbrief* an announcement of the request for proposals for developing radiation response volunteer corps was presented. The development of the Radiation Response Volunteer Corps is based in part on work done by the Centers for Disease Control and Prevention in partnership with the Conference of Radiation Control Program Directors. Information gathered in an effort to determine readiness for radiation incidents revealed that local and state resources to perform population monitoring are limited. Population monitoring is a process that would begin after a radiation incident. Some of the activities performed at a community reception center for population monitoring include but are not limited to:

- Detecting the presence of radioactive contamination on the body or clothing
- Removal of radioactive contamination
- Performing epidemiological tracking for long-term health effects

Radiation professionals serving as volunteers, integrated with existing volunteer mechanisms such as the Medical Reserve Corps (MRC), could provide needed expertise to augment the public health response at community reception centers for population monitoring.

MRC units are community-based and function as a way to locally organize and utilize volunteers who are healthcare professionals and others who want to contribute their skills and expertise to the community. MRC units are intended to support, assist, and supplement the resources of the existing public health, medical, and emergency response systems. During emergencies, MRC volunteers may provide an important surge capability to area hospitals and public health departments. They can also augment medical and support staff shortages at local medical or emergency facilities. The number of MRC units nationwide has increased significantly since the program's beginnings, from 48 in 2002 to over 800 today. In Kansas there are 17 MRC units, including one state-wide Kansas Veterinary MRC unit.

Isabelle Busenitz, M.S., who serves as the chairperson on the HS/ER-10 Task Force for Volunteer Development, was invited to speak at the 2011 Regions V and VII Medical Reserve Corps Conference that was held November 29 through December 1, 2011, in St. Louis, Missouri. Those in attendance at the meeting included →

RRVC & MRC*(Continued)*

Medical Reserve Corps Unit Leaders, federal and state partners from Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, and Nebraska. and numbered 170 representatives. In an afternoon breakout session, Isabelle and her colleague Jessica Snook, who is the project manager for the Radiation Response Volunteer Corps development in Kansas, gave presentations titled, "Radiation Response Volunteer Corps" and "Population Monitoring after a Radiological Incident," respectively. Since Kansas was one of the recipients of the RRVC grant in the pilot program, the presentations were able to portray a real-world feel about how to reach out to radiation professionals, provide training, and develop procedures for a community reception center. Interaction with the audience indicated interest in the new grant from many of the MRC unit leaders who were in attendance. As representatives from a state radiation control program, Isabelle and Jessica were able to raise awareness of critical linkages that would need to be forged between MRC units and their respective state radiation control programs.

Partnerships will be a key feature of successful Radiation Response Volunteer Corps implementation. Raising awareness of each group's resources, functions, and strengths will help build strong partnerships that will sustain developed Radiation Response Volunteer Corps through utilization of existing volunteer mechanisms. For more information about the Radiation Response Volunteer Corps, contact Isabelle Busenitz, ibusenitz@kdheks.gov

**2012 CRCPD
Membership
Dues**

The CRCPD board of directors approved not increasing the 2012 membership dues. The 2012 membership dues are as follows:

<u>Individual Memberships</u>		<u>Program Categories</u>	
Director	\$130	1 to 10	\$750
Associate	\$ 55	11 to 25	\$1,750
Affiliate	\$85	26 to 50	\$3,000
Emeritus	\$40	51 to 75	\$4,500
Honorary	\$0	76 to 100	\$6,000
International	\$95	101 to --	\$7,500
Life	\$0		

You should have already received your 2012 membership renewal; if you have not, please contact us at 502/227-4543. Your 2011 membership will expire on December 31, 2011.



