

ADVISORY COUNCIL ON RADIATION PROTECTION
Bureau of Radiation Control

TELECONFERENCE

December 8, 2020

10:00 a.m. - 1:00 p.m.



MEETING PARTICIPANTS

ADVISORY COUNCIL ON RADIATION PROTECTION MEMBERS:

Randy Schenkman, M.D., Retired (Chairperson)
Mark Seddon, M.P., DABR, DABMP (Vice-Chairperson)
Kathleen Drotar, Ph.D., M.Ed., RT. (R) (N) (T)
Mark Wroblewski
Armand Cогnetta, M.D.
William (Bill) Atherton, DC, DACBR, CCSP
Chantel Corbett, AS, CNMT, RT(N), RSO
Matthew Walser, PA-C, ATC
Nicholas Plaxton, M.D.
Joe Danek, CHP
Albert Armstrong, Jr., D.P.M., MCS, BSRS, C.W.S.
Alberto Tineo, CNMT
Timothy Williams, M.D.

FLORIDA DEPARTMENT OF HEALTH, BUREAU OF RADIATION CONTROL:

Cynthia Becker, Bureau Chief
James Futch, Environmental Administrator, Technology, Standards & CE Section
Brenda Andrews, Management Review Specialist, Administration
Jorge Laguna, Environmental Administrator, Field Operations Section
Kevin Kunder, Environmental Administrator, Radioactive Materials Section
Clark Eldredge, Environmental Administrator, Radiation Machine Section
John Williamson, Environmental Administrator, Environmental Radiation Section
Michael Phillips, Environmental Consultant
Brad Watts, Systems Program Analyst

AGENDA

Randy Schenkman, Chairperson Cindy Becker, Chief, Bureau of Radiation Control Welcome and Introductions Approval of 10/08/2019 Minutes	10:00AM
John Williamson, Administrator, Environmental & Emergency Response Section NASA: Mars 2020 Superbowl LIV Source Support Assistance First Responder Training COVID-19 Warehouse	10:15 AM
Kevin Kunder, Administrator, Radioactive Materials Section COVID-19 Response - I-95 Station, Call Center, & Emails Section Update	10:45 PM
Jorge Laguna, Administrator, Inspections Section Status of Inspections COVID-19 Challenges	11:00 PM
Clark Eldredge, Administrator, Radiation Machine Section Chapter 404, FS, & Radiation Machine Regulation Changes Status of Renewals New X-ray Inspection Equipment Medical Events MQSA Update	11:15 AM
James Futch, Administrator, Technology Section ARRT CE Recognition Section Update	12:00 PM
Brenda Andrews BRC Staff Changes Rules	12:15 PM
Open Discussion/ Public Comment	12:30 PM
Randy Schenkman, Chairperson Old Business Next Meeting Adjourn	12:45 PM

JAMES FUTCH: Everybody, welcome to the December 8 Advisory Council on Radiation Protection meeting. I just want to remind everybody that we are live we are recording we may have questions coming in from the public, there is a link on the website so the public can watch. I'm going to ask that everyone stay muted unless you are the person speaking. I'm going to turn it over to Randy, Dr. Schenkman and see we'll see how this goes. It's a little different today, isn't it?

RANDY SCHENKMAN: Hello everyone, welcome to an unconventional meeting, not our norm, but we're happy that everybody could join us. I need, want to make sure everyone knows that this is being recorded, and both the recording and the video are available to the public, and we'll let James know that if anybody isn't hear that one thing you don't want to click on is the share desktop on the computer unless you want everyone to see your computer. I'm not sure who all the people are that are here, but, welcome. Usually we go around and introduce ourselves, but I'm not sure that's going to work this time. So instead if Cindy is available why don't we start on the Bureau update.

JAMES FUTCH: Cindy is right now experiencing a microphone problem, so Brad is helping her with that. Let me take a minute while they are reconfiguring her setup. If anyone wants to see

the folks who are in the meeting you can see the thumbnails at the bottom, you can also click on the right-hand side, there's a participant tab, it's got the two people side-by-side with the star next to them. It might not be a bad idea to try to go around the room. We'd have to go in the order of the participants tab and see how that goes. Randy if you're okay with that, I'll just go first.

RANDY SCHENKMAN: Absolutely.

JAMES FUTCH: I'm James Futch, Bureau of Radiation Control, in charge of Technology, Standards and CE section, based in Tallahassee. A lot of the staff participating today are here, John Williamson is down in Orlando. Dr. Cognetta, if you would like to go next, your phone is muted right now. There it goes. Go ahead Doc.

ARMAND COGNETTA: No audio.

JAMES FUTCH: How about Alberto, are you on?

ALBERTO TINEO: Yes, I am.

JAMES FUTCH: Alberto is from Halifax Health Care System, so Brenda, are you on?

BRENDA ANDREWS: Yes, I'm on. I was trying to help Dr. Armstrong get in, he has the program downloaded, he was just having difficulty getting in.

JAMES FUTCH: Well we'll leave you to that. I'm not sure Cindy is muted at the moment. Cindy can you unmute and get it to work now?

CINDY BECKER: I can, good morning.

JAMES FUTCH: I think it will take a lot more time to go through all of the introductions, so why don't we just jump over to you and let you say what you were going to say before your microphone stopped working.

CINDY BECKER: Trying not to be a ghost I damaged the microphone. So, thank you Brad. Welcome everyone, good morning. I'm sorry I missed your good morning, Dr. Schenkman, I'm sure you said it. So as far as this meeting goes, this is our first try at this, I'd rather be meeting in person, but we all know that that can't happen right now. Hopefully, this spring it will change. I truly appreciate everyone carving out some time, I know your responsibilities and obligations have to be overwhelming, so I truly appreciate you being her with us. I have little to share with us this time around, other than each administrator is going to share their activities for the last year. And as you may not know since we are in the Division of Emergency Preparedness and Community Support, say that really quickly, DEPCS, we also have a responsibility in the missions that involve COVID. So many of our staff have not only been

trying to keep up with their own responsibilities, and duties, but also the missions in response to COVID. And you'll hear some of that. And you'll also see some really cool photos. I'm very proud of our team, as I'm sure you're very proud of your staff for handling everything that's come their way in these very trying times. So I'm going to let them share what they have been doing and of course you all will be sharing what you have been doing this last year and we'll see if this meeting can come across as something that was worthwhile for us to participate in. I'm sorry we can't meet in person; I miss you all. That's all I have to say.

JAMES FUTCH: We had sent the minutes out, they are still on the agenda, and I think Brenda, Randy did Brenda talk to you about this?

RANDY SCHENKMAN: No.

JAMES FUTCH: Ok, so there were - we started getting feedback from a couple of different directions; there's a number of errors that still need to be corrected in those minutes, and they're mostly the wrong person being attributed to the words that the Court Reporter had next to their name. Kevin, did you notice any other issues of different things as you looked at it?

KEVIN KUNDER: Unfortunately, I just went over my stuff and it was what you just mentioned and some typos and that was it.

JAMES FUTCH: And I think in a situation like this, if we approved it, it would have to be with all of the other stuff being fixed. I think in the past what we've done is not adopt them at this point as approved until we can get them fixed and sent back out to you. If you're okay with that Randy, we'll just table that for the moment.

RANDY SCHENKMAN: I think that makes a lot of sense.

JAMES FUTCH: In that case, John are you ready to share from your end?

JOHN WILLIAMSON: Yes.

JAMES FUTCH: Okay, then we'll move on to John Williamson. And I'll let you introduce yourself to your own satisfaction.

JOHN WILLIAMSON: Good morning, I'm John Williams, the administrator of the environmental group which is based in Orlando. We handle a lot of different aspects of radiation protection, starting with nuclear power plants surveillance; we also handle the emergency response functions; inspections of shipment of radioactive low level wastes; preventative rad nuc protection at major public events in the state of Florida; we also have a phosphate mining program where we monitor what's going on with the phosphate mines, we're in the 33rd year of that program; we're also the base for the environmental laboratory and the instrument calibration facility. We also provide two

full-time trainers to provide training to first responders throughout the State of Florida. We've been doing a lot of activities over the past year. If I can get my - there we go. We'll start with our activities down at the super bowl down in Miami almost a year ago. As I mentioned, the environmental group handles the majority of activities that involve preventative rad nuc detection. We work with other members of our staff trying to get other bureau staff members to support this. In essence, what this really is, if there's a large public event, that there's some type of a possible threat with terrorism using radiological or nuclear materials, then we actually send teams out to these areas to monitor the venues before the activities doing sweeps and then during the activities performing monitoring of the people going into the venues for radiological or nuclear materials.

JAMES FUTCH: John, can I interrupt you for just a second?

JOHN WILLIAMSON: Sure.

JAMES FUTCH: Can you make that go full screen. Close the navigation bar down on the left, that will give you more space.



JOHN WILLIAMSON: Okay, these are the bureau staff members we've had working at the super bowl. On an activity like the super bowl, despite what you might think, we don't actually get to go to the game. The number emergency workers that the NFL actually allows into the stadium on Game Day is extremely limited because the NFL like most large organizations doesn't want to give money away and they can't charge of for our tickets, so you don't get in unless there is a specific reason why. So when I speak about monitoring at the super bowl, this actually started a week before the game. On Friday, a week prior to the game, we actually performed a sweep of the Miami Beach Convention Center and then on Saturday, we started performing additional sweeps, including, Hard Rock Stadium, Marlins Park, Bay Front Park, and a number of other venues where they had activities throughout the entire week. On Sunday night we put together the entire team of us working with customs and

border protection, the Florida Highway Patrol, the Department of Energy who spearheads the radiological protection activities in all these big activities. We also work with the civil support teams, I think we had 60 dogs, bomb dogs, we put personnel with each one of those bomb dogs to sweep the stadium and then later on that night, we started the stadium sweep about 10:00 in the evening, we weren't done until about 3:00 am and then from that point, we sent additional teams down to Marlins Park to sweep the baseball stadium. Once those areas were swept, they locked the stadium down for the rest of the week - the entire week until the game actually takes place. However, during the course of the week, there's two additional activities we had to do. One of them was that - as the super bowl's a big public event, they hold activities throughout the week. We sent personnel to sweep those venues before the activities; so we had about four or five additional venues that we had to sweep during the course of the week. Those are predominantly done by the Miami Bay staff. The other activity we do is that all commercial traffic bringing shipments into the super bowl goes through a VACIS that the vehicle cargo screening handled by US Customs and border protection and we provided monitoring of that area for radiation using our Radiation Solutions Mobile Radiation Detection instruments which are two 4x4x16 sodium iodide detectors and two

