

# X-ray Advisory Committee Meeting

## MEETING MINUTES

**Date:** August 21, 2019

**Location:** Orville Freeman Building  
645 Robert St. N.  
Saint Paul, MN 55155

**Attendees:** Beth Schueler (Medical Physicist), Dan Lind (Service Provider), Frank Zink (Medical Physicist), Michael Lewandowski (Health Physicist/CHP), Ronnell Hanson (MN Radiological Society), Tony Murphy (Medical Physicist), Vinton Albers (MN Chiropractic Association).

Conference Call: Bridgett Anderson (MN Dental Board).

Absent: Brian Hall (Service Provider), Jon Wohlhuter (MN Association of Nurse Anesthetists), Julie Sabo (MN Nursing Board), Louis Saeger (MN Medical Association), Richard Geise (Medical Physicist/PhD), Scott Haglund (St. Catherine University), William Duppler (Medical Physicist).

MDH: Bevin Beaver, Craig Verke, Jacquie Cavanagh, Kelly Medellin, Teresa Purrington, Tosin Lediju.

## Acronyms and Terms

ACM – Advisory committee member

CRCPD – Council of Radiation Control Program Directors

CBCT – Cone beam computed tomography

CT – Computed tomography

FDA – Federal Drug Administration

IAC - Intersocietal Accreditation Commission

MDH – Minnesota Department of Health

NCRP – National Council on Radiation Protection and Measurements

QMP – Qualified medical physicist

Revisor – Office of the Revisor of Statutes

SSRCR – State Suggested Regulations for Control of Radiation, published by CRCPD

## Welcome and Introductions

*Teresa Purrington, X-ray Unit Supervisor*

Purrington welcomed everyone to the meeting. She stated that there are 27 rule parts remaining to discuss with the committee. She also stated that because of how productive the meetings have been MDH expects to finish the review process in March or April of 2020.

Purrington asked members of the committee if they would prefer to review and comment on Individual Monitoring, and Occupational/Public dose limits rule parts via email. Frank Zink (Advisory Committee Group – ACG) stated he would prefer email. The rest of the committee agreed.

## Review of Quality Management System

*Jacquie Cavanagh, Section Policy and Rules Analyst*

*Teresa Purrington, X-ray Unit Supervisor*

### Subp. 2. Quality assurance program.

Zink asked what “operation procedures” are for a type of x-ray system in item C. Michael Lewandowski (ACG) stated that “operation procedures” appears in subparts 3 and 4. Zink stated that it is in subpart 2, item C. Beth Schueler (ACG) asked if it refers to x-ray system manufacturer or x-ray system equipment type. Purrington stated it is type of equipment, and for some equipment, it is the x-ray system manufacturer. Zink stated MDH should define operating procedures.

Schueler questioned if locking a portable x-ray system with a key is sufficient in item H. Purrington stated that in this language, it is based on the dental hand-held statute (Minn. Stat. 144.1215). Schueler stated that most facilities would not keep their portable x-ray systems in a locked room. Tony Murphy (ACG) agreed and stated that this is appropriate for dental, but not for a hospital setting.

Zink questioned who was considered ancillary personnel in item E. Craig Verke (MDH) stated this is personnel who are routinely in an x-ray room. Zink asked if this language is different from radioactive materials. Purrington stated MDH would review radioactive materials language and that MDH will add a definition in rule. Lewandowski stated that in an industrial setting, most exposures would be in a cabinet and training would not be necessary. He also questioned the radiation safety section referred to in this subpart. Purrington stated that this would be discussed in the site-specific section.

Schueler thought the committee had discussed removing repeat analysis in item M. Purrington stated that the committee agreed to keep it when it was previously under discussion.

Zink questioned the need for initial and annual training. His opinion is that it should be changed to ‘initially and upon significant change’. Purrington stated that annual training would be beneficial for facilities. Zink stated this could be time consuming for larger facilities. Ronnell

Hanson (ACG) stated that federal standards require annual training for the VA setting. Purrington stated the majority of the states are initially and annually. Lewandowski stated this should be specific to areas by the operator. Zink stated training individuals on the Quality Assurance Plan is not effective. Purrington stated that RSOs do not necessarily provide training as it should be occurring. Murphy stated he agrees with both scenarios. Lewandowski stated MDH should look at the quality of training, and not the frequency. Purrington responded that there are issues at facilities that need to be addressed and have programs from the 4730 rule. Zink stated that if an RSO or a facility does not train well initially, they would not annually as well.