Image Gently® and Society of Nuclear Medicine Launch “Go With the Guidelines” Pediatric Nuclear Medicine Campaign to “Child-Size”

This fall, Image Gently® and the Society of Nuclear Medicine (SNM) have unveiled the “Go With the Guidelines” awareness campaign, encouraging community hospitals, academic hospitals and clinics to observe new guidelines on radiopharmaceutical dose for pediatric patients. To foster awareness, Image Gently and SNM are distributing thousands of 11x14-inch posters that remind medical practitioners to use these new guidelines for 11 frequently performed imaging studies in children. Posters are provided at no cost and can be found inside medical imaging journals beginning fall 2011. The poster can be downloaded now from the Image Gently website (www.imagegently.org).

“The new poster and the pediatric-specific protocols should be helpful in reducing dose in hospitals and clinics, especially among facilities that perform limited numbers of nuclear medicine procedures in children,” said Michael J. Gelfand, M.D., past president of SNM and chief of nuclear medicine at Cincinnati Children’s Hospital. A companion Image Gently/SNM publication, “What You Should Know About Pediatric Nuclear Medicine and Radiation Safety,” can help families gain a better understanding of the complex factors involved in providing safe, effective nuclear medicine exams to children.

“These radiopharmaceutical dose recommendations, calculated on a ‘straight’ weight basis, have been tested in children’s hospitals and are compatible with high-quality imaging and further dose reduction in the first decades of life,” Gelfand said. “These recommendations will be of value to community hospitals, academic hospitals and clinics.” →



[<Download this poster>](#)

Go with the Guidelines (Continued)




Go with the Guidelines!
 Follow the new North American Guidelines for Pediatric Nuclear Medicine for high quality images at low radiation dose.

North American Consensus Guidelines for Administered Radiopharmaceutical Activities in Children and Adolescents*

Radiopharmaceutical	Recommended administered activity (based on weight only)	Minimum administered activity	Maximum administered activity	Comments
¹²³ I-MIBG	5.2 MBq/kg (0.14 mCi/kg)	37 MBq (1.0 mCi)	370 MBq (10.0 mCi)	EANM Paediatric Dose Card (2007 version (13)) may also be used in patients weighing more than 10 kg.
^{99m} Tc-MDP	9.3 MBq/kg (0.25 mCi/kg)	37 MBq (1.0 mCi)		EANM Paediatric Dose Card (2007 version (13)) may also be used.
¹⁸ F-FDG	Body, 3.7-5.2 MBq/kg (0.10-0.14 mCi/kg) Brain, 3.7 MBq/kg (0.10 mCi/kg)	37 MBq (1.0 mCi)		Low end of dose range should be considered for smaller patients. Administered activity may take into account patient mass and time available on PET scanner. EANM Paediatric Dose Card (2007 version (13)) may also be used.
^{99m} Tc-DMSA	1.85 MBq/kg (0.05 mCi/kg)	18.5 MBq (0.5 mCi)		
^{99m} Tc-MAG3	Without flow study, 3.7 MBq/kg (0.10 mCi/kg) With flow study, 5.55 MBq/kg (0.15 mCi/kg)	37 MBq (1.0 mCi)	148 MBq (4 mCi)	Administered activities at left assume that image data are reformed at 1 min/image. Administered activity may be reduced if image data are reformed at longer time per image. EANM Paediatric Dose Card (2007 version(13)) may also be used. EANM Paediatric Dose Card (2007 version(13)) may also be used.
^{99m} Tc-iminodiacetic acid derivatives (mebrofenin disofenin)	1.85 MBq/kg (0.05 mCi/kg)	18.5 MBq (0.5 mCi)		Higher administered activity of 37 MBq (1 mCi) may be considered for neonatal jaundice. EANM Paediatric Dose Card (2007 version (13)) may also be used.
^{99m} Tc-MAA (^{99m} Tc macroaggregated albumin)	If ^{99m} Tc used for ventilation, 2.59 mBq/kg (0.07 mCi/kg) No ^{99m} Tc ventilation study, 1.11 MBq/kg (0.03 mCi/kg)	14.8 MBq (0.4 mCi)		EANM Paediatric Dose Card (2007 version (13)) may also be used. EANM Paediatric Dose Card (2007 version (13)) may also be used.
^{99m} Tc-sodium pertechnetate (Meckel diverticulum imaging)	1.85 MBq/kg (0.05 mCi/kg)	9.25 MBq (0.25 mCi)		EANM Paediatric Dose Card (2007 version (13)) may also be used.
¹⁸ F-sodium fluoride	2.22 MBq/kg (0.06 mCi/kg)	18.5 MBq (0.5 mCi)		
^{99m} Tc for cystography (different forms)	No weight-based dose		No more than 37 MBq (1.0 mCi) for each bladder-filling cycle	^{99m} Tc-sulfur colloid, ^{99m} Tc-pertechnetate, ^{99m} Tc-diethylene triamine pentaacetic acid, or possibly other ^{99m} Tc radiopharmaceuticals may be used. There is wide variety of acceptable administration techniques for ^{99m} Tc, many of which will work well with lower administered activities.
^{99m} Tc-sulfur colloid For oral liquid gastric emptying	No weight-based dose	9.25 MBq (0.25 mCi)	37 MBq (1.0 mCi)	Administered activity will depend on age of child, volume to be fed to child, and time per frame used for imaging.
For solid gastric emptying	No weight-based dose	9.25 MBq (0.25 mCi)	18.5 MBq (0.5 mCi)	^{99m} Tc-sulfur colloid is usually used to label egg.