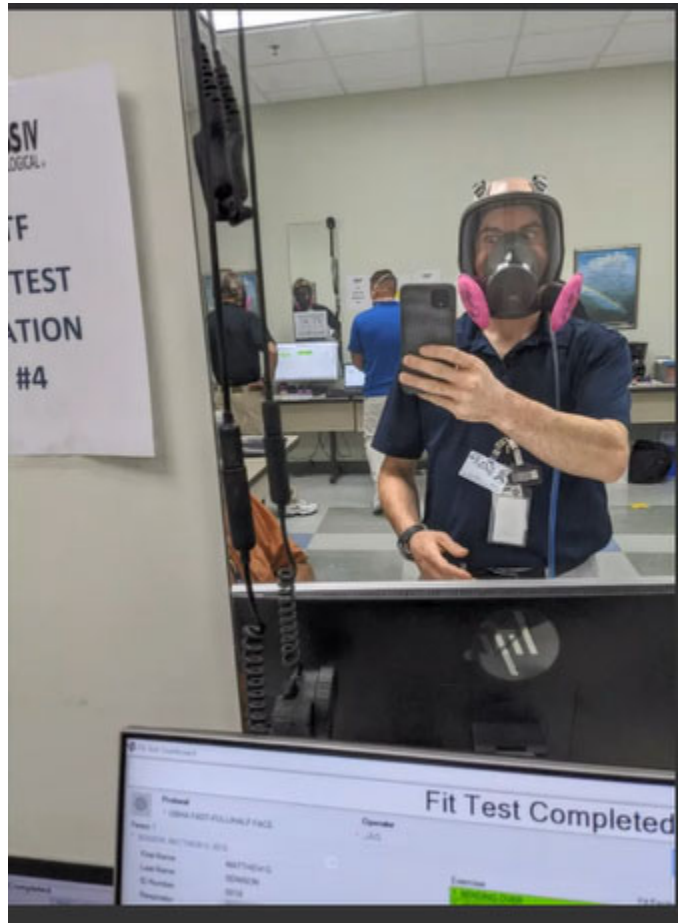
neutron detectors in the back of an SUV which is hooked up to a laptop which then gives you the information that you see on the screen here which are the gamma counts, total gamma counts and the exposure rates. The system is capable of identifying what isotopes you see. So if you happen to see a shipment coming through of bananas, and you see a large spike for potassium you know that's not anything unusual. We're of course looking for mostly man-made isotopes that would be isotopes of threat.



In all we performed more than 450 hours of work and that's just the bureau staff members for monitoring that nine-day period. The VACIS monitoring ran from Monday until Sunday morning of the Super Bowl, so we had personnel working all the way up to 10AM on Super Bowl Sunday. James did you want to show any more Super Bowl pictures.

Note: Instead of showing Superbowl pictures, at this point in the meeting Mr. Futch accidentally picked up the wrong pictures and starts talking about the Mars 2020 Rover launch at the KSC.

JAMES FUTCH: Yea hold on a minute; we're trying to get Dr. Plaxton.



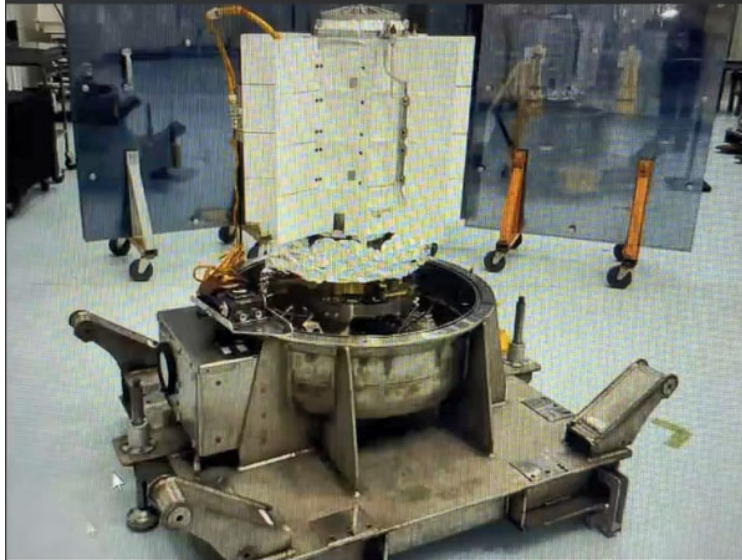
Okay this is, I don't know if you guys can see that? It's a picture of one of John's staff doing a respirator fit testing portion of the training we did back in June so we could participate in this. This is a picture of the place where the training was taking place. The operations support building on NASA's site roughly facing the direction where 39A is.



Picture of the Rover itself during one of the JTL clean room procedures, trying to get all ready to pack up. The RTG is the little thing sticking out of the back end on the right-hand side that powers the Rover



This is a picture of the RTG that's coming up in just a second. Picture of RTG by itself for some measurements, health physics type of measurements.



When you're a field team, you see all kinds of things in the field. You wouldn't probably think of this at a Kennedy Space Center site but there's a lot of wildlife out there.



Here's a picture of the rocket we took just before launch. That's me and Clark and some other folks.



And this one, I think is the closest picture that we have of the Rocket itself before launch; and you can see a fantastic amount of detail in this, including the (inaudible) itself. The Rover is up in this part and John correct me if I'm wrong, this is the panel where they put the RTG after everything is already in the (inaudible), it's ready to go the day before of something like that. So, I think that was that. I'm going to go back to you, if you want to grab control.



JOHN WILLIAMSON: James referred to the pictures of the MARS 2020. Since the 1970's the bureau has supported space launches; they involve large quantities of radioactive material. This material in general takes the form of Plutonium 238 and it's for fueling a radio isotopic generator. This is how a lot of your deep space probes and the MARS Rovers are powered. Each RTG generates about 100-120 watts of power. Plutonium has a half-life of 87 years; so, for about 40 years or so they actually have enough to continue powering probes. In comparison, think about the Voyager launched in 1970's is still sending signals back, and they're powered by Plutonium 238 RTG. We provide support for these launches in case there is anomaly, meaning some type of an accident where material ends up impacting on dry land. In general, somewhere between 35 and 45 seconds after the launch, the pay load is out over the water and would be no concern if it happened to come down there, it's the US Navy and Coast Guard's problem at that point and not the State of Florida. So, we all make our volunteer efforts, we form our field teams, and we cross our fingers for the first 45 seconds of the launch. So, what do we actually do for these launches? We provided one person to work with the Rad CC, that's the Radiation Control Center, who coordinates all the bureau's efforts, and assist with making protective action

recommendations to the county and the State. We had one person, who is the liaison, with the Brevard County EOC, in case there was anomalies by radiation protection guidance to Brevard County. And we had eight personnel who served on field teams. We had two personnel of those eight who were on ECAM teams and an ECAM is an Environmental Continuous Air Monitor, which is what you see in the photo in front of you. This is a monitor that actually pulls air and if there is Plutonium in the air, it pulls that Plutonium down onto a filter and it has an Alpha Spectrometry Unit that can actually identify what the isotope is, determine whether it's Plutonium, and also identify what the activity of that Plutonium is so we can determine if additional protective actions are needed. There are two of these mobile ECAMS that worked off-site. And there were a number of other ECAMS that were off-site, they were in a fixed location, some type of a city or county owned area like a fire department or a city building where they could provide adequate security.



So, before the launch, we look at what the wind direction is and based on the where wind direction and the prevailing downwind sectors, we'll deploy these two ECAMS to those areas. And we had one person working on each one of the ECAMS. So, they had a satellite linkage so they could like the data back to the Rad CC. This is the ECAM itself, it uses a cyclone air sampler that pulls it down into the Alpha Spectrometry Unit which is down here. They can run off of generators or the vehicles as well. What we have the other six personnel doing - we had three off-site field teams. We had two of our personnel on each field team and their job was to go to predesignated sampling locations and set up air samplers and this instrument which is a type of a FIDLER detector (Field Ionization Detector for Low Energy Radiation, it's a large area thin window sodium iodide detector for looking at very low energy gammas. Plutonium 238 has a 17 keV gamma. This detector is capable of seeing that so, if there

is an anomaly and if Plutonium is disbursed, it gets down onto a solid surface, then this detector is capable of seeing that on the solid surface and we can make determinations whether we need to issue protective actions.



The lift-off fortunately, went on the first day, went off July the 30th, was a spectacular lift-off I think all the views from where ever our teams were, were spectacular as well and we were very happy to see it go up the first time as it was a 7:30 or so, our field teams had to be there six hours ahead of time so it was an early morning for everyone.



The Rover is scheduled to land on Mars on February 18, 2021 and so just a little more than two months away. When we do these activities, we work with the Department of Energy, with NASA, with Brevard County, with the State of Florida Division of Emergency Management, and planning for this typically takes place over a three to four year period where we go over all the different plans that are involved with making sure that we are ready to respond. There were about 60 total personnel involved with the planning and the actual deployments for the launch. On the RTG you can see here - on the back end of it is where the actual RTG is here on the Rover. This is a simulation of what the Rover looks like collecting samples on Mars.



JAMES FUTCH: So, this is a good example of why the organizers should not be in the middle of something else when the speaker is speaking. I apologize for showing the Mars pictures, I should have been showing the Super Bowl pictures; anyway, sorry about that guys and you too John.

JOHN WILLIAMSON: So, Cindy mentioned earlier, we are part of the Division of Emergency Preparedness and Community Support and as such, we were asked if we; and we did volunteer, to provide support for COVID activities. The Division of Emergency Management's State logistics warehouse is in Orlando. This logistics warehouse is used also by the Division for stockpiling of emergency supplies for medical emergencies. We had nine BRC personnel who volunteered to assist at the warehouse; and this isn't just like volunteering to go down for one day, when they asked us to volunteer, we got 14 days straight working every day, 12 hours a day. So, we had a total of 23 weeks volunteered

by our staff. And when I say volunteered, they did pay us for doing this, so it wasn't that we were volunteering without pay; it was outside our normal activities and longer shifts and more workdays than we typically had. So, what this involved, was we had personnel working in the receiving where we would have large shipments from vendors received in the warehouse and we had to inventory them, categorize them, then arrange them to be moved into the warehouse to their appropriate storage locations. And then on the other side of the warehouse we had personnel working in shipping. They would take orders from county health departments and other medical facilities, put these orders together, package them, and then prepare them for shipment, and then load up trucks who would then take them out. So, what you see here is two of our employees, Matt Senison who is out of my office and Randy Clayton who works in the Orlando Inspection section and they are packaging up a large shipment getting ready to wrap it so it can be shipped out.



And what we see here is the actual shipping desk and you can see one of our employees over here who is finishing up the paperwork and all of the pallets are ready for shipment to go out to county health departments. And this is probably about a two hour process to prepare all of these and ship them out, and we were working 12 hours a day so you can imagine the number of shipments we might do over the course of one day.



