Conference of Radiation Control Program Directors, Inc.

NEWSBRIEF

December 2003

CRCPD's Mission: A Partnership Dedicated to Radiation Protection

Message from Chairperson Richard Ratliff

This year, 2003, is nearly at an end and as usual has brought many blessings and some challenges and sorrows. As your chairman, it has been a very hectic and busy time but the experience has been rewarding. We have many challenges facing us in 2004, but we can turn these challenges into accomplishments as we work together to protect the public from unnecessary exposure to radiation.

In November I attended the New England Radiological Health Committee meeting in Worcester, MA. The meeting was very informative and the participants friendly. I was especially impressed with the presentation by Dr. Petra Lewis on "Different Types of Fusion Imaging." Her experience both in England and in Boston, Massachusetts allowed her to show the usefulness of multiple modalities used both separately and in combination. My thanks go to Bob Walker for the invitation to attend this meeting and his hospitality extended during my time there.

The CRCPD will coordinate a "National Symposium on Fusion Imaging and Multi modali-

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These headings are not linked.

Chairperson's message
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ties" to be held in Kansas City, MO, February 18-20, 2004. This symposium will allow all participants the opportunity to learn the usefulness and regulatory issues associated with this new combined use of radioactive materials and machine produced radiation.

In the last Newsbrief, I reported that the Board had decided not to change the CRCPD name. In this issue Cindy Cardwell and Terry Frazee will present the pros and cons that led to this decision.

The Board has reviewed and approved the final revised Part N "Regulation and Licensing of Technologically Enhanced Naturally Occurring Radioactive Material (TENORM)." This final version has been sent to our federal agency liaisons for their final concurrence review. I hope they will be available for your use after January 2004.

The Technical Planning Committee met November 18, 2003 and developed the agenda for the 2004 Annual meeting. The theme for the meeting will be "Embracing Change in an Evolving Radiological Protection Environment." I look forward to a very good technical program and camaraderie with all of you in Bloomington, Minnesota.

Finally, I saw a very timely bumper sticker this week that read: "The Best Things in Life Are Not Things". In these hectic days before the holidays, this is a good reminder of what is really important in life.

I sincerely wish you and yours a very blessed Christmas and a hopeful and happy New Year.
Richard

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Update on CRCPD name change

By Cindy Cardwell (TX), Past Chairperson, and Terry Frazee (WA), Treasurer

The Board reviewed and discussed the "official" and "unofficial" ballot concerning a name change for the organization. Many valid points were made for both changing the name and for keeping it the same. The Board did not receive a clear indication one way or the other. After much discussion of the pros and cons that had been presented, the Board decided not to pursue a name change at this time. A summary of the pros and cons of a name change are provided below.

Thanks to all of you who offered viewpoints on this issue.

Pros: As pointed out many times in the past, our organization's name, the Conference of Radiation Control Program Directors, Inc. (CRCPD), is not truly representative of the membership categories. In fact, the Associate membership category is the largest one. A name change to something more reflective of our common mission, rather than a category of membership, seems more appropriate for the organization.

Update on CRCPD name change
(continued)

The word "conference," as commonly used today, implies a meeting. It does not convey a cohesive, on-going organization with vision, goals, and a long-term mission. "Conference" may have been both descriptive and appropriate in the early years of the organization, but it does not reflect how CRCPD has evolved. Our membership should not have to introduce themselves as representing CRCPD, and then have to further explain the organization as being more than a meeting. Having to explain the make-up of the organization can tend to hinder our goal of expanding and enhancing recognition of the organization.

Cons: The CRCPD has a long, well established history and a continually improving reputation nationally among the primary agencies and organizations involved in radiation issues. The concern that "conference" is not truly reflective of what we do is really a matter of educating a number of individuals and a few other organizations, especially international ones, and that is what has been happening already. The name of CRCPD has been gaining "brand name" recognition in recent years and to change our name at this point would undoubtedly mean an initial setback in national and international recognition and perhaps even a loss of credibility. It would be confusing especially when we are just starting to gain the recognition we seek. The expense of such a change is not only in the stationery and brochures but also in the lost productivity trying to educate many more individuals, agencies and organizations.

Indeed, the choice of a replacement name is not without controversy. During the recent poll, a number of members pointed out issues with the suggested names and went on to provide several "better" suggestions. One member concluded that none of the alternatives really would enhance our name recognition and, finally, another member suggested that attacking the problem directly is much more productive than making a cosmetic change! In short, keep "CRCPD" and work to make what we do valued ("if you build it, they will come" — regardless of what you call it!").

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2004 dues notices

By Patricia Gorman (OED)
Administrative Officer

Dues notices for 2004 have been mailed. If you are paying as an individual and are not part of an agency or group state membership, please contact Twila Barnett via email at tbarnett@crcpd.org or by phone at 502/227-4543 ext. 2224 if you have not received your dues notice. As a reminder, dues must be paid by February 28, 2004 or you will be striken from the membership roster as required by the CRCPD Bylaws.

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Frankfort 'Fil's sidekick

By Ron Fraass (OED)
Executive Director

If not us, then who?

If your state radiation protection program did not already exist, would your citizens mandate it? That is an equivalent question to one being asked internally by many associations around the country. It helps any volunteer association, like CRCPD, to understand why it exists, whom it serves, and what it should provide to those it serves.

Many of our state radiation control programs are facing continued budget crises. Sustaining a program is typically more difficult than creating a new one. We put significant effort into justifying the need for a new project. We invest our energy and emotions into the project and our interest can induce others to help further the effort. Senior executives work with the legislators and governors to bring new services into being to improve the lives of their constituents. Even if existing state programs are being cut, there are new programs being started in each state.

The question then is: What benefit does your radiation control program provide that would cause your citizens to demand its creation if not already in place? You probably have at least two options: one negative, one positive. The negative method is to point out all the risks to the public if you were not inspecting, regulating, and enforcing various laws and regulations concerning radioactive material and radiation producing machines. A problem with this approach is that only a few people are being affected by these user errors. Your radiation protection program is in place and preventing most serious errors from being made. As victims of our past success—we may be seen as crying "wolf."