*This information is intended as a guideline only. Local practice may vary depending on patient population, choice of collimator and specific requirements of clinical protocols. Administered activity may be adjusted when appropriate by order of the nuclear medicine practitioner. For patients who weigh more than 70 kg, it is recommended that maximum administered activity not exceed product of patient's weight (kg) and recommended weight-based administered activity. Some practitioners may choose to set fixed maximum administered activity equal to 70 times recommended weight-based administered activity for example, approximately 10 mCi (370 mBq) for ^{99m}Tc body mag. The administered activities assume use of a low energy high resolution collimator for ^{99m}Tc, 99m rad pharmaceuticals and a medium energy collimator for ¹²³I-MIBG. Individual practitioners may use lower administered activities if their equipment or software permit them to do so. Higher administered activities may be required in certain patients. No recommended dose is given for ⁶⁷Ga citrate. Intravenous ⁶⁷Ga citrate should be used infrequently and only in low doses. Reprinted with permission from The Journal of Nuclear Medicine Feb 2011.



For more information about pediatric radiation safety, visit www.imagegently.org.



<Download this poster>

Standardization helps ensure that “all pediatric nuclear medicine providers consistently get quality medical images while using only the smallest amount of radiation needed,” noted S. Ted Treves, M.D., strategy leader of the Image Gently/SNM initiative and chief of Nuclear Medicine and Molecular Imaging at Children’s Hospital Boston. “Since adoption of these new guidelines, children’s and academic hospitals have reported high-quality imaging with low patient dose.”

The need to reduce pediatric radiopharmaceutical administered dose first gained prominence in a study by Treves and colleagues, published in the May 2008 issue of the *Journal of Nuclear Medicine* (JNM). In the JNM article, Treves identified a sizeable variation in administered doses given to children at 13 North American pediatric clinics. In one instance, the dose was 20 times higher than at another hospital. A radiopharmaceutical dose too high may expose the child to unnecessary radiation without benefit. A dose too low may risk poor diagnostic image quality and require a repeat study that needlessly exposes a young patient to additional radiation.

The response by the medical imaging community was swift and coordinated. In January 2007, the Alliance for Radiation Safety in Pediatric Imaging — founded by the Society for Pediatric Radiology (SPR), the American College of Radiology (ACR), the American Society of Radiologic Technologists (ASRT) and the American Association of Physicists in Medicine (AAPM) — launched Image Gently. Over the ensuing months, the campaign focused on computed tomography, parent communication, →

Go with the Guidelines *(Continued)*

interventional radiology, diagnostic fluoroscopy and, since June 2010, pediatric nuclear medicine.