Other activities we had over the course of the year; we had a major exercise that was evaluated by FEMA for St. Lucie. This is an ingestion pathway exercise, which means we had to show we

were capable making protective actions, collecting samples, analyzing them, making a determination of what the content of those samples was, out to 50 miles around the St. Lucie nuclear power plant. We only have to show our proficiency in this once every eight years at the power plant. So, having COVID occurring during this time made it rather problematic to actually do this on a serious basis. We started with this process back in January with a practice exercise. And what you see here is our Mobile Emergency Radiological Laboratory here on the right, and our Emergency Field Team Trailer on the left. We have our MERL supervisor who is giving out briefings to our field team on what the conditions of the plant are and what the expectations are of the personnel - what we expect them to have to do. So, on the first day of this exercise we will be looking at the plume phase, that is emergency actions that will take place within a 10 mile emergency planning zone around the nuclear power plant and taking immediate protective actions looking at air samples, and swipes, looking at what the deposition might be early in the accident; typically this is considered a plume phase which would handle the first 96 hours of the accident. From there we would go in the adjusted pathway which would be looking on the second day and this would be where we would be taking samples out to 50 miles, looking at plume

plots from the Department of Energy trying to make determinations on what food crops might be effected in those areas and making protective actions to the counties in the State on whether those areas should be embargoed, determining if we need to evacuate people or first ensure protective action guidelines and working with the counties on being able to move people back in after we've done surveys if there wasn't any releases in those areas then they could go back home.



So, the initial exercise - the FEMA evaluated exercise is supposed to take place in late March, because of COVID it was postponed until the middle of November and it was changed from an active exercise to a tabletop. So, rather than actually going in the field and showing what we could do, this is what you see here, we were in a large activity center, called the FENN Center owned by the county and we had people disbursed and then we had evaluators and moderators who would give us a

scenario, we had to provide what we would do in those scenarios. So, you see me sitting on the front row looking at information provided by the Department of Energy. Sitting next to me is Kevin Kunder. These two ladies here were our field team directors they would be telling the field teams where they would have been expected to go out and do samples. These two individuals over here are dose assessment specialists. They would make projections from the plant on where we expected to see contamination. They would also take field team results, determine if they met FDA derived intervention levels meaning food crops that were not safe for human consumption. They would also take projections from the plant and determine whether those projections required us to administer potassium iodide to members of the public or to emergency workers. So on the graded exercise we went from the plume to the adjusted pathway all in the space of about a six hour period determining where initial protective actions were needed to protect the public, either shelter or evacuate all the way to doing embargos of all food crops in the downwind sectors down to 50 miles determining whether we needed to make evacuations of the first and second tier protective actions recommendations provided by the EPA.



Earlier when I was talking about the activities that we do I mentioned that we do emergency response training and that we also have an equipment calibration laboratory. Through the first three quarters of this year we had provided training to 644 first responders and that was with us losing almost an entire quarter because of the COVID. We were not allowed to go out and do training. Typically, we train about 1200 first responders every single year. For calibrations, we calibrated 1,169 radiation detectors thus far in the first three quarters. And that, we do anywhere between 1,200 and 1,600 a year. For a space of about 10 months we were not fully staffed in the Calibration Laboratory, we have another opening but we're still managing to do very well. We've cleaned up the backlog and we're basically running about 90% of our instruments to be calibrated in less than 30 days. Among other things we do, as far as our radiation training is that, we provide source

support. Our first responders are trying to do training. It's very hard to try and simulate having your radiation detection instruments go off. In general, because they don't get that opportunity to see what that's really like when an instrument goes off, they typically will have poor response when it actually does occur. Oftentimes if they have not practiced they will misread what the units are on the instrument; they'll be on the wrong range if they are still using analog instruments, and oftentimes it will - it causes issues because they will report things as major incidences when they really aren't. So, to help combat this, we actually will take radioactive sources out into the field and work with our first responders in their major exercises so that they understand what a real response of radiation to radiation will be. We provided support for seven source support trainings this year; providing services to the 48th and the 44th support teams, the FBI in Tampa, the Tampa bomb squads, Hernando Fire Rescue, Orlando Fire Rescue, and the Florida Highway Patrol. And that finishes my presentation. I'll be happy to take any questions. Back to you James.

JAMES FUTCH: Okay. Well. Got a question? Randy, I guess we'll roll over into the next agenda coming up, who is Kevin Kunder, section administrator for Radioactive Materials. Kevin you ready?

KEVIN KUNDER: Yes. Okay, can you hear me?

JAMES FUTCH: Yes.

KEVIN KUNDER: Okay. So, I want to first talk about - I'm Kevin Kunder and I'm over the Radioactive Materials program and we are basically broken up into two different sections. One is all the licensing actions. So, from general licenses and also specific licenses, from the original application to renewals, to all the amendment actions, determinations, our licensing evaluators take care of all of that. On the other side, Jorge Laguna's group does all the inspections for us. We send out a list of all the inspections for the Radioactive Materials program that need to be done, his field group does the inspections, they send the reports back in to us and we have another group that will review all those and will do any kind of follow-ups and if there are fines that need to be done, they will take care of all of that as well. So, the first thing I want to get into is the COVID response for staffing. The end of February, the beginning of March the, Florida set of a COVID phone and email center and we had all our staff in Materials had rotated through the phone lines for the first few weeks until they were outsourced.



After that they continued with the email center, so I still have one person that rotates through there and they just handle all the emails that come through the Hotline.



By the middle of March, we had our warehouse up here needed staffing, so one of our staff members - Joy Stephens went and was taking care of the various shipments there, putting things

together and sending them out, just like John's group was doing in Orlando.



And we had somebody doing the check points. The first checkpoint was the I-10 come into Florida border as well as I-95. The I-10 got outsourced right away so we didn't have to go, but the I-95 one, we went to sit there and have the cars come through and answer questions and depending on how they answered the questions they would go through and get further questions and have to fill out that they agreed to quarantine for two weeks and what have you.



And then, Florida Highway Patrol, I guess if you did pass where you were supposed to come in to us, they still had a strong presence and they were happy to personally welcome visitors to Florida when they decided to bypass us. That was one of the people that decided to bypass the checkpoint.



The next thing I'll go over is our staffing. At the last meeting Materials was down one evaluator and was about to retire

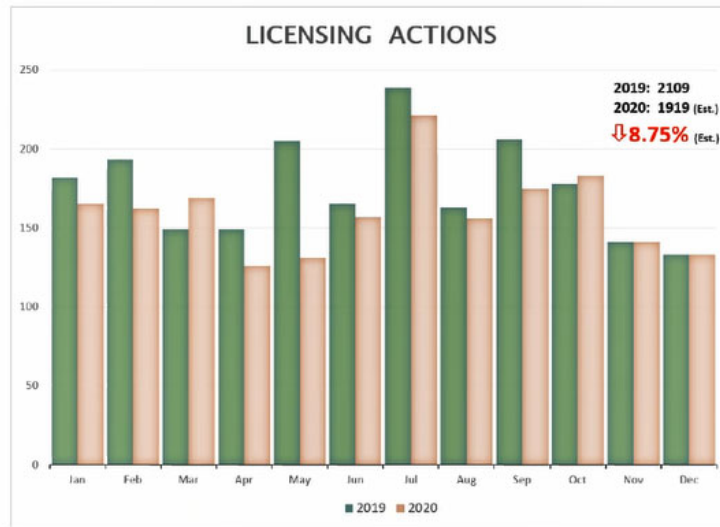
an enforcement inspection reviewer, Joe Major. Since that time, we've hired Giovanna Manning, she is one of our license evaluators and Joyce McElroy as an inspection reviewer replacing Joe. So, at this time Materials is fully staffed. Also, last time we discussed our IMPEP review.



Also, last time we discussed our IMPEP review, which is the Integrated Materials Performance Evaluation Program. In 2019 when they were here, they reviewed our program, like we go and review our licensees. They did find some items that they felt warranted Florida have one additional periodic meeting for a total of two between the 2019 IMPEP and the next full-blown IMPEP will be 2023. So, we had our periodic review this past July, July 15th and the meeting was basically to serve as an informal exchange of information and there's no evaluations done, it's just interactive discussions of our performance and

it also allows the Agreement States in NRC to remain knowledgeable of the other respective radiation programs and also to prepare for future IMPEP reviews. So, with that said, there were no recommendations found during our meeting. Additionally, we were able to show that although we temporarily suspended inspections during the initial months of COVID-19, we had resumed inspections in July and were well within NRC's inspection timelines. So, our next, and final, periodic meeting for this cycle will be July of 2022.

Just looking at how COVID-19 has affected our group, currently our number of specific licenses out there are 1541, general licenses are 261 for a total of 1802 radioactive materials licenses. Comparing licensing actions, which are again; new license applications, renewals, amendment requests, and license terminations from 2019 which was the pre-COVID; with this past year, we are estimating about an 8.75% decrease. So, I'm guessing November and December, I'm putting them in the same as last year, but that will see a decrease in the number of these licensing actions.



As far as medical events, we had a total - since - last year I think we had two at the last meeting, but that was for about a six-month period. Looking at all the events from last year this time until this year, we had eight medical events. One was HDR skin applicator of a hand, they basically flipped the hand and it changed - some areas got more of a dose and others got less of a dose. We had a cut I-125 seed inside a patient. So, they had - when they were trying to retrieve it they used scissors and ended up cutting the seed in the patient and ended up getting it all out and they did give them potassium iodide to block the thyroid and nothing further, as far as that patient. Yttrium-90 TheraSpheres, we've had several - actually three, underdosing due to rupture or leaking tubes; and an additional one that was due to patient motion. And we had another underdose of an unknown cause. They saw the dose go in, the

counter countdown went all the way to zero, and once they checked their tubing and everything else after the fact, determined there was a lot of residual dose left over. And, the final one was a single event they were doing I-125 prostate seed placements with a Mick® applicator, and I guess they hadn't checked it out before they used it and both Mick® applicators failed partway through and the patient only got a partial dose.

The last thing I'm going to go over is Florida State University and their low-level waste remediation. Back before the BRC and the NRC, the Atomic Energy Commission allowed FSU to dispose of radiologic waste in a pit in Tallahassee on part of its land that was used as a dairy farm from 1958 to 1964.

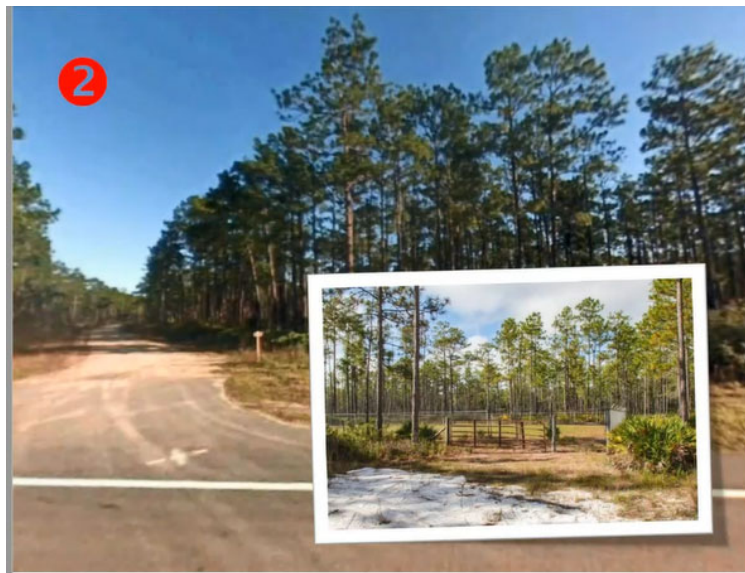


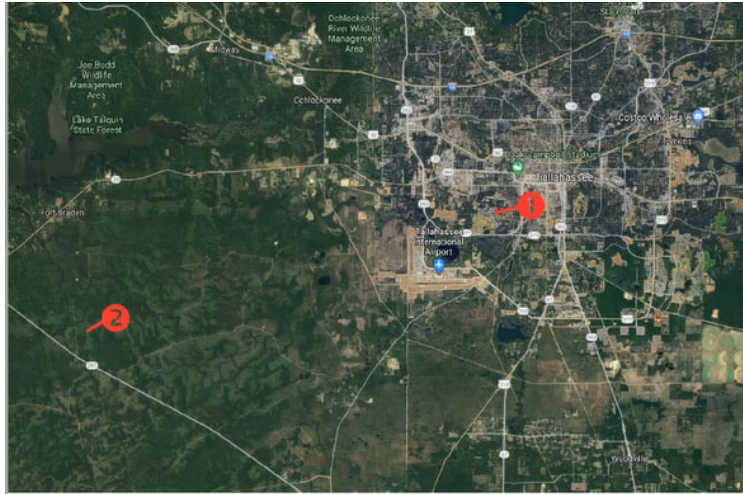
This location was, and is now, an industrial park just beyond the power lines in the background is a concrete covering over that pit.