The positive method would point out the tremendous strides made in cooperation with industry and users of radiation producing equipment and radioactive material. Examples would be the MQSA programs, reduction in dose from fluoroscopy, improved diagnostic methods, reductions in worker dose, improvements in safety from non-destructive testing, and others. The public may not know that these improvements in their health and safety are due to the partnership between your program and the regulated industry.

In preparation for your next budget year, consider demonstrating to your upper management, legislators, and governors how your radiation control programs are "new" programs each year because of changes in regulation, technology, and uses of radioisotopes. With some luck and a lot of effort, your program can be the "new" program that gets additional funding next year.

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Ray Paris

Treasurer
1992-1995

Past Board Member

I feel honored that I was asked to write a summary of my activities since retirement from the State of Oregon Radiation Protection Services for the Newsbrief. It is always interesting to read articles written by other retirees. As one of "them," the question in the Newsbrief articles often comes to mind whether or not my retired life style is commensurate with what others are experiencing. I will try not to bore you with a lot of details, so will concentrate mainly on the high points these past two and a half years.

First though I need to say that the 32 years with the State of Oregon were great. The last 20 years as Manager of the Radiation Protection Program granted me the tremendous privilege of representing Oregon with the CRCPD. This too was great. Just as there are fond memories of my career with the State, the same is true with the CRCPD. Working with so many colleagues of the CRCPD are some of the brightest points of my career. I really enjoyed being involved with many committees and working groups. Receiving the Gerald S. Parker award was truly a moving experience for me. It was such an honor. I regularly check out the CRCPD website to keep informed on what is happening. One striking thing to notice is how many other people are joining the ranks of "refocused individuals," otherwise known as retirees.

Retired life is simply awesome. There is indeed life after budget cuts, legislative hassles, personnel issues, travel restrictions, etc. My retirement to date however needs to be divided into two phases: Phase I before surgery and Phase II after surgery.

Phase I

My favorite activities are those of a "fixer-upper." It gives me great pleasure to be able to have the time to do so many projects around our houses (we have a rental). I also enjoy giving a helping hand to others, particularly the elderly in our church unable to do the simplest things. It is amazing how full days can get in doing these tasks. My focus has truly changed from the "technical" side to the "social" side of life. I find this very rewarding. I thoroughly enjoyed working 32 years on technical issues for the benefit of society or for groups of radiation workers as a whole. However, doing little things for individuals on a personal level now has a grip on me. Their smile and deep sense of appreciation is heart warming.

There has also been lots of traveling since "bailing out." Donna and I have basked in the sun on the beaches of Hawaii and Mexico on several occasions. We boarded a cruise ship right in downtown Portland and traveled over 6000 miles hitting many ports before and after passing thru the Panama Canal. This spoiled us. We are hooked on "cruising." The coastlines of Oregon and Washington have been on our itineraries along with road trips to Oklahoma and visiting our

Past board member
(continued)

daughter in Massachusetts.

Phase II

The tyranny of the urgent can change dramatically and suddenly. Late October of 2002 was when medical staff discovered there was a cyst **inside** my spinal cord. I had noticed some numbness in my right ankle, but thought it was due to a sprain I experience when jogging several years before. The neurologist said I had two choices; 1) I could let it go and take chances it wouldn't get worse. However, if it increased in size, it would likely "shut down" my lower extremities, or if it burst, I could be a paraplegic or dead; 2) I could have surgery to remove it. There are no guarantees when doing surgery inside the spinal cord. The list of consequences was severe, including paralysis from the waist down, having to learn how to walk again, bowel problems or bladder problems just to name a few.

Needless to say after the visit with the neurosurgeon, there were some serious moments of thinking where my life was headed. This is where my faith in the Lord Jesus came into real prominence. There are verses in the Bible that say "Trust in the Lord with all your heart, lean not on your own understanding. In all your ways acknowledge Him and He shall direct your paths." Well, if there was ever a time in my life that I needed guidance, it was then.

I chose surgery. There were consequences. Prior to surgery I was running around doing all these little jobs for myself and others. After surgery I was in a wheelchair unable to walk. Learning to walk again was the only side effect of the surgery. This was an extremely humbling experience. By the way, the cyst was benign.

My first thought was: Did I make a mistake for having surgery? This thought didn't last long though because there are also verses in the Bible that say: "Peace I leave with you; my peace I give you, I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid." I locked onto these promises and I had peace.

Almost a year has passed since surgery. I still have that peace. The wheelchair is history, the walker is history and now two canes are about to become history. Walking with one cane is soon to be my routine. The neurosurgeon expects it will be another year before I get back to walking without any aids. Donna has been a true "helpmate" during this time. I could not have come this far this soon without her!

So "Phase II" of retirement has been filled with lots of physical therapy and day by day determination to get back to complete independence. It has been a difficult transition from helping others to having others

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help me. I have never been a good "receiver." This has taught me a lot about life. I have learned to truly appreciate each day and never take anything for granted. In essence, God has taken me apart and is rebuilding me. Praise His name!

I would be glad to share more details on how I have overcome lots of trying times. Just email me at: randdparis@comcast.net. Retirement is still awesome; I have simply learned how to appreciate it in different ways. I can now drive, so we are continuing to make lots of trips by land, air and sea.

