DRAFT Minutes of the Radiation Protection Advisory Committee (RPAC) Meeting
Combination Virtual / In Person Meeting
October 16, 2024

Meeting called to order at 9:04 a.m.

Members in Attendance:

Margaret Blackwood	Ian Irvin	Marian Wolford
Steven King	Anthony Montagnese	Janice Wirth
John Keklak	Christine Eckenrod	Aaron Fisher
Dr. Lara Paciello	Nate Burden	

Members Absent:

Victor Rizzo	Summer Kaplan

DEP Staff in Attendance:

John Chippo	Derek Stahl	Dyran Altenburg
Benjamin Seiber	Jennifer Minnick	Lisa Funk
Alyssa Oskin	Maria Coons	Dwight Shearer
David Gaisior	Stephanie Banning	Denise Bleiler
Christopher Heckert	Kristina Hoffman	Alhaz Bah
Robert Lewis	Barb Bookser	Dennis Ferguson
John Kime	Josh Myers	Victora Parker
Joe Koshy	Grace Schoeniger	Evan Wosochlo
Sean Gimbel	Lindsay Williamson	Suzanne Sarver

Guests in Attendance:
Kendall Berry

Introduction: Adoption of Agenda; Approval of Minutes:

The agenda for this meeting was adopted and the minutes with minimal corrections from the April 17, 2024, meeting were approved.

Open Floor:

No members of the public registered to provide public comment. An RPAC member opened the discussion about the possibility of getting support and input on whether three current cases of therapy are enough for the various parenteral administrations. Another member added into the discussion that a preceptor form is being used by some organizations because they lack an AU-eligible stamp. This has led to preceptors signing off for all of 10 CFR 35.300 uses, even when some do not include three cases of 10 CFR 35.300 uses. An RPAC member stated that some organizations are including TheraSpheres as one of their parenteral demonstrations and they have not been accepting those submissions. Instead, they have been requiring three additional

documented cases since there is not a lot of guidance of what to do with multiple types of parenteral demonstrations. They went on to say they believed they should have to do one each of the three types of pharmaceuticals, but there is no guidance directing that. Since there is no regulation covering this, physicians having been pushing back at the restrictions, saying that since there is no regulation, that a preceptor form should be enough. The residency programs utilizing the preceptor forms are not providing adequate training for working with radiological pharmaceuticals.

A Bureau of Radiation Protection (BRP) staff member stated that Y-90 is not considered parenteral use. BRP has not received guidance from the Nuclear Regulatory Commission (NRC) to require three cases with each type of material or treatment. Organizations can set up their own internal requirements that could require that kind of training, but to BRP, three cases of the same parenteral administration is equal to three cases of different parenteral usage. An RPAC member asked if the NRC is working on this issue, and the BRP member said they were unaware of the NRC working on that issue. In a recent meeting, the NRC reported The American Board of Radiology certification was not being accepted by some companies. However, NRC's solution is to publish a fact sheet directing everyone to the NRC 313A form. An RPAC member referenced a recent reported medical event that could have been caused by this lack of training and could have led to serious patient harm. Another RPAC member stated that most parenteral usages are the same mode of administration and doesn't think there needs to be three cases of each parenteral demonstration required. The RPAC member stated that the recent medical event referenced was an issue with the area of application, and not an error in the method of application; therefore, additional training would not have helped. There is debate as to whether an authorized user needs to be present for administration.

A possible solution proposed by an RPAC member is to allow radiation safety officers to create and assist with training programs in their facilities so that new hires are being adequately trained. An RPAC member expressed worry that radiation oncology physicians would want to get involved with parenteral administrations even though their experience may only consist of administering one type of parenteral administration. Because of this, they do not grasp all the radiation safety involved. Another RPAC member stated that when they approved a physician for radiation oncology, they must have supervised parenteral cases before they can receive approval. Concerns were also raised about how to provide support and regulatory guidance to smaller organizations that may not have in-house radiation safety staff. The BRP director stated at some point as a regulatory authority, BRP needs to give organizations the authority to handle their licensed materials. If an organization wants to make their process more restrictive, they can. It would take 2-3 years for BRP to create and develop a new regulation. An organization's Radiation Safety Committee could act much faster and create more rules and requirements for its employees.

Program Updates:

Nuclear Safety & Emergency Response: Nuclear Safety and Emergency Response has completed two FEMA-graded exercise in 2024, with a third occurring in the coming week. The Emergency Response division is now fully staffed with the hiring of two former Navy nuclear technicians. The division continues to coordinate with PEMA and rebuild relationships with other similar emergency response organizations.

Radon: January is Radon Action Month, with the Radon division is publishing public announcements through Commonwealth media. Field inspections are ongoing, and new certifications are being processed. A radon re-entrainment study is being conducted over two years that could open another avenue for radon mitigation. This is also the first step in mitigating Technologically Enhanced Naturally Occurring Radioactive Material questions related to the oil and gas industry and the migration of radon off-well pads. Over the next five years, the Radon division will be mailing out post cards to 250,000 homes that have been mitigated in the past two years to remind the current homeowner to retest their radon mitigation system to make sure their system is functioning properly.

Radiation Control: X-ray and radioactive materials (RAM) were discussed during the meeting.

Decommissioning & Environmental Surveillance: Decommissioning & Environmental Surveillance is cleaning up licenses without any issues. The most complicated issue right now is the proposed restart of TMI Unit 1 and how that will affect the decommissioning of TMI Unit 2. After TMI Unit 1 is reactivated, construction currently being done on Unit 2 will have to cease due to the vibrations causing artificial trips in Unit 1. Presently, the decommissioning of Unit 2 is progressing, with an early shutdown of activity being scheduled when Unit 1 is reactivated.