Eventually a second site was granted in the Apalachicola Forest about 22 miles away. That site was closed in 1979 with double fence and barbwire. Fast forward to 1998, the United States Forestry Service conducted a preliminary assessment of various facilities, and that particular one noted a groundwater pathway for potential release of disposed waste based on migration through the soil to the groundwater. Exposure pathways to the soil and surface water and air were considered incomplete and not present. Then in 2003, the Florida Department of Environmental Protection conducted a preliminary site investigation and found chemical contaminants in the groundwater above relative Florida groundwater screening criteria including volatile organic chemicals and semi-volatile organic chemicals and metals which included chromium and mercury. Radionuclides

protected in the groundwater samples above relevant screening criteria including Carbon 14, Radium 226, Radium 228, Cesium 137 and Tritium. Additional several groundwater samples exhibited elevated overall gross alfa and beta activity and also Lead 210 was detected in the water sample as well. So, FSU has taken responsibility to clean up those sites. December 1st was the closing for public comments. They hope to go out to bid by January this coming year, 2021, and start the first site clean-up by the first quarter. FSU is estimating for both sites remediations to be about 7 million. So, that's all I have if anybody has any questions.





JAMES FUTCH: Okay, so Jorge, looks like you're next on the list. I guess there are no questions. Are you out there?

JORGE LAGUNA: Yes. I'm here.

JAMES FUTCH: You want to go ahead and share your desktop?

JORGE LAGUNA: Okay. I'll share it later. Anyway, my name is Jorge Laguna. I'm the administrator of the Inspection Section, and like everybody has mentioned, I work with all of the sections, on different things from PRND, power plant exercises, investigations, inspections, etc., that's what our people do in the field. Because of COVID in early March, we paused inspection of the facilities where individuals might be at higher risk of COVID-19. And these types of facilities for example were, hospitals, nursing homes, therapy facilities and prisons. But then, as it got worse in the state, we totally stopped inspections in Florida by the end of March. Consequently, we have things to do. What were we going to do,

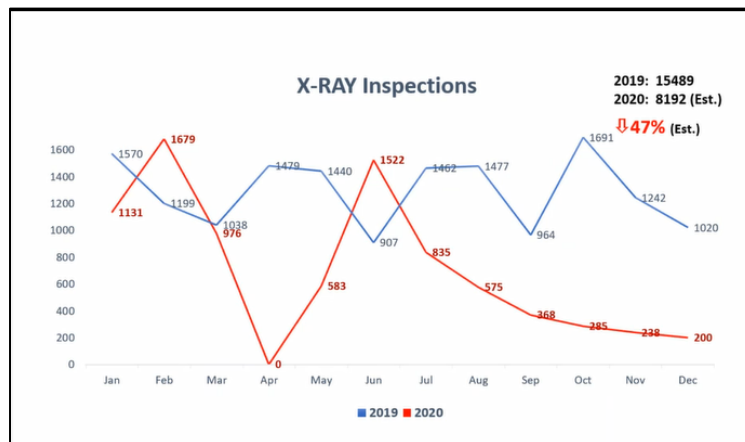
what were all of our field people going to do? We started reviewing inspection procedures and making recommendations on improving the SOP's and these procedures. We also had training on infection control, radiation protection, etc. And also, like John was mentioning, we worked on COVID at the warehouse as well as [I'm trying to share my screen now of the warehouse] as well as answering emails, answering phone calls, etc. This is a not so good example of things that happen at the warehouse, fortunately, this was not one of our inspectors. But anyway, we recently just started working on travel vouchers in our section just a few days ago.



And how were we going to open after things got a little better? We decided to focus on non-medical facilities like vets, dental

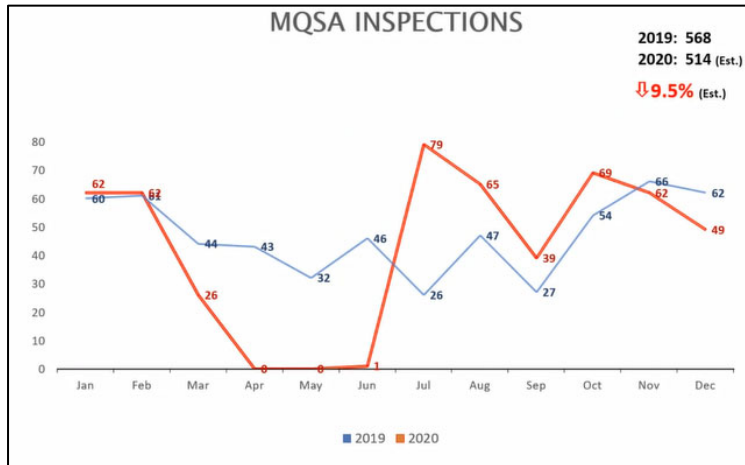
educational facilities. We also decided to contact the facilities prior to going to discuss their status, whether or not they were open, how many people were working there, do they have any procedures before entering, any infection control guidelines. And we also performed inspections on non-traditional ways to reduce the chance of self-exposure. If a facility was closed, we would ask for a time for the parties to get together and when they would be available for an inspection. And we decided to open in phases. Phase 1 started May 1st. We excluded Dade, Broward and Palm Beach counties, because the number of cases were increasing very rapidly in those counties, and we worked on non-medical and industrial facilities there and decided not to inspect any hospitals, long-term care facilities and prisons. Also, there was a travel ban from March through June, so inspectors could not travel, they could only conduct inspections in their vicinity; in an area where they could go and return within a working day. Phase 2 was June 15 and we started inspections in Palm Beach and Broward County. Travel was also allowed at the State level. And, Phase 3 was September 1st. We added hospitals and all medical facilities to all of the counties in the previous phases. And finally, on October 1st, Phase 4, we started inspecting in Miami and Dade County, as described below: So, what happened to our inspections? We can

see that we expect to see a reduction of the number of inspections in the state - this chart represents x-ray inspections. This number seems a little low - the amount of productivity decreased by 47%; and that's because we have - people retired, Three people retired in the state in those last six months, and then hiring takes a while; training takes a while; there's a lag on that aspect; inspectors also received new instruments in August, and then there was also training and a learning curve for the new x-ray measurement devices. And data entry was lagging a little bit, primarily because of x-ray renewals and Clark will probably talk about that. The x-ray program was also short of some staff, one OPS staff and one data entry staff that was just hired as well.

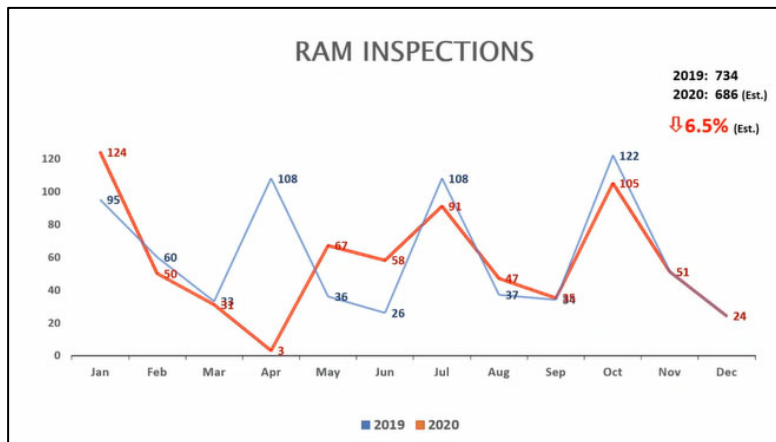


In terms of MQSA's, we did fairly well, I think. There's only a 9% reduction, that's what is estimated, perhaps less by the end of the year. So that's pretty good in spite the fact that there was a closure from FDA from April through June. We were not

allowed to do any MQSA inspections during those months. So, despite that, we have got very much caught up. So, probably about 9% reduction on MQSA inspections.



In terms of RAM, we are doing very well, I think. We conducted 734 inspections last year, this year 686 and 86 is the projection. So, hopefully by the end of December, we will have about 6% reduction or less in the number of inspections that we have conducted.



Some of the other COVID challenges that we faced was the high risk of potential exposure to our inspectors due to the type of

facilities where they go - medical facilities, prisons, high risk areas where they interact with the facility staff and their patients sometimes. Sometimes they handle their equipment, in fact, we have had a handful of staff who have been exposed or infected with COVID. Fortunately, everyone is doing well now. We have had challenges also in terms of obtaining and distributing PPE, they have been in short supply and back ordered and John has been assisting with that. Also, some of the doctor's offices are doing telemedicine working remotely and sometimes it's difficult to contact them to see if they are open or closed because of their reduced hours, their reduced staff, their reduced workweek, etc. There have also been limited times for inspections. So, some facilities have been temporarily closed, have scaled back operations, sometimes some facilities have had an outbreak at the facility. Like for example, the RSO, in a couple of cases was infected with COVID, so we could not inspect that facility. So, we try to basically keep our eyes on RAM, MQSA and x-ray and we expect that things will get back to normal by this time next year if the outbreak ends really soon. Any questions? That's all I have James.

JAMES FUTCH: Okay, Jorge. Thank you. Randy any words, any questions, anybody else?

RANDY SCHENKMAN: I have no questions. I don't know about anybody else.

JAMES FUTCH: Okay. Well the next person on the agenda is Clark Eldredge, and Clark are you ready to share from your side?

CLARK ELDREDGE: Sure, let's go for it. Okay, Clark Eldredge, with the Radiation Machine Section, I'm the administrator. We manage the registration of x-ray machines, so, I work with the Inspections group to make sure registrations go through. Are we good James?

JAMES FUTCH: Yes, go ahead Clark.