Ray D. Paris
Portland, Oregon

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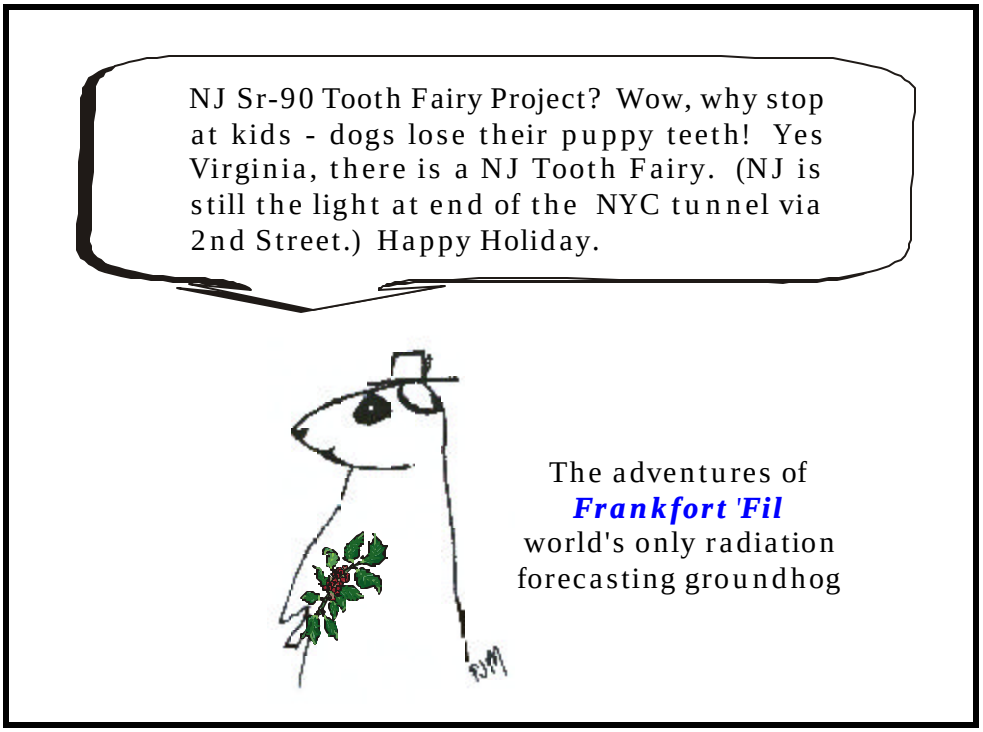
Frankfort 'Fil

By Paul Merges, Ph.D.
Retired



Pat's Corner

By Patricia Gorman (OED)
Administrative Officer

CRCPD sponsors National Symposium

The *National Symposium on Fusion Imaging and Multimodalities: Technical and Regulatory Considerations* is being sponsored by the Conference on Radiation Control Program Directors, Inc. (CRCPD). The symposium will be held at the Marriott Kansas City Downtown, Kansas City, Missouri on February 18-20, 2004. It is made possible through the financial assistance provided by the American College of Radiology (ACR), the Food and Drug Administration (Center for Devices and Radiological Health) (FDA/CDRH), the American Association of Physicist in Medicine (AAPM), the American Society of Radiological Technologist (ASRT), and the Society of Nuclear Medicine Technologists Section (SNMTS). Detailed information can be found at www.crcpd.org/meetings.asp.

Board holds meeting in Frankfort, Kentucky

The Board of Directors held their November meeting in Frankfort, Kentucky, location of the Office of Executive Director's headquarter's office. While the meeting was actually held at the Hampton Inn, the Board did take time off to visit the facilities and meet informally with the staff. I would like to take this opportunity to highlight a few of key actions that resulted from this meeting. The minutes, once approved by the Board, will be posted to the web site under "Members only."

Approved Board of Directors priorities for 2004-*based on the CRCPD Strategic Plan approved priorities for 2004* — The Board of Directors at their November meeting approved the following priorities for 2004:

Goal #1, Objective #1 - Determine Membership Needs

Goal #3, Objective #4 - Increase Communication with Members

- Increase board interaction with the States.

Goal #1, Objective #2 – Review Working Groups' Activities Annually

- Ensure that all appropriate charges have timelines; and
- Track timelines to assure they are appropriate and met.

Goal #1, Objective #3 – Provide More Benefits for CRCPD Members

Goal #5, Objective #1 – Assume a Leadership Role on Radiation Protection and Public Policy Issues

- Develop PET Regulatory Products.

Goal #1, Objective #3 - Be Proactive in Handling New Issues

- Provide Fiscal & Staff resources management oversight to as sure CRCPD is proactive on emerging issues;

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- Evaluate working groups' initiatives with regard to emerging issues process; and
- Be proactive and timely in developing positions.

Goal #2, Objective #1 – Assist States with Improving Tools
- Survey states for state "profile" (budget, salaries, staffing ratios, number of tubes, and number of licenses).

Goal #4, Objective #1 – Maintain A Sound Fiscal Plan
- Investigate possibility of a Financial Planner for CRCPD equity.

Goal #4, Objective #4 - Evaluate the Relationship Between the CRCPD and the Organization of Agreement States (OAS)
- Continue cooperative efforts with the OAS.

Goal #5, Objective #1 - Assume a Leadership Role on Radiation Protection and Public Policy Issues
- Monitor and provide input on the proposed and/or needed changes to the AEA; and
- Be proactive and timely in developing positions.

Goal #5, Objective #2 - Actively Liaison with Professional Organizations and Federal Agencies
- Work with federal/state/local agencies to enhance homeland security.

This information is available on the CRCPD Web site www.crcpd.org, members only, Board actions.

CRCPD budget approved for 2003-04 – The Board approved CRCPD budget for 2003-04 will be available soon on CRCPD's Web site in the Members Only section, along with budget to expense reports for the FDA and EPA cooperative agreements and General Operations covering the period of 10/1/02 – 9/30/03.

Approved fee structure for 2004 annual meeting in Bloomington, Minnesota – The Board considered the estimated cost of this meeting, which included reduced sponsorship, and determined that the following 2004 registration fee structure for the National Conference on Radiation Control annual meeting should be as follows:
- CRCPD Member Discounted Fee $275
- Non-CRCPD Member $350
- Guest Fees to attend social events:
  - Chairperson's Reception $25
  - Night Out $50

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Approved members to the Radiation Protection Advisory Council – Due to the financial assistance committed in support of the *National Symposium on Fusion Imaging and Multimodalities: Technical and Regulatory Considerations*, the following organizations were approved to designate a member to the Radiation Protection Advisory Council, contingent upon receipt of funds:

- American Academy of Physicists in Medicine (AAPM),
- American College of Radiology (ACR),
- American Society of Radiologic Technologists (ASRT), and
- Society of Nuclear Medicine Technologists Section (SNMTS).