Following a series of symposia capped by an April 2010 consensus workshop, in August 2010, the SNM and SPR board of directors approved the North American Consensus Guidelines for Administered Radiopharmaceutical Activities in Children and Adolescents, and the ACR is incorporating these guidelines as well. In February 2011, the JNM published these guidelines.

“As advocates for children, the development and dissemination of effective dose-lowering guidelines such as these is of utmost importance,” said Marguerite T. Parisi, M.D., MS, chair of SPR’s Nuclear Medicine Committee and chief of PET/CT and Ultrasound at Seattle Children’s Hospital.

Frederic H. Fahey, DSc, president-elect of SNM and director of Physics in Nuclear Medicine and Molecular Imaging at Children’s Hospital Boston, characterized the new guidelines as “a great accomplishment.” The priority now, he said, is “to focus on bringing these guidelines to the attention of the rest of the nuclear medicine community, especially to medical practitioners in our general hospitals. We want everyone to be performing quality nuclear medicine with the least amount of radiation delivered to the patient as possible.”

And so, with the launch of the “Go With the Guidelines” campaign, the Alliance for Radiation Safety in Pediatric Imaging reiterates this central Image Gently message: As children may be more sensitive to radiation received from medical imaging scans than adults, and cumulative radiation exposure to their smaller bodies could, over time, have adverse effects, radiologists who perform nuclear medicine imaging exams on children are urged to:

- Follow the North American Guidelines for Pediatric Nuclear Medicine
- Determine the appropriate radiopharmaceutical dose based on body weight

The new nuclear medicine guidelines are available on the websites of the SNM (www.snm.org), ACR (www.acr.org), SPR (www.pedrad.org) and at www.imagegently.org.

http://interactive.snm.org/docs/Pediatric_dose_consensus_guidelines_Final_2010.pdf



21st National Radon Training Conference

The 21st National Radon Training Conference was held October 16 – 19, 2011, in Orlando, Florida, at the Hilton in Walt Disney World. Three full days of plenary sessions and an additional (optional) day of hands-on training entitled *Introduction to the Characterization of Airflow Dynamics in Buildings for State Radon Investigations* was presented at the Florida Lab. The first day of the meeting was a joint meeting with the American Association of Radon Scientists and Technologists (AARST). AARST assisted with the planning of the first day joint meeting.

There were 108 registrants for the three day conference, with attendees from 38 states, Guam, tribal nations, EPA, and partners from both EPA and coalitions. Critique sheets from the 21st National Radon Training Conference are being analyzed and will be used in planning the 22nd National Training Conference that will be held October 14 – 17, 2012, in Las Vegas, Nevada.

The Committee on Radon (E-25) is to be commended for their efforts of putting together another great conference.



Update on CRCPD's Radon Mini-Grant Program

CRCPD has awarded six mini-grants for the 2011 Radon Mini-Grant Program. Congratulations to the following state programs and their respective community partners:

- Illinois Emergency Management Agency and American Lung Association in Illinois
- Nebraska Department of Health and Human Services Radon Program and Elkhorn Logan Valley Public Health Department
- Ohio Department of Health, Indoor Radon Program and Erie County Health Department
- Maine Department of Health and Human Services Radiation Control Program and Maine Indoor Air Quality Council
- Illinois Emergency Management Agency and Southern Illinois Hospital Services
- Nebraska Department of Health and Human Services Radon Program and Panhandle Public Health District →

Radon Mini-Grants Report *(Continued)*

The mini-grants are targeted to encourage partnering of the state primary radon program with any general partner for an innovative project addressing radon risk reduction. As a component of the radon mini-grant package, each of the projects includes activities in one or more of the following areas:

- Projects that increase activity in radon prevention/mitigation in real estate and/or Radon Resistant New Construction (RRNC) activities that are designed to provide real risk reduction in high radon areas;
- Activities that include Radon Action Month; and/or
- Outreach projects that can be sustained or replicated and whose impact will result in a significant increase in visibility, awareness, knowledge, and action.