CLARK ELDREDGE: So, for this year, like a bunch of other groups we've had our folks rotating through the COVID response. Our staff have done emails work and worked in the local warehouse. This past year during the session, we actually had some updates to the x-ray statutes passed. Section 44.22, Florida Statutes, amended by legislature to include some sections or parts to directly direct maintenance exposure and how we authorize exposures and the authorization for exposure standards when humans are exposed to useful beam. So now in the statutes we have a section that where again - for folks - when a machine is used to expose a human the machine must maintain the standards by manufacturer or those by national consensus standards body. The machines are required to operate at the

lowest exposure necessary to achieve the intended purpose of the exposure. Machines must not be modified to exceed any of those - of any of the design specs that are the original manufacturer. In the provision of health care results of the exposure must be used by the order of a licensed practitioner for the health care of the exposed individual and for those times when an individual directly to the beam for security purposes the exposure must confer to the individual's life safety benefit greater than the risk from the exposure. Renewals this year. Our renewals got off to a somewhat inglorious start this year. But the office staff quickly caught up and as of today we've processed 80% of all the renewals. We currently have a notice, we currently have a notice out that we are not citing anyone for not posting a new - a new registration document as required in the codes, until December 31st. Now this past year we were able to get a half million-dollar budget line added to the agency budget for the purpose of new inspection equipment - our equipment was about 12 years old. So, we were able to replace the Fluke Raysafe systems. At this point for the past three years, Fluke has been trying to get everybody off that equipment, they are dropping support for it and it's taken several months to get any piece of equipment calibrated or repaired since it actually - they closed their US repair facility, calibration facility was all being

shipped back to Europe. It was a fun activity trying to get the invitation to bid issues, but it was issued in April, then it had to be withdrawn due to a technical issue. It was reissued in May and finally ordered in June. A RadCal was the winner with their Accu Touch Pro system. Now each of our inspectors are using that with the AGMS Plus Sensor and an Ion Chamber for scatter measurements. This new system does allow for the stand alone measurements as our previous system does, but it also has computer connected measurements so we can actually either store measurements in the system, later transfer them to computer, or actually hook up computer provide the data live from the measurement into the laptop. We have not particularly implemented any of those procedures yet, but we have actually had a fully computer-based inspection system in development for a few years now and this will allow us to provide that data - it will allow us to put our inspections directly into our database once we get it fully implemented.

As for medical events, we've had three medical events reported to machine medical events this year. One wrong patient: In this case when the facility was completing the treatment for Patient A, the technologist inadvertently closed out the treatment for Patient B instead of the treatment for Patient A. While the therapist noticed the error they were able

to reopen the billing side for Patient B, they could not - had not realized they had not opened the treatment plan for Patient B and so the next available treatment plan was for Patient C and so Patient B got Patient C's treatment plan. A wrong site: There was a facility that alternates treatments between a pair of accelerators at the facility, they had a temporary technologist was preparing a treatment for a patient and selected the incorrect CBCT for the patient alignment, code being CT. Since it was the first time this patient had been on that machine and it was unclear that there was a CBCT for that patient on the second machine, they pulled one from the previous machine, inadvertently. We also had a wrong dose at this facility. The MU's - Monitor Units for treatment are calculated using a facility developed tool and then transferred to the treatment delivery system. This tool was actually an Excel spreadsheet and had QAQC checks that included standards for the normal area of any given treatment. So, if it was a prostate or breast it kind of had data in there known for what the normal size, volume, area range for the tumors that they'd be treating. In this case the treatment area was actually less than minimum of the normal range for this particular cancer. So, their QA measurement was to leave the calculated MU's field blank to prompt the dosimetrist to go back and figure out the error.

Unfortunately, the dosimetrist - next to that was a value for the prescribed MU which was calculated, and they copied that. While this case had about double the calculated MU's for the treatment, as this was actually within the normal range of dose for this particular cancer treatment, the error was not discovered until half-way through the treatment. Fortunately, as I said, it was within the normal range for this cancer treatment and so they were able to just close off the treatment - 15 treatment rather than 30. As Mr. Laguna mentioned earlier; I'll move on to MQSA update; as Mr. Laguna mentioned earlier, FDA suspended MQSA inspections from March through June. Of course, you can imagine this created a tremendous backlog of inspections. We are effectively caught up at this time, as the inspectors performed almost double their normal workloads July, August and September to make up the difference. We've also had an issue with series of facilities that have been operating in Florida without ACR accreditation. Our department has been coordinating with the FDA RHR to investigate these facilities. One facility was operating without ACR accreditation until we actually found out about it and went and investigated them; while their three other sister facilities operated for about a year before in this period. There are another two facilities in the group that have not been audited so there may end up being a

total of six facilities operating for some period without ACR accreditation for mammography. Good thing is this group of facilities have provided adequate responses to the violations, they've been fully cooperative with the inspections, etc.

Another fun thing with we've had to work with over the last 12 months, foreign non-FDA evaluate anti-dental hand-held machines, or I should say, not all of them are foreign. So, our inspection staff have come across three occurrences of hand-held x-ray machines, where there is no indication of compliance with 21CFR, 1000-1020, the radiation machine federal standards.

First, we had was a dentist who purchased it from Ebay what appears to be a standard Aribex Nomad, but all the labels had been removed. The second was a dentist who purchased a BLX-7 from Ebay, and the third was a veterinarian received a Tianjen BLX-5 as a free hand-held with the purchase of stationary radiographic veterinarian. In all these cases, our standards are, you've got to demonstrate where you've had compliance with the Federal Regulations to prove the safety of the device. The first case of the Nomad we said you need to go back to Aerobics and have them verify this is actually one of their machines, etc., in that case, they were not willing to work - I do not believe Aerobics worked with the individual so he ended up surrendering that unit to the Department. We will currently be

using it for training purposes. The second, the BLX-7, that dentist was a little more reticent to discuss things with it, but he ended up destroying the unit. I'll start sharing. This is how he confirmed destroying the unit, he sent us a wonderful picture. Now the third unit the BLX-5, in this case were more concerning. When researching these units in China, you will find there are multiple manufacturers, all making what they call the same machine, and so you're never quite sure which unit you actually may be dealing with one manufacturer but the applications all look the same, the labelings the same, etc. So, in this case, this is a - in England, the Health Protection Agency actually found that there was a Tianjen Dental Falcon that was having problems there. It actually had no collimation; it was exposing the hands of the operators to significant dose and they had a recall on it from their... So, hand operation per exposure was 8 thousand microgray; eight milligray; and the fact that in their calculations of potential doses, besides there being overdosing to the patients, the operators could be getting 40 Sv to their hands. So, that's not a minimal dose to operator exposure.

JAMES FUTCH: Clark, if you would go back to the top of this live public link, public feeding of this document from the beginning just so everybody could see it. And also, I want to

take a minute and let everybody know that Dr. Armstrong and I believe Dr. Plaxton are participating or watching the public link, so, they can participate with written comments. Anyway, just wanted to let you know that. Sorry to interrupt.

CLARK ELDREDGE: Repeat what you asked me to do.

JAMES FUTCH: You did, it went out of the public's view so you can keep going now.

CLARK ELDREDGE. Now in this case, we actually had the - for this machine here the veterinarian did call in a technician to look this, was actually part of their stationary unit - they had the technician come in because it also had a violation during the inspection to fix that and had them take a look at this unit. The vendor disassembled the device, found they were having open exposed aperture for the tube, right at the surface and right underneath this area, therefore no collimation, no block, basically the tube was - while there was shielding around the back of it - the tube was basically glued in - silicone glued into the front of this unit. He found that the unit had a much wider beam than what was specified for exposures; he found that the exposure went on for a second and a half past what was set on the control unit and advised that the veterinarian immediately stop using it. And they have also surrendered that unit to the Department. We have plans of next

month - next couple of months to go down -to actually do some dose reconstruction on this unit, set up some of our equipment around it, take some test shots to see what the field is, what the potential dose rate to operate and provide that information back to the veterinarian for their guidance and what they may want to follow up with. And that covers it for me. Any questions?



KATHY DROTAR: Hi this is Kathy. Not so much of a question, but a thank you Clark for the letter that was sent out for the machine registration. It was very helpful for us. One of our programs was having an accreditation site visit and being able to present that letter kept within compliance. So, thank you.

CLARK ELDREDGE: I wish it hadn't been necessary.

KATHY DROTAR: But you were there for us, that's important Clark. And your staff was very helpful in getting us a second letter as well, so, thank you.

MARK SEDDON: Hey this is Mark, one question Clark. Previously you talked about doing some (inaudible) and I think you presented some information on that, where does that stand?

CLARK ELDREDGE: We reviewed it, but we haven't actually gone live with it yet, or circulated it. But it's been reviewed internally, and we need to get it out to folks.

MARK SEDDON: Okay, thank you.

RANDY SCHENKMAN: Are there any other questions? (NO RESPONSE.) James, I guess it's your turn.

JAMES FUTCH: Okay, let me find the right content. With all the lag time here out to public participation and also the way Dr. Plaxton and Dr. Armstrong are participating there's a little bit of a lag on the video to them. So, the first topic for me is - before I get to the rest of the section updates - I wanted to talk about the ARRT CE recognition of our program. As you know, for many, many - actually decades - the State of Florida along with about six other states, has been an approver of continuing education not just for our own state licensed technologists, but also (with ARRT) to be recognized by ARRT to allow the state technologists who use that approved CE that has

been approved by us to use it nationally to either renew their certification with ARRT or perform the other kinds of structured CE or certification re-certification related continuing education. So, I think it was in the - Kathy can correct me if I'm wrong - at some point the ARRT board decided they needed to kind of more formalize the recognition process that ARRT has, not just for state licensing agencies or SLA's as they call them, but also all of their terms of overseeing recognizing continuing education evaluating (inaudible). So, they created what was basically amounts to accreditation although they don't call it that, they call it recognition. And there was a process and a very large manual of all of the things that you need to be able to do to be a CE approver and I think from approximately from about September/November of 2019 until about the beginning of February 2020, just before the real part of COVID hit, Kelly Nesmith and I, our CE evaluator/coordinator for Florida went through an awful lot of documents and contacted a large number of people, including, several council members, several staff, in order to expand our pool of expertise - two people in all of the various disciplines, that we would be approving, for which we had already done in years past but we hadn't listed names on forms and had them formally recognized. So, we submitted all this in February and in July as this document shows you from

ARRT's website, they recognized three out of all the organizations who met the requirements. And we were selected by ARRT because they wanted us to go first of all of the state licensing agencies, you can't see my face right now, but we said, "Oh gee, thanks. You sure you don't want another state to go first?" (inaudible) No, no we want you guys to do this first if you will. We made it through their process. To (inaudible) back and forth with our staff I think we helped them correct some of the somewhat unclear parts of the process and fill in some gaps. So, if you go to the ARRT today, right now, at least as of yesterday, this is listed in the news. So, we got recognized along with two of the other RCEEMs, The American College of Radiology and AIUM. And as far as we know, we're the only state licensing agency that's gone through the process successfully. In fact, if you read the bottom of the document, some organizations that were previously pre-approver for ARRT, have decided not to even try to go through the new recognition process and we are familiar with one of them down at the bottom. So, what does this mean? Let me find the appropriate other documents here on the screen.