Created the HS-1 Task Force for Database Security to address the communication issue of breached information. The specific charges is to establish a procedure to inform licensees, Agreement States, NRC and other Federal agencies of potential breaches in security of information. This procedure would establish a process, clarify roles and responsibilities of the various agencies involved, promote efficient and effective handling of the incident, create lines of communication, and standardize the process.

Membership approved for the Past Chairperson's Advisory Committee to the Board – Cindy Cardwell, current Past Chairperson, will chair the advisory committee. Others members appointed were: Steve Collins, Bill Dornsife, Don Flater, Eddie Fuente, Tom Gerusky, Roland Fletcher, Aubrey Godwin, Chuck Hardin, Jill Lipoti, Ruth McBurney, Mike Mobley, Maury Neuweg, Paul Schmidt, Jack Stanton, and Diane Tefft. The committee has been tasked to provide their perspective and background information regarding the Board's policy on recognition of outside sponsors of CRCPD functions at annual meetings.

Created the H-25 Task Force on IMRT and Proton Beam – This working group will address the following:

- Develop a white paper helpful to radiation regulatory programs on IMRT and Proton Beam, that describes the general principal of how each works, quality control tests, and patient dosimetry issues.
- Develop a guidance document on shielding design issues that would be helpful to radiation control programs for IMRT and Proton Beam.
- Develop guidance on what inspectors could look for during inspections when inspecting IMRT and Proton Beam.
- Provide written guidance on operator certification issues/qualifications for each of the modalities.
- Complete the project by May 1, 2004.

Created the H-26 Task Force for Cyberknife – This working group will

Pat's Corner

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address the following:

- Develop a white paper helpful to radiation regulatory programs on Cyberknife, that describes the general principal of how each works, quality control tests, and patient dosimetry issues.
- Develop a guidance document on shielding design issues that would be helpful to radiation control programs for Cyberknife.
- Develop guidance on what inspectors could look for during inspections when inspecting Cyberknife.
- Provide written guidance on operator certification issues/qualifications for each of the modalities.
- Complete the project by May 1, 2004.

Board adopts poster requirement policy— CRCPD members funded to present a poster are required, beginning with the 2004 annual meeting, to submit their poster presentation information for the Proceedings to the OED "prior to" the annual meeting. The format can be the PowerPoint slides, or a summary outlining the details of the poster.

CRCPD member representation on non-CRCPD working groups – The Board strongly encourages CRCPD members who are serving on non-CRCPD working groups to report activities and information that is pertinent to the membership via email and/or in the *Newsbrief*. This applies to all CRCPD members, whether financially supported by CRCPD or some other mechanism.

Board approves OED compiling and maintaining list of CRCPD members' names and email addresses on "Members Only" password protection section of the CRCPD Web site. Please advise Sue Smith (email ssmith@ crcpd.org) if you have objection to your information being available to other CRCPD members.

Board approves publications – The Board approved grandfathering past NEXT trifolds and QA Collectibles as official CRCPD publications as indicated in the following implementation plan. All future NEXT trifolds and QA Collectibles will be published as CRCPD official documents.

- **Implementation plan**– OED staff will prepare the past NEXT trifolds and QA Collectibles as CRCPD publications (add CRCPD logo, disclaimer, etc.)
  - NEXT trifolds will contain the same publication # as the original NEXT publication. OED staff will determine the appropriate method to distinguish it as a companion document.
  - QA Collectibles will be given an appropriate publication number and list the documents in the appropriate catego-

ries on the publication list. Currently these documents are lumped together under the head "QA Collectibles."

Board approves proposed Bylaw amendment – The Board approved asking the Director Members to approve proposed amendments to the CRCPD Bylaws at the 2004 annual business meeting. The proposed changes will address the following: (1) deletion of the Academic member classification; (2) major changes to the Treasurer, Executive Director and Fiscal Officer duties to bring them in line with current operations; (3) change in "Election of Officers" process to allow for voting via other means other than by mail ballot (i.e. internet), (4) revision to due date for memberdues payment, and (5) clean up changes.

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WHO'S WHO at OED

Patricia Gorman
Administrative Officer

By Ron Fraass (OED)
Executive Director, CRCPD

Pat Gorman, Administrative Officer

Pat is the glue that holds together the Office of the Executive Director. As the Board of Directors was preparing to hire a new Executive Director, they wisely revised Pat's duties to encompass the overall management of the OED staff. Those changes were designed to permit the new ED to travel more and, if necessary, maintain an office outside of Frankfort. Her duties include direct supervision of all technical and administrative employees, coordination of work activities, assistance to the ED in budget preparation and management, regular contact with the Board of Directors, and assuring that the policies of the organization are carried out. Pat has risen to the challenge of being a working manager like many of you are. She provides an excellent resource of history about CRCPD because she has been part of the organization, with a short gap, since 1981. In addition to managing the OED staff, Pat is in daily contact with many of you. She follows the work of numerous committees to ensure that the business of CRCPD continues smoothly forward. During the last year she worked extensively on the revised SSRCR process, Operations Handbook, revisions to Operating Procedures, and revision of written office policies and procedures. Probably her most difficult job is keeping me apprised of the countless details that our office is responsible for. The office is in good hands when the ED is on the road.

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Reminder!

- Call for resoutions for 2004 annual meeting business meeting see October 2003 Newsbrief for details.

- Nominations for CRCPD awards - Due to OED or any Board member by January 15, 2004.

- Have you visited the CRCPD Training Resources Loan Program information on the Web site and taken advantage of the resource material that is available to CRCPD members? Any classification of membership can access this information at <www.crcpd.org>, under the "members only" section, menu item "training material."