### Subp. 3. Quality control.

Zink stated that he does not think that a facility needs to maintain a list of qualified operators who can perform quality control (QC) in item A and it is difficult to keep track of new employees. Schueler agreed that this would be difficult for larger facilities. Bridget Anderson (ACG) agreed that this would be difficult for dental facilities as well. Murphy also agreed and asked about the purpose of the list. Purrington stated that it helps facilities manage the individuals who are qualified to perform QC on x-ray systems. Purrington stated MDH has learned from its CT program inspections that only one individual is trained to perform daily QC. If this individual was on vacation or did not work the weekends, QC was not performed. Murphy stated that many x-ray system operators in facilities do not know who their RSO is and he finds that the best QC programs are also in violation of the rules because QC is usually only one person's responsibility. He strongly encourages that they have more than one person who is responsible for QC. Dan Lind suggested the rule require a back-up QC individual.

### Subp. 4. Individual monitoring program.

Zink questioned the employer taking responsibility for contacting a new employee's previous employer(s) regarding the employee's occupational dose limits in item E. He stated it should be the employee's responsibility to report this to their employer. Murphy agreed that the employee should have to provide their dose information. Hanson stated employees might try to evade/circumvent state regulations if they self-certify and do not declare their actual dose. He stated that there should be a mechanism to provide that information.

Schueler questioned the annual notification in writing to each employee in item D and asked if the x-ray program will be similar to radioactive materials. Purrington stated she would look at that.

Schueler asked if items G and H are the same thing regarding declaring pregnancy/pregnant workers. Bevin Beaver (MDH) item G is for when there is a declared pregnancy and item H is to verify dose limits are below required limits. Schueler stated that they do not seem different. Lewandowski stated that the language is not clear. Zink stated having procedures around pregnant workers is a good idea, not just declaring pregnancy.

## **Review of Mobile or Portable Registrants**

*Jacquie Cavanagh, Section Policy and Rules Analyst  
Teresa Purrington, X-ray Unit Supervisor*

### **Subp. 1. Mobile or portable off-site use.**

Lewandowski asked if this section is intended for a registrant in a medical setting, or if it applies to any registrant. Purrington stated this would be for any registrant. Murphy stated that the wording “if applicable” for mobile use needs to be further clarified.

## **Review of Notices, Instructions and Reports**

*Jacquie Cavanagh, Section Policy and Rules Analyst  
Teresa Purrington, X-ray Unit Supervisor*

There were no comments from the advisory committee recorded for this section.

## **Review of Inspection and Enforcement, Variance**

*Jacquie Cavanagh, Section Policy and Rules Analyst  
Teresa Purrington, X-ray Unit Supervisor*

### **Subp. 2. Access to information and property.**

Purrington stated this is referring to the Health Care Consolidation Act (or HECA), which is MDH’s statutory enforcement authority.

Purrington stated the placeholder for records would be discussed at the last meeting. Records will be one part in the rule. Various records requirements will not appear in multiple parts of the rule.

## **Review of Radiation Safety Officer and Responsibilities**

*Jacquie Cavanagh, Section Policy and Rules Analyst  
Teresa Purrington, X-ray Unit Supervisor*

### **Subp. 2. Designation of radiation safety officer.**

Zink asked about the definition of registrant in item B. Purrington stated this language is for a single owner with no employees and who is the RSO. Vinton Albers (ACG) stated if someone is the registrant and RSO, both items pertain to them. Lewandowski asked if this applies to larger facilities. Purrington stated this only applies to smaller facilities. Purrington asked if there is a way to make this wording clearer. Zink responded MDH could state that if someone serves both roles, then that person is exempt.

### Subp. 3. Associate radiation safety officer.

Schueler asked about the reason for an annual review signature in item D. Purrington stated RSO's are signing off on the specific activities that they are delegating to an associate radiation safety officer. Lewandowski stated this should fall under the annual audit. Purrington stated this would be done at the annual audit. Lewandowski stated the wording is not clear. Zink stated that the NRC RSO is in place of the acting RSO when they are not available. He also stated that something is missing about the associate RSO delegation. Purrington stated this is in registrant responsibilities. Zink stated this could be perceived two ways; first, as a substitute, and second, for facilities with RSOs for different types of x-ray equipment. Murphy stated he agrees with this, but suggests changing the title. Verke stated the associate RSO must meet the RSO qualification requirements and needs to sign-off on the delegations. Zink suggested the title Radiation Safety Delegate. Purrington asked the committee if there should be a limit to the number of delegates. Zink stated he does not think so. Murphy stated it could be difficult to compile all the signatures needed with multiple delegates and duties. Lewandowski asked if there needs to be a signature on the annual review/audit. Purrington stated there is currently no signature required on the annual audit in the current rules.

### Subp. 5. Radiation safety officer qualifications; general.

Lewandowski asked if item A applies to all RSOs except industrial radiography. Purrington stated that is correct. Zink inquired about the definition of healing arts. Purrington stated there is a definition in the rule, but it may need revision. Zink asked if this would include an academic medical institution. Purrington stated this would only refer to a university, such as St. Catherine's University.