ARRT EXTENDS RECOGNITION OF THREE CONTINUING EDUCATION (CE) PARTNERS

Published on Sep 11, 2020

At its July Board of Trustees meeting, the American Registry of Radiologic Technologists (ARRT) extended the recognition of three organizations as continuing education (CE) partners:

- The American College of Radiology (ACR)
- The American Institute of Ultrasound in Medicine (AIUM)
- The Florida Department of Health – Bureau of Radiation Control (DOH-BRC)

Each organization earned three-year recognition as a CE approver. ARRT evaluates the organizations based on our recognition criteria for CE partners.

CE approvers review CE activities and determine whether educational activities meet ARRT requirements. If so, CE approvers determine the credit value awarded for completing the activity. We also refer to CE approvers as Recognized Continuing Education Evaluation Mechanisms (RCEEMs) or State Licensing Agencies (SLAs). Florida approves CE activities for Category A credit for Registered Technologists licensed in Florida.

We update our list of currently recognized entities whenever our Board continues recognition of a CE partner or when a recognized CE Partner decides to discontinue its participation with ARRT. The Radiologic Society of North America (RSNA) has decided to stop approving CE activities for ARRT.

So, this is a list of the formal recognition (inaudible) and it describes some of the pathways that we are authorized to approve the mechanisms that CE is offered. Gee CE activities with meals, that sounds interesting, I don't know if we do that in restaurants or what.

- Live Lectures/Presentations
- CE Activities Completed Over an Extended Period of Time
- Full-Day or Multi-Day Conferences
- CE Activities with Meals
- Presentations of Student Papers
- Academic Courses offered Through Continuing Education Departments of Colleges or Institutions That Are Not Accredited By A Mechanism Recognized by ARRT
- Machine Applications Training or User Group Meetings
- Hybrid Applications Training (online and onsite trainings)
- Instructor Led Simulation Training
- Self-Learning Materials That Require a Post-Test: Paper
- Self-Learning Materials That Require a Post-Test: Electronic
- Self-Learning Materials That Require a Post-Test: Hybrid (Electronic with Video/Audible Segments)
- Tumor Boards, Chart Rounds, Cancer Conferences

And down below, these are the subject areas. And we would not have many of these if it were not for the expertise of various members of the staff, the Council with whom has agreed to share resumes and all that kind of stuff with ARRT in a very public way; and even some of the members of the local radiology technology community up here in Tallahassee. So, I wanted to mention that point.

Florida (DOH-BRC) is recognized to approve CE activities in the following content subject areas:

- Magnetic Resonance Imaging
- Nuclear Medicine Technology
- Radiation Therapy
- Radiography
- Sonography
- Vascular Sonography
- Breast Sonography
- Bone Densitometry
- Cardiac Interventional Radiography
- Vascular Interventional Radiography
- Computed Tomography
- Mammography

Florida (DOH-BRC) is not recognized by ARRT to evaluate and award CE credits for CE activity types and content subject areas beyond those listed in this letter. Compliance with these CE Approver recognition criteria will be monitored through an annual reporting process and/or audit process.

And then, I think move on to the section updates here. So, I'm going to send my face out live to the general public so they can see me. As part of the section, at the last meeting, maybe the meeting before, we talked about some of the different activities that we performed. And one of them, of course, is reviewing their applications that come in with criminal conviction

history, foreign education, things that MQA staff who does the processing do not handle. And as part of that we also act as the determiner of probable cause for discipline applications, that's my role. And the other one is, that's Kelly Nesmith's role now, is acting as the enforcement coordinator for the professions. So when our inspectors find licensed technologists, or people who are unlicensed working as technologists for the field in addition to all of the normal inspections and regulation that would apply inside the bureau they are also forwarded to MQA's evaluation section, if additional investigation is needed they'll send investigators out. And then eventually end up with prosecution services. So, just to give you a thumbnail snapshot of where that is, and of course it's not just on unlicensed activity, it's also whole range of other ways that people can do the wrong thing within the profession including an awful lot of impaired practice and things like that and things of that nature. So, at this particular year, 2020, we opened, according to the numbers, 85 new cases involving technologists and submitted them into the process. During 2020, 62 cases were closed through the prosecution half-way or through settlement or something along those lines. The current number of open cases is 64, so, even though that's a difference of - 85 and 60—that's 23, there were

of course a backlog of cases. If you're looking at a pie chart, which I didn't put together, but if you're looking at a pie chart of this, somewhere in the neighborhood of 70% of those open enforcement cases are in the hands of the prosecution services in the hands of the attorneys. And this is a typical pattern, not just for us, but for all of the professions; it's pretty quick to do - find the problem, review the investigation - but it takes a long time for the wheel process to complete on the back end. So, that's where we're at with the 64 open cases. And just to give you a snapshot of where the profession is, we currently have 29,251 active certified technologists and they hold slightly more licenses than there are people, sometimes people certified in a couple of areas; so, there's 3,882 total licensees if you want to look at it that way. And the last thing, I think the next thing I want to talk about, I'm interested in folks who are program directors or from facilities that have educational programs. And that is that the personnel outside of our bureau and division and inside MQA that actual processes (opens the mail, processes the checks, pulls down the online applications which is the primary par for the course), they have to have a number of personnel changes. The executive director is still the same, Dr. Anthony Spivey, whom I think some of you met a year or two ago at the council meeting. The

other three staff underneath, who would be the program operation administrator and the two regulatory supervisors and then all of the processors are under the two regulatory supervisors. All three of those folks have changed and they have just hired new people. One of them, and this is a name that your program director would probably want to know, the program operations administrator is Dontavia Wilson who comes to our section and that board, from the board of nursing. I've spoken with her several times she seems like a pretty good fit - very personable demeanor, and always very happy to try and help. She had hoped to be here at the meeting today, but she had a family death that she had to go and be a part of today; the proceedings. But she actually has the same phone number as Gail Curry used to, I don't have it in front of me, I can probably send it to you, you program directors should have it or folks in (inaudible) programs who would like to have that information. Carla Raby and Kelly Woodward and have left MQA, and Gail Curry, one of our long-time persons, who used to be up there, is now in a different part of MQA.

2020 Exam processes- normally, we'd have some data here - how many applications have been processed from those staff, we don't have that for today, but I did talk to Carla and she indicated that the processing time that they are working on is

7-10 days out on applications. One of the biggest effects, of course, for us for 2020 in the exam pipeline, ARRT, like everybody else, teleworked a lot from home, their part of it, as far as we can tell, stayed largely the same and they continued to move folks. The testing providers, there's only two large providers in the county, Pearson Vue and Prometric, and just about every profession we've got here in the Department of Health uses Pearson Vue, including nursing profession which is a huge profession. I think there are about 14 centers in the state of Florida and for a number of weeks and months when COVID first hit if you think of the arrangement and the computer testing center it took them a while to figure out how to reconfigure the spool backup to start testing folks and I think up until, I don't know the exact date, but I think up until very recently, they were still at half capacity. So, for example, I think the Tallahassee testing center had something like space for 10 people at a time. So, the good news is, I've looked at the data pathway between ARRT and us; we were continuing to send folks they would send us the application, applications went down a little bit too. There are a lot of extensions given to things that probably would have timed out by now because of COVID so there's still a fair number of folks out there needing to test, but were getting and have been getting for several months now a

strange number of folks coming through the pipeline and are able to test. I think that's it for me are there any questions out there?

KATHY DROTAR: Hi this is Kathy again. I want to thank Kelly and James for all your hard work for getting ARRT approval that is a really good thing for a technologist in the state. And - Gail's not there, but the licensure - we've had a couple of people come from out of state, and they've had a license on their application and have license in hand within about three days so thank you for that part. The part that doesn't seem to work so well is the temporary license as the people graduate from the program we'll do the application online and have them - and then send a letter which is what our protocol has been for several years to send a letter to verify that the student has graduated and that they have taken scheduled to take the registry exam but there seems to be a real lag in all of that information getting together. So, I just wanted to bring that up as maybe an avenue that might go forward to Ms. Wilson. I'll be happy to talk to her if there is anything we need to do as program directors to expedite that. And Pearson Vue is the company that is used for technologists that are graduating from our programs - we had a cutback at one point as mentioned early on (inaudible) only had people who

volunteered their staff to into the testing sites to allow for students for graduates to take their exam, and I think it was in April Pearson Vue had said that they were open for essential people only and ARRT stepped forward to press that radiologic technologists and people within those disciplines were essential workers and so we got some preference that way in getting testing. We haven't seen too much of a problem with our students getting tested which is a really good thing. So, thank you for letting us know. Is there any way, or is that letter that you got from the ARRT is that something that like was sent out or posted somewhere that we might be able to see what you can approve for us through ARRT?

JAMES FUTCH: Sure. Let me make a note.

KATHY DROTAR: Thank you.

JAMES FUTCH: Yeah, I think up here, the Panhandle, you're in the part of Florida and most of the test centers are down in where the population is. Up here, there's the one Pearson center in Tallahassee and I think the closest one from here is Jacksonville. And then, I don't even think there's one in Pensacola, it's Mobile, a little bit of a difference.

KATHY DROTAR: Some of our students are actually went out of state, which is the Pearson Vue because they can take it anywhere.

JAMES FUTCH: Yes, that's what I was about to say. Some of the folks here have done that. They've gone up to Georgia to get the test taken. So, yeah, we'll get you a copy of the CE approval letter that you saw. In fact, I can stick that up on the TEAMS file page, you guys can pull it down whenever you want to, or we can send it out in an email.

KATHY DROTAR: Thank you.

JAMES FUTCH: Did you ever successfully talk to Dontavia? I know you came maybe was it Monday or Friday.

KATHY DROTAR: No, I haven't. I hadn't had a response back from her. I did send her an email, and the number goes to Gail Curry's voicemail which says that she'll be back in lunch. So, unless I didn't have the right number. That old Gail Curry's number still has Gail Curry's voicemail on it.

JAMES FUTCH: Yeah. For some reason, unknown to us, they gave Dontavia's number to Gail when Gail took the other position as a regulatory supervisor. And we pointed this out to them and have also been unsuccessful in getting them to either change and give Dontavia a different number or change the information on the voicemail. But we will report that again. Those of you who can't get hold of who you need to get hold of you always have Kelly and I, but you can rely on the Bureau of Radiation Control. The other complication with doing any of that, is that

unlike the Bureau of Radiation Control, a large number of our folks never left the buildings and never went home to telework at all. Brad and I never did. And most of the other staff up here - the administrators and some of the other key staff never did. On the other hand, MQA sent everybody home to telework, I think - Brad when was that? We remember it because we were responsible for trying to get the software working to allow staff to telework back into their desktop computers. I want to say March. So Dontavia and the other staff member were hired, I think one of the other regulatory supervisors hired started work the week before last - I think it's been about a month. They were both hired and have been teleworking from home, and here's the other fun part, their staff, the processors are all working from home. So Dontavia is running a program through staff she cannot see other than through telework mechanisms. I do not envy that task. No ability to kind of build that personal relationship to bring someone in to talk to them, and that kind of thing. But thank you. Thank you for that.