Hoteling: The installation of a new HVAC system in RCSOB is coinciding with a Governor's office mandate to reduce the Commonwealth's office footprint. The result will have six floors of the RCSOB being combined and moved to the third floor in a "hotel style" office format. There will be no assigned desks; instead, there will be various tables, offices, and desks that can be occupied for the day and used in conjunction with an employee's laptop. However, BRP still sends out paper invoices, and needs a printer farm. The "hotel style" would not be conducive to that and could lead to other bureaus using BRP materials. To reduce the current physical footprint, BRP hired two people that only scan licenses, registrations, and other materials then dispose of the paper copies. The Radiation Control division is pooling together all paper files from the regional offices so the online scanned files will be as complete as possible. This database will eventually be able to be searched publicly and used for Right-to-Know requests; however, radioactive materials will not be made available to the public.

Review of Nuclear Material Events Database (NMED) and Medical Reportable Events (MRE): There were four NMED events since the last RPAC meeting. One was a medical event, and the remaining three events included an equipment failure and two lost/missing sources.

There were three MRE events since the last RPAC meeting. The first event occurred when the collimator motor of the accelerator failed after the delivery of one treatment, preventing the remaining three treatments from being delivered to that patient. The second event was the misapplication of a post-operative radiation therapy that resulted in a new procedure being performed to apply the treatment to the correct location. The final event occurred when an incorrect shift in a PA beam resulted in the wrong body part receiving treatment.

CBCT Regulation Discussion: BRP formed a subcommittee to create a dental package for Cone Beam Computed Tomography (CBCT) based on the requests of the committee from the last RPAC meeting. BRP is not going to open the performance evaluation to service providers, and it will remain a task under the direction of a Qualified Medical Physicist (QMP) or Qualified Expert (QE). The QMP or QE would not have to be on site but would need to sign off on the final report. BRP is working on defining the performance evaluation and making a list of QMPs and QEs. Routine quality control and competency training will remain as is, and BRP is looking into onboarding computed tomography (CT) and accelerators. Some of the technical guidance includes different testing required for the CTs, so BRP is reaching out to the physics community to help us negotiate that part of the regulation. An RPAC member asked about the process of collecting information for the QMP/QE list and a BRP staff member said it was created by the regions and passed along to CBCT users as an unofficial list at the regional level since the information present is only what QMPs/QEs have reported to BRP. Another RPAC member asked if the credentials are being vetted for this list, and they are not; however, those applying for the list do need to provide credentials before being added to the list. We can handle this for now by using our FAQs that are located on our website. This will be part of a cleanup package for regulations when they reopen.

Radioactive Material Regulations Parking Lot Discussion: Items are still going into the RAM regulation parking lot. When the regulations are reopened, we will include a cleanup of the accelerators as well. If there are any questions or concerns about accelerators that need to be addressed with current regulations, not the creating of new regulations. Items in the parking lot cannot be shared until the Secretary and Governor's Office review them. If RPAC has any changes that they want they need to email the BRP Director so those items can be added to the list. An RPAC member requested a new radiation therapy physicist be recruited to the RPAC Committee since the previous member no longer attends. Another RPAC member asked how often the regulations are opened. There is normally a three-year break between regulations opening, but the Radiation Protection Act allows for the new packages to open at any time. The current package will be shaped up and pushed through on BRP's end in 2025 to prepare it for discussion in 2026.

American Registry of Radiologic Technologists (ARRT) Test-Discussion of Existing Regulations: While radiologic technologist students are enrolled in school, they can perform scans as part of their education. However, once they graduate, they can no longer perform scans until they are tested and certified. BRP wishes to create a grace period for students of up to six months, where they will be able to perform scans as part of their jobs and also study for their

boards. A certified ARRT must be supervising and within normal earshot of the untested student during this period. This can be handled under the FAQs for now, and a cleanup can later be performed on the regulations. An RPAC member asked why this change is only being applied to hospitals and large medical facilities. A BRP staff member answered that smaller facilities would not have the staffing to adequately supervise the uncertified technologist. The BRP Director will instruct the regions to begin collecting data on how long it takes new technologists to become certified after hiring/graduation and how much on-the-job training is provided to that individual. BRP will clarify the facility size and proposed grace period before publishing the FAQ.

2025 RAM Fees for 5 Non-Contiguous Sites: Fees will be increasing for some registrants in 2025 once this is implemented. This will affect 20 licensees, less than 5% of the total licensees.

Inclusive Language Updates: Under a new initiative all applications, permits, training, and any documents that are public facing, will be translated into Spanish and include a non-discrimination statement. These translations must be completed by a certified translator and paid for using BRP funds. This initiative will eventually expand to have documents translated into 10 different languages.

Second Open Floor: DEP has a QuickPay program that BRP could participate in, but a fee is required to be paid to use the system. This program provides a way to pay an invoice, but it does not have any means to update tube counts. That information would need to be sent to BRP and updated here before the registrant could use the program. Less than 3% of our registrants are signed up to use Greenport, which is a laborious process compared to this where you only need three pieces of information to pay and print a receipt. BRP is waiting to find out the costs and limitations of using this program.

The meeting was adjourned at 11:11 a.m.

The date for the next RPAC meeting is April 30, 2025, and the following meeting is scheduled for October 15, 2025. The meeting formats will be a hybrid combination of virtual and in person.