- Work groug meetings at 2004 annual meeting - OED needs to receive a copy of the meeting request including the council chair approval by March 23, 2004 (Board policy requires this be done at a minimum of 60 days prior to the annual meeting).

- Work group poster presentations at 2004 annual meeting - work groups are required to have completed significant progress (i.e., produced a product) by February 1st, 2004, in order to be considered for finanicial support to the annual meeting (refer to the October 2003 *Newsbrief* for complete details).

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Holiday greeting from the OED staff

Have a very merry holiday season and prosperous new year!

Ron

Pat

Sue

Sharon

Twila

Denice

Terry

Lin

Bruce

Curt

49th Annual Radiobioassay and Radiochemical Measurements Conference (RRMC)

By Lynn West
Wisconsin State Laboratory of Hygiene

The 49th annual RRMC was held in Jackson, Wyoming at the Snow King Resort, from October 12, 2003 through October 16, 2003. The RRMC has been regarded by those in the field as one of the most essential conferences to attend. This year was no exception. For the full report see www.crcpd.org/reports.asp.

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Council on Ionizing Radiation Measurements & Standards (CIRMS) meeting Gaithersburg, MD, October 27-29, 2003

By Bob Lommler (IL),Chairperson
Committee on Ionizing Measurements

Summary:
The meeting was on international (ISO) and national (ANSI) standards, Department of Homeland Security (DHS) test and performance (T&PE) standards, and calibrations and tests for instruments fielded for Homeland Security applications. The completion of these documents will allow federal grants for state and local purchasing of instruments and services meeting these criteria. ISO and ANSI standards are public documents. DHS T&PE standards are classified because they give the current threat and are not releasable to state or local government or to the equipment manufacturers who are trying to make the equipment. Lack of fully releasable specifications adversely impacts instrument development, thus DHS hired four Department of Energy (DOE) labs to independently test instruments to give them a "Consumer Report" rating system that can be released to potential purchasers in state and local government. Labs calibrating or maintaining these instruments probably will be required to purchase DHS approved calibration standards that are artifacts in prescribed tests for each instrument. Where such standards are not available or practical, the labs will have to use reverse engineering to determine what tests are needed to maintain each piece of equipment.

Instrument testing is scheduled to begin in January 2004. There are four proposed instrument standards. Only three are complete: portable radiation detection pagers, portable detection instruments, and radionuclide identifiers. DHS estimates that only two pagers currently on the market can pass the portable radiation detection pager ANSI standard. DHS knows that no portable detection instruments can currently pass the ANSI portable detection instrument standard. Three radionuclide identifiers may meet the ANSI radionuclide identifier standard. IEMA owns two of the radionuclide identifiers that may meet the ANSI standard.

The meeting concluded that laboratories calibrating or testing instruments intended for Homeland Security require significant modification in their beta, gamma, and x-ray capabilities and may need special nuclear material and additional radionuclides in the lab that

CIRMS
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may be hard to obtain.

DHS funding for state and local government purchases is included in the budget year beginning October 2004. The CIRMS meeting is used by DHS to help determine priorities, programs and funds required.

The full report can be accessed at www.crcpd.org/reports.asp.

FRMAC Assessment Workgroup

By Lou Brandon (MI),
CRCPD representative to the
Federal Radiological Monitoring and
Assessment Committee (FRMAC)
Assessment Workgroup,
E-6 Subcommittee advisor

The new FRMAC Assessment Manuals have been released this past summer and efforts are underway to prepare more individuals to function as assessors in a FRMAC response. Three levels of training were discussed and will be incorporated into a submittal for future funding. The levels include core FRMAC assessment competencies, FRMAC assessment support personnel, and training for individuals who may integrate or interface with the FRMAC at the state level. A five day training is to be proposed with introductory concepts, basic procedures, complex procedures, dose modeling and an evaluated drill. The training may be layered to address various interests including a proficiency level, a functional level, and awareness levels. Eventually qualified individuals will have participated in two drills or exercises. This training is intended to be open at all levels to state and other federal agency personnel, although the priority will be to train individuals at the proficiency level who are capable of responding immediately to national or international incidents. CRCPD representation at this meeting was helpful. Training efforts can be mutually beneficial for both the FRMAC and the states as we go forward.

The second day of the meeting focused on aspects of the FRMAC that could be enhanced or improved based primarily on the TOPOFF2 Exercise experience. Topics that were addressed included effective interlaced 12 hour shift transitions, news monitoring, map color schemes, map context and supporting documentation, a routine schedule of release for basic products, secure website access to FRMAC products, identification of confidence levels based on current sample data available, development of default scenario trigger limit guidelines, and quality control before release of products. Many improvements are in progress as Arthur Shanks of Sandia National Laboratory spearheads the effort. Valuable insight was provided to the workgroup in terms of the state perspective on the protective action decision making process during nuclear power plant exercises.

The desire is to eventually evolve the FRMAC Assessment Manuals

FRMAC
(continued)

into an electronic format. This effort is underway with the beta testing of Turbo FRMAC which automates the use of the procedures in Volume 1 and tables in Volume 2 of the Assessment Manuals. The third day was a demonstration of Turbo FRMAC. Although this program has great potential, at present, the software is not very user friendly nor intuitive. It contains numerous bugs, labeling errors, and flow problems. To automate the FRMAC manuals is a effort to be commended but this product has many issues to be resolved before it will be ready. States are not currently allowed to download the program or participate as beta testers due to a legal aspect related to its development.

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JCAHO

By Mike Sinclair
Illinois Emergency Management Agency
For E-6 Emergency Response Planning Committee

On behalf of the E-6 Committee, I attended a workshop entitled "Partners in Emergency Preparedness: Strategies for Health Care Organizations and Communities" on October 16 and 17 in Chicago offered by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

The focus was JACHO's new accreditation standard for hospitals that requires that emergency preparedness activities emphasize and demonstrate involvement in all-hazards, community-based emergency planning. Under the new standard, JCAHO will evaluate whether hospital emergency response plans have been coordinated and integrated with other emergency response plans outside of the institution. The objective is to have hospital plans reflect the principles of Comprehensive Emergency Management, including the Incident Management System and Integrated Command Structure.