Lewandowski asked if there should be an "or" or an "and" in items A(1) and A(2). Purrington stated she would verify if it was an "or" or an "and".

Purrington asked the committee if item A(2) should list specific hours or training areas. Lewandowski asked how MDH would assess the adequacy of a training course, and asked if MDH would evaluate the content. Zink suggested wording that states, "content covers specific duties". Purrington stated the intent is not for MDH to review the content but instead have a list of training providers on MDH's website.

### Subp. 6. Healing arts radiation safety officer.

Zink asked if MDH is going to certify a medical/health physicist. Purrington stated MDH will not certify, but they should be certified by another credentialing organization listed in the Service Provider qualifications part. Zink stated this is unclear and the wording "meets the definition of" should be added. Zink asked if a medical/health physicist who is an RSO would need to be registered as a qualified expert/physicist. Purrington stated MDH would discuss this and have not made any decisions yet. Lewandowski asked if an associate's degree in item C is sufficient for a healing arts' RSO. Purrington stated it is. Jeffrey Brunette (Mayo Clinic – General Public) suggested changing to "an associate degree or higher".

### **Subp. 7. Academic institutions, forensic science, industrial, research or veterinary facilities radiation safety officer.**

Zink asked if this includes all the other facility types other than healing arts. Purrington stated it does. Lewandowski stated this seems to apply to large institutions and assumes that you cannot have an external provider as an RSO. He suggested eliminating item B from the rule draft. Zink stated MDH could delete the whole subpart. Purrington stated MDH would review this.

### **Subp. 8. Radiation safety officer responsibilities.**

Schueler stated that item B(1) is not necessary and difficult for larger facilities who may have many operators. Purrington stated that, for inspection purposes, there would be a review of individuals to see if they are qualified. Zink stated this list could be long if it included licensed (qualified) practitioners. Purrington stated a larger facility would not have licensed practitioners taking x-rays. Purrington stated MDH would look at SSRCR and do further research as other states require names of operators.

Lewandowski stated that reports of theft or loss are reported immediately upon detection in item H(3). Purrington stated MDH would review this.

Zink stated that there should be a reference to the fluoroscopy training in item B(4) and not repeated in this subpart.

Anderson asked if item B(2) would apply to dental facilities. Purrington stated that it does not apply to dental.

## **Review of Site-Specific and X-ray System Training**

*Jacquie Cavanagh, Section Policy and Rules Analyst*

*Teresa Purrington, X-ray Unit Supervisor*

### **Subp. 2. Training requirement.**

Schueler asked MDH to clarify its comment in the rule draft. Verke stated that the comment contains current rule language. Lewandowski asked if these are the topics for ancillary personnel. Purrington replied yes and these are found in the current rule.

### **Subp. 3. Operating procedures.**

Lewandowski stated that “information on the effects of radiation exposure to the human body” does not seem to fit under operating procedures in item A. Purrington stated MDH would look at that.

Zink stated there are many references to “emergencies” but there are no examples. Purrington stated this would include knowing who the facility RSO is and what to do if the system is not functioning properly. Zink asked if the RSO would need to assume control and sign-off. Purrington stated it could be just a phone call and no sign-off. Verke stated the RSO should

know if an x-ray system is malfunctioning. Murphy stated he does not think this applies to small or large facilities.

#### Subp. 4. Additional training.

Zink suggested the wording “any modification” be “any significant or major modification”.

#### Subp. 5. Continuing education unit requirement.

Zink asked about the continuing education requirement and the five-year training record retention requirement with MDH inspection. Purrington stated this record requirement would be moved when the records topic is reviewed.

Lewandowski asked about changes from other meetings. Cavanagh stated changes have been incorporated, but there is no summary of changes in this document. She stated that if there are changes that committee members are concerned about, they could contact her.

Purrington stated she is canceling the September meeting because the committee accomplished more than anticipated.

## Public Comments

- Linda Laman: Suggested that MDH require an individual to pass ARRT registry to be a Radiation Safety Officer.
- Jeffrey Brunette: Asked about continuing education training and suggested including wording to follow their particular requirements, if they have them. Purrington stated MDH would look at that.
- Barb Hodge: Asked if continuing education from nationally recognized associations need to be approved from the listed associations. Purrington stated they would look at that. She also asked about student workers in the dosimetry program and occupational workers. Purrington stated those rule parts have not been reviewed.
- Kelly Daigle: Asked if chiropractic assistants can take x-rays and if this is addressed in the rule. She also asked about the 24 month-frequency for CEU training and if it is defined. Purrington stated she would look at those.

Minnesota Department of Health  
Radiation Control, X-ray Unit  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4545  
[health.xray@state.mn.us](mailto:health.xray@state.mn.us)  
[www.health.state.mn.us/xray](http://www.health.state.mn.us/xray)

08/21/2019

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