Each project will be highlighted on www.crcpd.org and www.radonleaders.org throughout the year. We are proud to support radon program growth through community action. Congratulations!



CRCPD Working Group Activities



MIPPA Changes to be Effective January 1, 2012

By Ray Dielman (FL), G-64 Liaison to the Joint Commission

The Joint Commission (JC) contacted me, as CRCPD Liaison, and others, nearly two years ago for advice and guidance regarding their imaging accreditation venture. I focused on the regulatory community, authority, responsibility, framework, LICENSING and inspection process.

The JC, the American College of Radiology (ACR), and the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL) were approved by CMS (Medicare) as accreditors of free standing diagnostic imaging facilities. All three organizations agreed to the CMS criteria and all three comply with the basic criteria, and some expanded the criteria to fit their organizational agendas.

The JC imaging accreditation surveyors are authorized user physicians, nuclear medicine technologists, and diagnostic medical and health physicists employed by JC. The surveyors for hospital accreditation are physicians, nurses, and environmental specialists. I have recorded many hours clarifying or correcting JC statements in the regulatory community and working with their standards interpretation group. We have been in conversation toward educating the hospital surveyors. →

CRCPD Working Group Activities

(Continued)

G-64 Report *(Continued)*

The current system provides for you and colleagues to call me with an issue, i.e., surveyor said we must check lead aprons twice a year, nuclear pharmacies may not deliver to nuclear medicine labs in the middle of the night, etc; I will contact the JC, resolve the issue, usually misinformation the surveyor picked up, and report back to you. The issue level is very low because the surveyors avoid the radiation areas due to lack of expertise. The JC downside is that the accreditation survey is not complete per CMS. The JC could benefit by nontechnical training of their surveyors in the use of 5-10 diagnostic and therapeutic radiation medicine system assessment tools.

The JC has “deemed” status by the federal government to survey and accredit facilities facilitating reimbursement that includes radiation and RAM use.

Effective January 1, 2012, CMS is administering a law called MIPPA - Medicare Improvements for Patients and Providers Act. This act requires the following six paraphrased fundamental requirements for the three current accreditors - ACR, ICANL and JC - be met at a minimum:

- Qualifications of non physicians must be specified and met;
- Qualifications of physicians must be specified and met;
- Procedures must be established and in place to ensure patient and worker safety;
- Procedures must be in place and followed to ensure reliability, clarity, technical quality and be verified;
- Methods must be in place for patients to obtain their records;
- Facilities must notify CMS of any and all changes.

Resource: <http://www.jointcommission.org>



CRCPD Working Group Activities

(Continued)

COUNCIL REPORTS

February 1, 2011 – July 31, 2011

Homeland Security/Emergency Response Council

Frieda Fisher-Tyler (DE), Chairperson

HS/ER-2 Committee on Expanding Radiological Preparedness in Public Health

Patricia Gardner (NJ), Chairperson

- HS/ER-2 chairperson attended the Bridging the Gap Conference in Atlanta, Georgia, March 21-23, 2011.
- HS/ER-2 chairperson attended the kick-off meeting of the National Alliance for Radiation Readiness (NARR) meeting in Atlanta, Georgia, March 24-25, 2011.
- HS/ER-2 chairperson participated in numerous conference calls related to the incident in Japan with federal, state, and local partners to work on developing a protocol for screening passengers returning to the United States from Japan.
- HS/ER-2 met during the Bridging the Gap Conference in Atlanta, Georgia.
- HS/ER-2 chairperson presented information on the status of the Population Monitoring Toolkit at the 43rd National Conference on Radiation Control in Austin, Texas, May 2011. The Population Monitoring Toolkit was delivered to CDC on May 27, 2011.
- HS/ER-2 chairperson held a conference call with Lynn Evans (CDC) to discuss the Population Monitoring Toolkit on June 27, 2011.
- HS/ER-2 chairperson participated on the NARR Steering Committee conference calls on February 15, March 30, and June 23, 2011.
- HS/ER-2 chairperson participated in NARR conference calls related to website development.