The Joint Commission's philosophy is outlined in a white paper: "Health Care at the Crossroads-Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems" published earlier this year and available at www.jcaho.org. JCAHO President Dennis S. O'Leary said the organization is looking for templates that hospitals can use to develop more detailed emergency plans and procedures.

Several speakers complained that federal funding for terrorism preparedness has been slow in reaching the local level, and the bulk of money so far has been earmarked for equipment. This approach is ignoring the need for planning and training, particularly within the health care community.

There was very little specific information offered on how hospitals should approach the new Joint Commission requirements. However, it was clear the impetus was an outgrowth of terrorism activities, and speakers emphasized the need to look beyond simply treating victims from a medical standpoint. Hospitals are being encouraged to examine how they fit in the larger scheme of emergency re-

JCAHO
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sponse, including coordinated communications, interfaces with state and federal response organizations, media relations, mental health counseling, and other factors.

Kristi L. Koenig, MD, of the US Department of Veterans Affairs, noted emerging technology to address WMD hazards, but said hospitals are not yet adequately equipped with detection devices and don't have adequate procedures to reflect what should happen when a detector alarms. She also noted the JCAHO standard requires hospitals to conduct a hazards vulnerability analysis, but that few facilities have done so. She also urged hospitals to drill more often as a means of improving capabilities.

Several speakers, including Dr. Irving Redlener of Columbia University, noted that billions of federal dollars have been allocated for WMD with little or no accountability on how it is being spent. Redlener also said there are serious credibility issues. An August 2003 survey indicates only half the population believes hospitals can respond effectively to a WMD incident; that 90 per cent of the people would not follow an evacuation recommendation because of concerns about the welfare of loved ones; and that while 75-85% say they would trust health care information coming from CDC or the Surgeon General, only 50% would trust WMD advice from their own physician.

A presentation on the participation by Chicago area hospitals in this year's TOPOFF II federal WMD exercise (addressing a biological attack) was sharply critical of the Department of Justice (DOJ). Overall, officials said that while hospitals learned some valuable lessons from TOPOFF II, a number of key exercise objectives were not met due to the failure of DOJ's contractors to coordinate exercise planning effectively.

CRCPD could be helpful in several areas of the JCAHO initiative. The Radiological Emergency Preparedness (REP) program, maintained for nuclear power plant sites for more than two decades, embodies most of the key elements of integrated response planning, including drills and exercises. Many of the planning methodologies developed for radiological emergencies can be adapted for chemical, biological and other hazards, for example, monitoring, decon, and contamination control protocols. To the extent that radiation control programs are linked with emergency response activities at the state level, they could be a resource to hospitals in developing appropriate radiological emergency protocols and linkages to health physics and other resources at the state and regional levels. Likewise, our colleagues in nuclear medicine and radiology programs should be encouraged to help develop and participate in medical drills that test the efficacy of hospital plans.

SR-AA Committee Meets

By Cathy Fontaine (TX), Chairperson, Texas Bureau of Radiation Control

The Suggested Regulations Part AA-Lasers Working Group met on November 3 and 4, 2003 at the Arizona Radiation Regulatory Agency in Phoenix, Arizona.

Attending were Cathy Fontaine, TX, chairperson, committee members John Lamb, AZ, Roger Thuma, KS, and Bruce Hirschler from the CRCPD OED technical staff.

The suggested regulations (SR) for lasers have not been revised since 1991. The working group has been developing a draft for the past several months. The meeting was arranged to review the draft and make additional changes. The revision includes updating the suggested rules with the most recent information from the American National Standard for Safe Use of Lasers, American National Standards Institute (ANSI) Z136.1 and Title 21, Code of Federal Regulations (CFR), Part 1040.

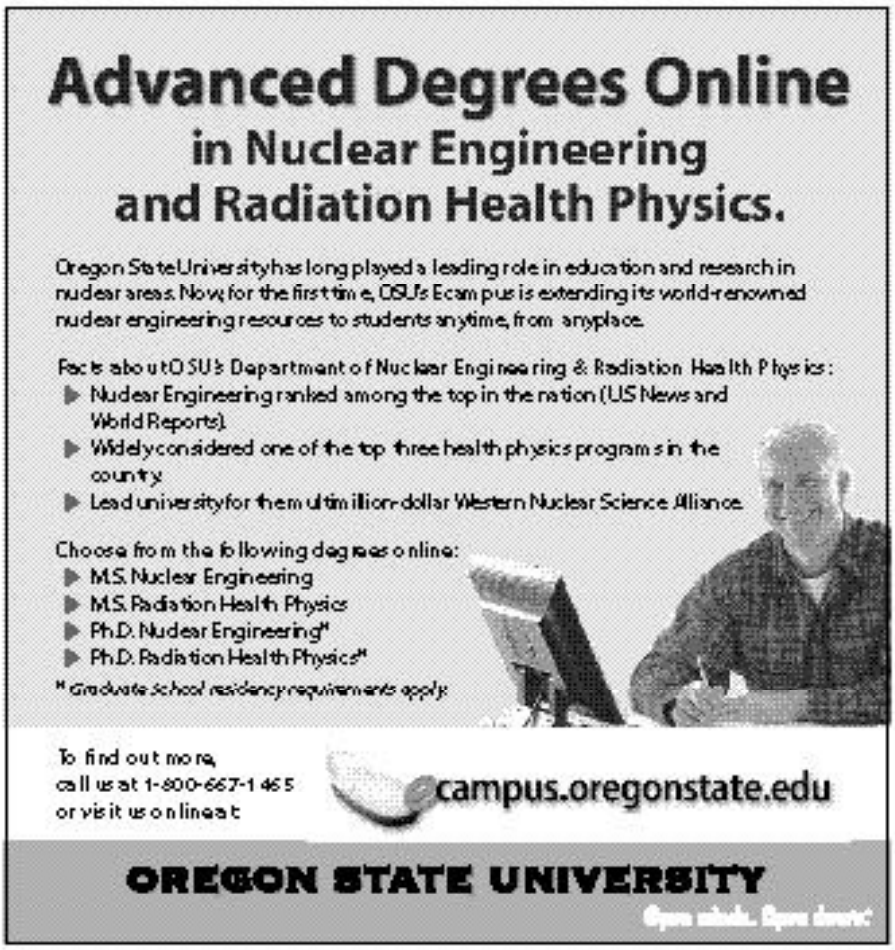
The working group decided to delete all the tables, charts, and graphs from the SRs and refer to the most recent edition of ANSI or the CFR in the revised version. The rationale is that rule revision does not keep pace with changes, especially in the ANSI standards, and tables and charts become outdated. In addition, it is the experience of members of the committee who have laser regulations in their respective states, that the small portion of the regulated community who would use this information are those in academic or research and development facilities. These same individuals likewise use ANSI standards as reference.