KATHY DROTAR: I have one more question for you. Cardiovascular labs that have RCIS personnel staff that work with them, are they licensed in any way by Radiation Control? Are they restricted in working equipment or doing anything like that?

JAMES FUTCH: So, in Florida, the RCIS credential which if I remember correctly comes from CCI Cardiovascular credentialing international somewhere up on the coast - east coast - of the United States, they are not licensed and - this is a larger topic - it's a simple question, but it's a larger topic. The best of my knowledge they're not the kind of licensure that the Department of Health has at the state level. There is in our rad tech licensure statute law, a complete exemption from licensure, just like the one for licensed practitioners, but it's a slightly different part of the statute. And it says, I'm quoting from memory, so give me a little bit of leeway. It says that "persons who perform cardio technology services under the direction and at the direction of licensed practitioners may do so." something like that. So, it is an exemption. So, I can't write a regulation really around it, of course, state folks are prohibited from interpreting statutes, only the State Attorney General can do that. So, this is an issue. You cannot say what meets the requirements of the exemption, you can't really say, oh the RCIS falls underneath that, so forth and so on. We have found it best over the years to leave the exemption as it is in order to (inaudible). Folks who want to understand its content should use a Websters Dictionary and basically understand it. It has a much longer history than that. The key part of that is

it uses the phrase cardiopulmonary; it doesn't mean cardiovascular it means a subset of that as it pertains to the heart and the lungs, not necessarily the legs or the brain and things of that nature. So, my guidance to folks who want to use that is to think about what you want your people to have, and this is not a state requirement or anything else. The last time I checked the RCIS test, and this was a number of years ago this last came up as a proposed change to the statute or before the board of medicine, because this topic has been talked about in both places, that test that you take for the RCIS constituted somewhere between 8 percent to 10 percent, actually what we all think is radiation related subjects the rest of the things which makes that profession useful for other purposes I don't know exactly what they were - I just had the radiation stuff in my head, it was something like blood gas volume, things that are useful to a cardiologist perhaps who might have such a person. That's what I know.

KATHY DROTAR: Thank you. That clarifies it for me.
Thanks very much.

JAMES FUTCH: So that's it for me. Randy, I think back to you. Do you have anything else, or shall we move along to Ms. Brenda?

RANDY SCHENKMAN: I just had one question for you. When I was reading the previous minutes, the last meeting there was a lot of discussion about what was going on with the MQA and added there were a lot of issues. It sounds like a lot of that's been solved.

JAMES FUTCH: I'm not sure I can answer that conclusively. I think once they get the new staff familiar with their new staff it can take an assessment of how things are like for example, you'll see there is no data in this particular council about exactly where they are with processing, I had to go back and rely on documents from the former staff. Because some of the new staff actually didn't have access to the directory used to do some of the processing jobs, and we're working on getting them access to that. Now from speaking with staff, Dontavia especially, I would say they give a very high assessment of her ability to do, but once all of the mechanics of the tools and things are fully in her hands, from our perspective staff are still talking to us directly. So, for example, a brand-new application comes in, it's got a person who's been convicted of, oh I don't know, possession of more than 20 grams of marijuana with an intent to sell or deliver. And it happened 10 years ago. They're not making any decisions on their own about whether to admit that person into the profession and they're

doing what they are supposed to do in sending it to our staff for us to review and make that statutory decision as the regulator, which is the Bureau, it still is until this day. So, I have confidence in that and the actual processors who have been there for a long time so they're doing those kinds of things, they're doing what they're supposed to. So, that's all I know on that topic.

RANDY SCHENKMAN: Anyone else have any questions? Okay, Brenda, looks like it's your turn.

BRENDA ANDREWS: Hi everybody. I'm going to do a bit of a staff update. Let's see if I can pull up my file here. Can you all see this, or no? James?

RANDY SCHENKMAN: I can't.

BRENDA ANDREWS: It's okay.

JAMES FUTCH: If you look at that little square with the microphone, you need to hit that.

BRENDA ANDREWS: Okay, gotcha. Did I lose it? Can you all see that. (Unanimous yes). This only goes back to our last meeting. I didn't go all the way back to 2019. But as you can see there's been a lot of activity in the recruitment and selection world. Each of the units particularly have been affected by vacancies that were due to resignations or people retiring. And John's section currently has three new people

since May of this year. We had one person in Reno's section that was hired, but October 26th they resigned, they had some situation with their family so that put kind of a dent for Reno in his section. He's had some difficulties with that position - a couple of those positions down there, so my hat goes off to him every time this happens. This process takes at least a month to go through all of the steps from the beginning to the end. From advertising the position, going through all the applications, and then our electronic HR system, has at least from one to at least 30 steps. So, the recruitment process takes a while and it always put an impact on the unit when someone resigns or retires. So, he's got these three people. Clark advertised his AA and Tracee was with us before when we closed the office down in Orange Park and she was hired at that point as the AAIII here and Clark was able to get her back on board, which I'm pretty sure he was happy about because she knew the ropes with the renewals and the registration period and did not have to go through massive training at that particular time. He also has a new OPS position, Jasmyne is working with him now. Leah Colston's daughter who is the bureau chief, is it over in BEMO

CINDY BECKER: Yes.

BRENDA ANDREWS: Inspection section's been hit pretty hard. They managed to get through this with a lot of vacancies, from the staff assistant who works in the Orlando lab, she works directly for Jorge, and then we have Jay Montero working under Dan Borek, Yevgeniya Shpnier is in Miami, Wredee Chie is in Orange Park or the Jacksonville area and Ruby Cupid is the newest baby on the block she's working with Robert Larson, I mean Robert Latham, and she was just hired on the 4th. And then we have Kevin's unit, Radioactive Materials, again he mentioned Joyce McElroy who came on in January. He had also hired Sherri Fleming. She was with us only a short time and also had to leave due to some family events. And then Giovanna Manning was hired in her place and Giovanna is with us now. So, currently we have in the Admin section, an OPS position that is now vacant, and in John's section, Gary Joseph and Mark Heron, which I mentioned above, they created vacancies for him, this is an Environmental Consultant position and an Environmental Specialist III position, so they're recruiting for those. And James just lost Nina Alexander to retirement. This position - we're working on a reclass for this position so that it can be a little bit broader in the scope of work, so that classification package is in the process right now. So, within October, about a year, we've had eight people retire and we're looking to get

all those positions filled very shortly. We've had some movement - some of the inspectors moved from one section to another. Michelle Vornhagen who was in Orlando area, and she moved up to the Northeast, Jacksonville area. So, there's been a lot going on and of course the actions like I said they take a minute, it takes at least about a month to get someone hired and we have had all that process done several times in some sections only to have to redo it again, because the person either decides to take another job or decides to decline the position. So that doubles the time for us to get these positions filled. So, everybody's managed well with the turnover just picked up the pieces and kept on going. But that's pretty much what's been going on for this year. You all have any questions? Also, if everybody could let me know who all is on the meeting, I don't think I have everybody's name. If we could again, just identify who's on today.

JORGE LAGUNA: Brenda, I just to thank you, because we really keep you busy in our sections since we have so many staff. So many staff over the years retire recently.

BRENDA ANDREWS: You're welcome.

JAMES FUTCH: Hey Brenda, this is James. Before we start talking about the members and some kind of a roll call, do you have anything on rules or just nothing new?

BRENDA ANDREWS: Well, I think Kevin may have mentioned the one thing we are working on right now is compatibility with NRC. That is 64E-5 our radioactive or radiation rules. There are about 54 rules that we are amending right now. We've done a Notice of Rule Development that has been submitted to Legal for their review, the OFARR forms are all pending at this point. We - I know that the package was submitted to the General Counsel's office on November 4th. This is a huge package, a lot of the changes are very minor changes, it might be a couple of words here or there, but there are sections of it that have some pretty major rewrite. Mike Stephens is the one who works as the technical person for 64E-5, he works under Kevin Kunder and we have to ensure that those rules are in compliance with NRC because we are an Agreement State. And they submit to us what is called RATS, I think it's, help me here Kevin, with what that means, well it's their numbering system for their rules. And they go by 10 CFR, Code of Federal Regulations, so Mike has to go through and do a comparison based on what they've indicated how they want our rules to change or be updated to match theirs. In some instances, there are some things we - most times we can, but there are some instances where there are some changes that would possibly cause a problem for us because of the way our sunshine laws are written. Right now, we are waiting to hear

back from them for OFARR's approval of the Rule Development Notice. At that point we will continue to work on the language, which they call coded language, which is the strike throughs and the underlines, and have that submitted to Legal. We have up to a year for the Department of submit the promulgation package or the proposed rule language once the Rule Development Notice has been published in the Florida Administrative Register. So, Michael has been working with that language, it is in pretty good condition right now so as soon as we get the word from Legal, we will be submitting that. We have not had any other promulgations with Chapter 3 or 4 at this time, however, in Chapter 4, we have long been trying to get something done about the repeal that was done and get the Disciplinary (what was it James) the document that was incorporated by reference, we needed to have that clearer to the public with the headings and some other things that needed to be done to make that make more sense to the public who has to use it. So, we have had a little bit of a delay on getting that completed. I'm pretty sure at some point we are going to start that back up again. But we have to get direction on which way we're going to do - whether to update the incorporated document or file for - put another notice of rule development in for the whole rule. So that's something James and I will talk about again pretty soon.

JAMES FUTCH: Yeah and thank you. Let me just add that's the Laser Regulations and all of the regulations at least all of the requirements that were there before are still there. What happened was, the - many of the requirements, instead of being actual separate regulation numbers are now in a document incorporated by reference that's the document Brenda is talking about in a single regulation in the Florida Administrative Code. So, all of the requirements are still there, it's just they're unfortunately, one level harder to find if you go to the Department of State - our website - the Bureau of Radiation Control's website that's floridahealth.gov/rad click on Laser and you'll see the document combined with the rule with a table of contents that has the titles that I put up there some time ago as we're trying to get the document incorporated by reference fixed, as Brenda indicated to add the titles in the separate requirement areas. And if Adam were here, he'd say great because we've been trying to do that for a while with Brenda's assistance, we'll get through Legal to do that. Thanks, I just wanted to add that clarification.

BRENDA ANDREWS: And that's it for now.

JAMES FUTCH: So, Brenda if you, I'm not sure how you want to go about this, we tried to start before with the roll call, it's kind of a difficult thing to do in this environment, it

basically requires, if you called up somebody's name and they unmuted and said yes it might work, if you want to try that.

BRENDA ANDREWS: Okay.

JAMES FUTCH: But I would look at the thumbnails at the bottom of the screen and just go in order of the thumbnails on your screen.

BRENDA ANDREWS: Well, most people I know are here, Dr. Armstrong, did you get in?

JAMES FUTCH: Brenda he specifically is in through the mechanism set up for the public so he has to write answers back through the Q&A, and he and I have a conversation going to make sure he can see that. So, he's definitely there. Also, Dr. Plaxton, who's not showing up in the thumbnails, but if you look over at the live Q&A, the published section, you'll see some questions back and forth. He's also in the same public participation part of TEAMS instead of the full image that you see for the rest of the Council members. If you just look down there that's who that is. And the one phone number that you see that - instead of having a person's name under the icon, just a phone number, that is Mark Wroblewski, I think.