HS/ER-4 Task Force for Operational Guidelines Models and Tools for Recommendations and Responses to RDD/IND

Vacant, Chairperson

- Soliciting a new HS/ER-4 chairperson

**CRCPD Working
Group Activities—
Homeland Security/
Emergency
Response Council
Reports** *(Continued)*

HS/ER-5 Committee on Emergency Response Planning

Patrick Mulligan (NJ), Chairperson

- HS/ER-5 chairperson and HS/ER-5 member attended an Advisory Team meeting in Washington, D.C., on February 2-3, 2011, to provide an update on HS/ER-5 activities, and they participated in scheduled discussions providing a state perspective.
- HS/ER-5 chair attended an NRC Commission meeting in Rockville, Maryland, to present the state perspective on issues related to tritium in groundwater and the findings of the groundwater task force.
- HS/ER-5 committee attended the 2011 National Radiological Emergency Preparedness Conference in Florida, April 18-21, 2011. At the conference, the HS/ER-5 committee met with FEMA federal liaisons, EPA, NRC, CDC, and FDA to discuss current and future projects.
- HS/ER-5 chairperson provided an overview of HS/ER-5 activities at the 43rd National Conference Radiation Control in Austin, Texas, May 2011.
- HS/ER-5 chairperson provided a presentation on Tritium in Groundwater based on experiences with leaks at the Oyster Creek nuclear power plant and his involvement with the NRC task force on groundwater at the 43rd National Conference on Radiation Control in Austin, Texas, May 2011.
- HS/ER-5 committee submitted formal comments on the state perspective of the nuclear accident at the Fukushima Daiichi nuclear power to NRC's Josephine Piccone, director of the Division of Intergovernmental Liaison and Rulemaking. The document provided an overview of the observations, and identified issues provided from numerous state radiation control program staff.
- HS/ER-5 chairperson attended a meeting of the Federal Radiological Preparedness Coordinating Committee (FRPCC) in Arlington, Virginia, July 11, 2011. At this meeting the HS/ER-5 chairperson met with senior members of DOE to discuss comments provide by HS/ER-5 to the NRC on the Fukushima response. DOE provided access to information regarding monitoring and assessment by DOE personnel deployed to Japan for the response. →

CRCPD Working Group Activities— Homeland Security/ Emergency Response Council Reports *(Continued)*

HS/ER-5 Report *(Continued)*

- HS/ER-5 member participated and provided an overview of the CRCPD's meeting with DOE at the FRMAC quarterly conference call on July 28, 2011.
- HS/ER-5 committee members began work internally on developing a guide for preparing and planning for an ingestion pathway exercise. A draft version is in progress and changes will be made during the next reporting period to finalize the draft for council review.
- HS/ER-5 committee members continued to review and revise its draft handbook for preparing and planning for an ingestion pathway exercise. Both DOE and FEMA are assisting with the development of a handbook to be used by both state and federal agencies in the development of IPX exercises. Conference calls and planning have been taking place and work is expected to continue into 2012. Both agencies recognized the need for the document and committed to pursuing a working group to further the development.

HS/ER-7 Task Force on Inter-Organizational Activities

Alice Rogers (TX), Chairperson

- Attended quarterly meeting of the federal Homeland Security "Nuclear Sector Government Coordinating Council" on April 14, 2011.
- HS/ER-7 chairperson developed talking points for Fukushima after action activities.

HS/ER-8 Task Force to Develop Nuclear Power PlanhNews Releases

Ann Pfaff (NJ), Chairperson

- No activities reported during this period.

HS/ER-9 Task Force for Supplement to RDD Handbook

Cynthia Costello (NY), Chairperson

- A "Call for Volunteers" was transmitted to CRCPD members.

HS/ER-10 Task Force for Volunteer Development

Dawn Burke (NC), Chairperson

- A draft summary report was drafted and submitted to the CRCPD board for approval.