During the meeting, Bruce Hirschler made changes to the draft and appendices as they were discussed, which was a great time saver. Within the next two months, the rationale will be completed and the document will again be reviewed prior to sending out for peer review.

Effective November 10, 2003, Roger Thuma is taking a position with Kansas State University and will step down from the working group. The committee thanks Roger for his contribution to the revision of the laser SRs.

The committee appreciated Aubrey Godwin, John Lamb, and the Arizona Radiation Regulatory Agency's hospitality in hosting this meeting.

Training



The web site for the new "ORA University" (ORAU), (FDA Office of Regulatory Affairs) website is:

http://www.fda.gov/ora/training/ORAU/Whats_New.htm

This website can also be accessed from the CRCPD Web site <www.crcpd.org> under training resources.

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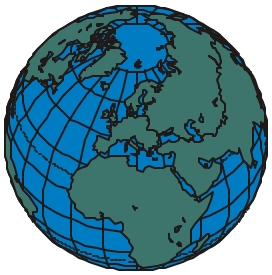

World News

NUCLEAR NEWS FLASHES - Monday, December 15, 2003

INTERNATIONAL: Norway approved state guartantees for a low-level nuclear waste repository today. The guarantees were required by the Norwegian Radiation Protection Authority (NRPA) before work on the facility could begin; NRPA has been pushing various governments to take action since a site for the facility was chosen in 1998. Much of Norway's radioactive waste comes from its oil and gas in-

World news
(continued)

dustry, which is largely state owned. The government now has to decide on exactly how the guarantees will be structured.
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Early this year the European Commission published its MARINA II report, "Update of the MARINA Project on the radiological exposure of the European Community from radioactivity in North European marine waters" (pdf - 283KB - available at http://www.europa.eu.int/comm/energy/nuclear/radioprotection/doc/studies/rp132/marina_en.pdf.

As stated in NUCLEONICS WEEK -May 15, 2003: The study found that nuclear industry discharges to sea are back at the same level as the early 1950s, and that naturally occurring radioactive materials (NORM) now dominate doses to the European Union (EU) population from industrial discharges, both in terms of alpha activity and overall impact (collective dose).

Norway is the largest oil producer in the North Sea and is estimated to provide the greatest impact from current discharges. Norway is closely followed by the U.K., with Denmark and the Netherlands contributing relatively little.

In 2000, according to the study, radioactive discharges from the non-nuclear industries were estimated to contribute more than 90% of the European population's total exposure from discharges into the marine region covered by the Ospar (Oslo &Paris) Convention. Oil and gas operations contributed 35.3% and phosphates, 55.4%.

This compared with the contribution to the collective dose rate from discharges of 3.8% from British Nuclear Fuels plc's (BNFL) Sellafield reprocessing complex, 1.7% from Cogema's La Hague facilities, 3.3% from weapons fallout, 0.2% from Chernobyl fallout, and 0.1% from nuclear power stations.

However, the overall impact of the discharges to the EU population can be gauged from the fact that, even at the discharges' peak, the collective dose rate was around a factor of 20 less than the annual collective dose from natural radioactivity in the marine environment.

NORM accumulates as scale inside pipework and valves at offshore oil and gas production platforms. It also gathers as sludge in separator tanks and other vessels. It is discharged in "produced water " and its radionuclides of radium- 226 and Ra-228 and Pb-210 (lead) become available in concentrated form for consumption by marine biota.

The full report can be seen at <http://www.platts.com/marketing/nuclear/nucleonicsweek.shtml>

NIST laser calibration services

By David Wollman
Scientific Advisor to the Director
Electronics and Electrical
Engineering Laboratory
NIST

What role should laser metrology play in medical laser applications? Laser metrology is critical for medical laser device development and monitoring. With more accurate laser metrology, it would be easier to determine the proper working conditions of a particular instrument. For example, laser dose metrology is important in the development of new photodynamic therapy (PDT) drugs and in determining the appropriate laser dose for corneal sculpting procedures, such as Laser-Assisted In Situ Keratomileusis (LASIK). Laser energy standards, particularly linearity, are important for designing optical imaging systems, such as Optical Coherence Tomography. NIST has the necessary standards and personnel to provide industry with a broad spectrum of laser measurement capabilities that may even shorten the time scale of the FDA approval process. NIST's Excimer Laser Calibration Services is an example of an existing calibration service that has potential impact on a current medical laser application, LASIK. LASIK is a surgical procedure that uses an excimer laser to permanently change the shape of the cornea. Although manufacturers may specify strict tolerances on their excimer laser tools, some claiming less than 3% variation in laser beam profile flatness and energy, current laser measurement techniques that monitor beam quality in situ do not have sufficient resolution to determine whether or not these tolerances are met. NIST offers both 193 nm laser dose and energy measurement services that can be used to characterize optical detectors for LASIK tools. In turn, these optical detectors can be used to validate LASIK tool performance in the clinical setting.