BRENDA ANDREWS: Okay, Hi Mark.

JAMES FUTCH: Mark is not on audio.

BRENDA ANDREWS: Okay, Chantel's there too?

JAMES FUTCH: Yes, she's there.

CHANTEL CORBETT: Yes, I'm here.

BRENDA ANDREWS: Hi Chantel.

CHANTEL CORBETT: Hi.

BRENDA ANDREWS: Joe Danek?

JOE DANEK: Yea, Joe Danek's here.

BRENDA ANDREWS: Okay, what about Dr. Cognetta? And Alberto Tineo?

ALBERTO TINEO: Here.

BRENDA ANDREWS: Okay. Is Dr. Williams on the line?

JAMES FUTCH: He's the only one I have not seen. Nor have I seen Becky McFadden.

BRENDA ANDREWS: Yes, I did not get a hold of her either, I did not hear back from her rather.

JAMES FUTCH: Dr. Williams is actually - Dr. Williams has been accepting the invites so, I'm not sure if he was unsuccessful to get in or if he got called away. Dr. Cognetta has been on, earlier he - he's logged in right now, but his voice is muted.

BRENDA ANDREWS: Okay, then I will put him as being here. Anybody whose name I did not call who is on the meeting?

MATTHEW WALSER: I'm here Brenda.

BRENDA ANDREWS: And I got you Matt.

MATTHEW WALSER: Nice to see you Brenda.

BRENDA ANDREWS: Good to see you too. Half of you.

WILLIAM ATHERTON: Hi Brenda, did you get me, Dr. Atherton.

BRENDA ANDREWS: Yes, I have you on here too, I saw you earlier.

WILLIAM ATHERTON: Okay, thanks.

BRENDA ANDREWS: I think that's about everybody that's on. I have Dr. Schenkman, Dr. Drotar, Mark Seddon, Dr. Atherton, Matt Walser, Albert Armstrong on the phone of course, Dr. Plaxton, Chantel Corbett, Mark, Joe Danek, Dr. Cagnetta, Alberto Tineo, I got Cindy, James, Jorge, Clark, Mike Phillips, Brenda Andrews, Kevin, John Williamson and Brad. Anybody else I didn't get? Okay. Thank you all for being patient with that.

RANDY SCHENKMAN: Do we have any discussion?

JAMES FUTCH: I had one question. I think that Joe Danek was appointed, and this is his first meeting or am I wrong in that?

BRENDA ANDREWS: You're correct with that.

JAMES FUTCH: So, I don't know, Joe is in our environmental expert position formerly occupied by Brian Birky.

JOE DANEK: Yes, I'm Joe Danek, filling in the new position for environmental expert. My quick background, I'm a certified health physicist I got my master's degree from University of

Florida back in 1976, I worked in Oakridge National Laboratory for three years, then I joined Florida Power and Light nuclear program. I started out working at the Turkey Point nuclear plant and then I worked in the corporate offices as the corporate radiation section manager initially for Turkey Point and St. Lucie nuclear plant, but part of Florida Power and (inaudible) energy we wound up being a fleet for five nuclear sites which also included (PART OF THIS WAS INAUDIBLE) New Hampshire, Palm Beach, Wisconsin (inaudible) and Iowa corporate radiation protection manager for the five sites. I worked in that role for 35 years; I retired seven years ago, I'm a private consultant.

RANDY SCHENKMAN: Well welcome.

JOE DANER: Thank you.

JAMES FUTCH: So, we're to the next bullet I believe, Randy, will be open discussion, public comments. I'm looking in the Q&A, actually the only comment I've seen all day has been those from Dr. Armstrong and Dr. Plaxton. Anybody else see anything? Okay, we've definitely proven the public link works. Because two of the members used it as the way to get in. And we've been displaying also during the meeting here live so we've been watching that view. So, I don't believe we have any public comments Randy.

RANDY SCHENKMAN: Anyone need anything to say?

MARK SEDDON: This is Mark. James already had two questions that were posed to me from the medi-physicist community. So, we had a question concerning administrative badging of individuals. So, for those individuals who are exposed to radiation but are not likely to receive 10 percent of the maximum permissible dose there is an inferred category of administrative leave badge individuals. And the question was raised whether the associated related regulations concerning distribution of prior occupational dose and also the notification of course to individuals if they apply. So, does a facility - are they required to determine prior occupational dose if that individual is only being badged for purposes administrative only and are not likely to exceed 500 millirem in a year.

JAMES FUTCH: We - Mark and I had this come up and I think - I don't know if Kevin you want to say a word or Cindy. My understanding of this, you tell me if I'm wrong, is that the facilities that choose to administrative badge - or to do that for a facility basically is someone who is likely less than 500 millirem, they themselves, even though the regulations allows them not to badge, they themselves or the facility decides to for their own purposes, which is really not in the reg, to the

best of my knowledge there's not really a category called administrative badging, but it's something, as I understand, that the facility does so they themselves actually have a record in case they need it later on. And my understand is that the - regards to the regulation - it's kind of a penny in for a pound. If you're going to badge, then you're going to need to comply with the other parts of the regulation pertaining to those records and things of that nature. So, that's my two cents from the guy whose over here with the technologist. Everybody else, if that incorrect, or if we need to think about it more, I guess we should let Mark know.

CLARK ELDREDGE: My review of the applicability for radiation machines was pretty much close to yours.

KEVIN KUNDER: And the same thing for materials.

JAMES FUTCH: Okay. Mark do you have anything else?

MARK SEDDON: So, just to clarify, so basically if you be, in this response is, if you're going to be badging individual add a coregulation (inaudible) by in that situation. Honestly, that's common practice for most facilities. That's the question that was raised, so. Second question, and this is more probably in Clark's area. A year or two ago there was some discussions concerning the Information Notice #4 with the allocation of

(inaudible) factors for individuals. I know that was being looked at again, but it was taken off both sites a while ago.

CLARK ELDREDGE: It was rescinded, basically. At this point, the only thing we've got is the actual statutory or rule guidance. Give me a second here, I have that - drafts. The basic thing is to go through the codes. 64E-5.101 (159), the definition of weighting factors. There are sections relating to how to apply that in 5.304, applicational dose limits for adults; and 5.305, compliance with requirements for summation of external and internal doses. That's our current guidance at this point till we finish our - we look at whether we choose to reissue Notice 4.

MARK SEDDON: Make sense. And, then there's just another comment/suggestion that came just in general was, would it be possible, or if someone thought about, try to combine informational notice concerning requirements for badging individuals. It is slightly confusing for some facilities out there to go to the different sections, for example, Chapter 3 or Chapter 5 for those when individual requirements are to be provided a radiation monitor; the section on use of unsealed sealed materials, you have a section on operational equipment, and so, there was just some comments that you can piece it together by going around different regulations, but is there any

interest in trying to combine those into a more unified information notice?

CLARK ELDREDGE: Cindy?

CINDY BECKER: Hi, that's something we could look at Mark, I can imagine it could be confusing with the different rules that you bounce back and forth from between RAM and X-ray especially with - why not, why not look at that and try to help our registrants and licensees. But sure, if you have any ideas, send them to us because it is difficult to try to piece those together.

MARK SEDDON: It's a common question I receive a lot and there was something a number of those that reached out to me - where to find different regulations and so one of the comments was, why don't we have some kind of - something polished that would make it easy for everyone. So.

CINDY BECKER: Alright.

JAMES FUTCH: Are you envisioning moving the regulations in a different fashion for more of a like a crosswalk, you know, here's the subjects and here's the regulation for this is discussed, kind of a thing?

MARK SEDDON: I would think a crosswalk would be easier for you guys.

CINDY BECKER: Yeah.

MARK SEDDON: And honestly, I would not want to rewrite the regulations. It does make sense why you have the different sections with X-ray vs. Materials for medical use and radiation protection section, so I think having a crosswalk would make a lot of sense for hospitals who mix a bit of everything.

CINDY BECKER: Right, so you're thinking an information notice possibly or some guidance put together that would demonstrate that crosswalk.

MARK SEDDON: Correct.

CINDY BECKER: Alright.

JAMES FUTCH: If there are any particular topics feel free to send them in to us Mark so folks in the community and members of the committee have thoughts on the problem areas that are most difficult to find in the different sections would be most appreciated.

MARK SEDDON: Will do, thank you so much.

RANDY SCHENKMAN: Anyone have any other questions or comments, discussions? Well, I guess is there any old business? Doesn't sound like it. Okay. So now we have to decide when the next meeting will be.

JAMES FUTCH: Back to you Ms. Brenda. You're muted, so.

BRENDA ANDREWS: I have a calendar; you want me to pull it up?

CINDY BECKER: Sure. Does the calendar say after COVID case?

BRENDA ANDREWS: It's a no COVID calendar.

CINDY BECKER: So, we usually say May, should we shoot for June or July?

BRENDA ANDREWS: James, how do I do this again?

JAMES FUTCH: Does somebody have a calendar they could share?

BRENDA ANDREWS: Can you see that? This one does not tell holidays and all of that though.

JAMES FUTCH: Okay, usually we would pick a Tuesday in May, avoiding the first week, so, around the 18th or something like that maybe?

BRENDA ANDREWS: Right.

JAMES FUTCH: Any conferences, things that our Council members are going to be at on these two dates or even the 25th, I guess. Any strong pros? Strong cons?

KATHY DROTAR: This is Kathy, I'm thinking the 18th or the 25th would be better.

UNKNOWN: May?

BRENDA ANDREWS: For May?

KATHY DROTAR: May.

CHANTEL CORBETT: The FNMT is the weekend of the 18th of May. I wouldn't be able to attend.

JAMES FUTCH: Not sure about Dr. Plaxton if he's involved in that. Anybody else? 25th, sound better?

UNKNOWN: Is Memorial Day the 24th?

KATHY DROTAR: The 24th

MATTHEW WALSER (?): Memorial Day is the 24th, yes.

JAMES FUTCH: Do we want to go to June, or we're back to the 11th, I guess. June 1st?

BRENDA ANDREWS: So is Memorial Day celebrated on the 24th, I think it's on the 31st this year.

MATTHEW WALSER: I thought it was the 31st.

BRENDA ANDREWS: It's the 31st.

MATTHEW WALSER: Yea, you're right, it's the 31st. Sorry about that. My bad, sorry.

JAMES FUTCH: So, back to focusing on the 25th. Going once, going twice.

BRENDA ANDERWS: Good.

RANDY SCHENKMAN: So, May 25th.

BRENDA ANDREWS: Okay.

RANDY SCHENKMAN: Okay, does anyone have anything else to discuss? Well I guess it's time to adjourn then. I hope

everybody stays very healthy and hopefully we will be able to meet in person on May 25th.

CINDY BECKER: That would be nice.

BRENDA ANDREWS: It would be nice.

RANDY SCHENKMAN: The meeting is now adjourned. (2:25:04)