**CRCPD Working
Group Activities—
Homeland Security/
Emergency
Response Council
Reports** *(Continued)*

HS/ER-10 Report *(Continued)*

- CRCPD is working with CDC to get CRCPD approved as a sole source provider for additional funding of volunteer development programs under a multi-year cooperative agreement.
- CRCPD executive director attended the Integrated Medical, Public Health, Preparedness and Response Training Summit entitled “How to Recruit, Train, Radiation Professional in Your Response Teams” in Grapevine, Texas, May 1-5, 2011.

Suggested State Regulations Council

David Allard, CHP (PA), Chairperson

SR-A – General Provisions (Part A)

Robert Greger (CA), Chairperson

- No activities reported during this period.

SR-B – Registration of Radiation Machines, Facilities, and Services (Part B)

Vacant, Chairperson

SR-C – Licensing of Radioactive Materials (Part C)

Mike Welling (VA), Chairperson

- No activities reported during this period.

SR-D – Standards for Protection Against Radiation (Part D)

Robert Greger (CA), Chairperson

- No activities reported during this period.

SR-E – Radiation Safety Requirements for Industrial Radiographic Operations

Ann Troxler (LA), Chairperson

- No report received.

SR-F – Diagnostic X-rays and Imaging Systems in the Healing Arts (Part F)

Vacant, Chairperson

SR-G – Use of Radionuclides in the Healing Arts (Part G)

Gwyn Galloway (UT), Chairperson

- No report received.

**CRCPD Working
Group Activities—
Suggested State
Regulations Council
Reports** *(Continued)*

**SR-H – Radiation Safety Requirements for Non-Medical
Radiation Generating Devices (Part H)**

David Allard (PA), Chairperson

- No report received.

**SR-I – Radiation Safety Requirements for Particle
Accelerators (Part I)**

David Allard (PA), Chairperson

- No report received.

**SR-J – Notices, Instructions, and Reports to Workers:
Inspections (Part J)**

Robert Greger (CA), Chairperson

- No activities reported during this period.

SR-R – Radon (Part R)

Robert Stilwell (ME), Chairperson

- SR-R met via conference calls twice during this period.
- Provided a half-day training on radon measurement QA - QC at 20th National Radon Training Conference in Columbus, Ohio.
- Assisted with a half-day training on Building Technical Capacity at the 20th National Radon Training Conference in Columbus, Ohio.
- SR-R provided comments on a draft radon standard.

SR-S – Bonding and Surety (Part S)

Anine Grumbles (WA), Chairperson

- No activities reported during this period.

SR-T – Transportation of Radioactive Materials (Part T)

Vacant, Chairperson

**SR-U –Licensing Requirements for Uranium and Thorium
Processing and Related Radioactive Material (Part U)**

Phil Egidi (CO), Chairperson

- Part U and supporting documentation were sent to the CRCPD board for review.

**CRCPD Working
Group Activities—
Suggested State
Regulations Council
Reports** *(Continued)*

SR-V - Physical Protection of Byproduct Material

Frank Costello (PA), Chairperson

- SR-V chairperson provided a presentation on SR-V activities at the 43rd National Conference on Radiation Control in Austin, Texas, May 2011.

SR-W - Radiation Safety Requirements for Wireline Service Operations and Subsurface Tracer Studies (Part W)

Vacant

SR-X - Medical Therapy (Part X)

Bill Dundulis (RI), Chairperson

- No report received.

SR-Y - Disposal of Contaminated Waste Water Sludge in Landfills

Jay Hyland (ME), Chairperson

- No report received.

SR-Z - Medical Credentialing (Part Z)

Paul Brown (IL), Chairperson

- No report received.



The Holidays are upon us. We wish you the best!

CRCPD Board of Directors

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Articles should be sent to CRCPD, Attn: Lin Carigan, 1030 Burlington Lane, Suite 4B, Frankfort, KY 40601 (fax: 502/227-7862; email: <lcarigan@crcpd.org>). The deadline for contributions is the 15th of the month before an issue is to be published.

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