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CRCPD's 2003 DIRECTORY OF PERSONNEL RESPONSIBLE FOR RADIOLOGICAL HEALTH PROGRAMS

Directory changes

Membership Updates

Director	-	Sanders, Cynthia (GA)
Associate	-	Schwartz, Paul E. (NJ) Zak, Ron (NJ)
Affiliate	-	McGowin, John (TN) Tokarz, Robert (NJ) West, Lynn (WI)
Emeritus	-	Hill, Tom (GA)

CRCPD Directory updates will not be provided this month. A new 2004 edition of the CRCPD Diretory of Personnel Responsible for Radiological Health Programs will be available in the near future

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Executive Director trip report

By Ron Fraass (OED)
Executive Director

Trip Report

On December 15th, I visited with Dave Court who will be helping CRCPD create a Radiation Protection Professionals Day. Dave is from the Los Alamos laboratory and currently working in the Pentagon with the Air Force. He is the point of contact with the American Nuclear Society on this issue. He will talk with their Capital liaisons and I agreed to speak with federal legislative staff in Kentucky to determine how such a concept is put forward. We talked about selecting a day that would be meaningful to US professionals such as the start of the Chicago pile or start of AEC or first nuclear medicine procedure (if known). Another potential is the date of President Eisenhower's speech on Atoms for Peace. I am working the concept with ANS and HPS and as the effort proceeds, I will include academia and the laboratories.

On December 16th, I attended a meeting at the Office of Domestic Preparedness with Kerry L. Thomas who is the Director of the Information Management, Technical Assistance, and Equipment Support Division of the State and Local Operations Directorate. With the CRCPD Chairperson's permission, I accepted membership on the Homeland Defense Equipment Reuse Program (HDER) Ad-hoc Advisory Council. The Advisory Council is very small: a state emergency management person from Pennsylvania, Past Chair of HPS, a former NRC staffer, an EPA representative , and myself. Discussions revolved around how best to provide surplus DOD and DOE, and possibly other federal agencies, equipment to states and locals. Most of the current disposition has been radiation detection equipment and respirators. So far, only ten states and the Virgin Islands have asked for and received equipment. Total value, if purchased at original prices, is $1.1 million. Each state has a point of contact but most are not in state radiation protection programs. There is information on HDER on our Web site, www.crcpd.org/Homeland_Security.asp and from the HDER site you can obtain the list of state Points of Contact (POC).

Several issues surrounding training were brought up. Equipment is arriving in states for locals who do not know how to use it. The issue of Incident Command training for radiation protection professionals was also brought up. There is an excellent package available on the FEMA Web site at http://www.training.fema.gov/emiweb/is/ and the specific course is http://www.training.fema.gov/emiweb/is/is195.asp on basic incident management. It can be taken online or by downloading the materials and then taking an online test. Although the initial thrust of HDER is radiation detection equipment and some personal protection equipment (PPE), they are considering expanding into other equipment that states

Trip report
(continued)

and locals might need in a response. Let me know if you have some ideas on what might be needed. The committee will meet again in the spring and then perhaps twice a year. If you are a state Director, you probably want to work with your state's POC to either obtain equipment or assist those state and local agencies that do.

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News about CRCPD members

New director member

Congratulations to Dana Finerfrock on his recent promotion as director of the Utah Division of Radiation Control.Dana had been serving as the manager of the division's radiological waste and environmental monitoring section

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Retirements

Name	**Effective Date of Retirement**
Richard Woodruff	January 3, 2004

On behalf of the CRCPD membership, we extend a special thanks for your involvement in the CRCPD. Congratulations and best wishes for a well deserved and most pleasant and rewarding retirement.

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CRCPD Board of Directors

Board position	Name	State	Work Phone	Email address
Chairperson	Richard Ratliff	Texas	(512) 834-6679	richard.ratliff@tdh.state.tx.us
Chairperson-Elect	Edgar Bailey	California	(916) 440-7899	ebailey@dhs.ca.gov
Past Chairperson	Cynthia C. Cardwell	Texas	(512) 834-6688	cindy.cardwell@tdh.state.tx.us
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Member-at-Large	Debbie Gilley	Florida	(850) 245-4545	debbie_gilley@doh.state.fl.us

Abbreviations, acronyms, and initialisms

Below is a list of abbreviations, acronyms, and initialisms that may appear in this issue:

CDC ..... Centers for Disease Control and Prevention
CDRH ..... FDA's Center for Devices and Radiological Health
DOE ..... Department of Energy
DOT ..... Department of Transportation
DOD ..... Department of Defense
DOJ ..... Department of Justice
EMF ..... electric and magnetic fields
EPA ..... Environmental Protection Agency
DHS ..... Department of Homeland Security
FBI ..... Federal Bureau of Investigation
FDA ..... Food and Drug Administration
FEMA ..... Federal Emergency Management Agency
FRMAC ..... Federal Radiological Monitoring and Assessment Center
HHS ..... Department of Health and Human Services
MQSA ..... Mammography Quality Standards Act of 1992
NEXT ..... Nationwide Evaluation of X-Ray Trends
NIST ..... National Institute of Standards and Technology
NRC ..... Nuclear Regulatory Commission
OED ..... CRCPD's Office of Executive Director
ORA ..... FDA's Office of Regulatory Affairs
SSR/SSRCR ... Suggested State Regulations for Control of Radiation
USDA ..... U.S. Department of Agriculture

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The *NEWSBRIEF* is written with regard to the needs of all radiation control program personnel. Readers are encouraged to contribute newsworthy or informative items for the *NEWSBRIEF*, with neither charges nor stipends for the items that are selected. News of state radiation control programs is especially sought.

Contributions should be sent to CRCPD, Attn: Curt Hopkins, 205 Capital Avenue, Frankfort, KY 40601 (fax: 502/227-4928; e-mail: <chopkins@crcpd.org>. The deadline for contributions is the fifteenth of the month before an issue is to be published.

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