



Alerts
Initiatives
Communication

from the Office of Research Services

News: To Use!



Projects
Information
Customer Feedback

October 1995

In This Issue ...

- [Clinical Center EMS](#)
- [Remember the flashers](#)
- [Rockledge Centre Open House](#)
- [Bicycle Facilities Expand](#)
- [Division of Public Safety is Born](#)
- [Clinical Research Center](#)
- [Ridefinders Update](#)
- [Radiation Safety](#)
- [The Flu: no need to be under the weather](#)
- [FAX Us a Line..](#)

Clinical Center EMS...

Essential Maintenance and Safety Program

In the August 1995 issue of [News: to Use!](#), the complete EMS program was outlined. This important interim step in the renewal of the Clinical Center Complex focuses on the utility infrastructure. Plans are now in place for the beginning phase of the program. Work is scheduled to start in June of 1996, and is expected to end in January of 1998. The roof will be raised in four Clinical Center building wings to install new heating and air conditioning systems. Corridor ceilings will be lowered to facilitate the installation of a new fire sprinkler system, as well as the LAN and telephone systems. Everyone will enjoy fresher air, and improved cooling and heat.

<i>ICD</i>	<i>Information: Representative</i>	<i>Phone</i>
NIDCD	Corinne Abbot	2-3365
NCHGR	Linda Adams	2-2081
NCI/DCBDC	John Barone	2-2559
NEI	Olive Childers	6-3424

NIMH	Craig Easter	6-2985
NIAID	Karen Faunce	6-7089
NIDDK	Patsy Frye	6-4593
NCCR	Nancy Guerin	6-3467
NIAMS	Marsha Hennings	6-1375
NCI/DCT	Camile Hoover	6-6303
NIAAA	Benedict Latteri	6-9842
NICHD	Ruth Maraio	6-0127
NIDR	Sheila Ridgway	2-0669
NINDS	Carol Smith	6-3054
NHLBI	Hillel Soclof	6-2157
NIA	Karen Turner	4-0046
CC/OD	Jim Wilson	6-2862

Remember the flashers?

The crosswalk flashers mentioned in the June **News** have

been installed; crosswalks have been painted and widened. ORS

hopes that drivers are more alert now, and pedestrians more safe.

Rockledge Centre Open House:

November 9, noon-2pm

A ribbon-cutting ceremony at 11:30 am will kick off an afternoon of games, prizes, demonstrations, tours, and food at the new NIH facilities at the Rockledge Centre, near Montgomery Mall. Shuttle service from Buildings 10 and 31 will be increased between 11 am and 3 pm, with departures every 15 minutes for Rockledge. Special shuttles will leave EPS for Rockledge every 30 minutes.

Information: Paul Horton 6-3172

Bicycle Facilities Expand: *year round riding possible*

For more than a year, the ORS has been expanding and improving facilities for bicycle parking on campus. Twenty new bike lockers and 187 new Ushaped bicycle racks have been installed. Seventy-one Ushaped racks can be found in the ACRF, Natcher and MLP-7 parking garages, and under the overhangs of Buildings 10, 31A and 36. These facilities offer greater security for bicycles, and provide protection from hot sun and bad weather.

The NIH Bicycle Commuter Club has expressed a preference for the U-shaped racks. Each rack holds two bicycles, one on each side. They offer excellent security by accommodating any kind of lock, and more than one lock can be used. Buildings 4, 6, 8, 29A, 31, 32, 35 and 41 all have racks.

Lockers were installed next to Buildings 1, 12 and 49. The new bicycle lockers are available on a 'first come, first served' basis. Cyclists need to have their own locks to secure the lockers, and locks must be removed at the end of the day. To use the lockers, bicycles must be registered with the NIH police-31/B3B17. *Please note:* DES/ORS would like some feedback on the new racks and lockers.

Information:

DES Contact: Pat Wheeler 6-4817

-or-Bicycle Commuter Club:

Jay Miller 6-6941

Division of Public Safety is Born

In late September, Dr. Varmus approved the transfer of the Emergency Management Branch (comprised of the Fire and Emergency Response Section and the Fire Prevention Section) from the Division of Safety to the Division of Security Operations (DSO). DSO has been renamed to reflect the incorporation of all public safety activities into one organization. The new Division of Public Safety (DPS) will provide enhanced essential services to the NIH community.

The source of this idea was the ORS strategic planning retreat. Through focused discussions about one aspect of streamlining, which is identifying activities that are alike and combining them in a logical way, it became clear that there would be significant management and service advantages to consolidating the security and emergency management functions of ORS. Since the staffs of the police and fire departments have so many of the same safety and security goals, responsibilities, duties, and even hours of operation-24 hours a day-it seemed appropriate to combine them. Both fire and police organizations have structures that contain ranked officers in a chain of command, represented by professional public safety type unions. Both staffs are on duty in shifts, all day, every day of the year. Both rely on similar and complex radio, telephone, and alarm systems.

Working together will not be a new experience for the people in these organizations. They have worked together many times before-on a regular basis-responding to emergencies, crowd control, and while handling certain types of investigations. The new combined Division of Public Safety will also serve as a more cohesive liaison with local, state, and national organizations that deal with life, property, and emergency management. There will be a single line of authority for NIH fire and police when an emergency requires the services of both. Last but not least, training will be more efficient as instructors, facilities and equipment are shared.

Information: Jim Sweat 6-6893

Clinical Research Center: *renewal update*

Boston Properties, Inc. has been chosen to handle financing, asset management, design, construction, occupancy, and other services for NIH as it proceeds with the Clinical Research Center hospital and laboratory construction project. As a public/private partnership for this project, NIH and Boston Properties are committed to implementing the work in an efficient and cost-effective manner.

For the next two months, the developer and NIH will actively pursue two tasks. They will formulate a Business Plan that will provide a comprehensive outline of the implementation strategy, and they will conduct a design competition to select an architect/engineer team for the new facility.

Information:

George Williams 6-6186

Ridefinders Update

NIH participates in the Metropolitan Washington Council of Governments' Ridefinders Network. Driving to work alone isn't so great-gas is expensive and traffic is stressful. The Employee Transportation Services Office (ETSO!), in Building 31/B3B08, provides information on many alternatives.

One is Ridefinders...a free carpool and vanpool locator service. You can reduce traffic, pollution, and wear and tear on your vehicle by riding to work with co-workers, or with employees of Naval Medical, Suburban Hospital, or other area businesses. An added bonus: park close to your building with the coveted **Carpool Permit**. Are you eligible? Stop by the ETSO office and ask! If you *vanpool*, you may qualify for up to \$42 in the NIH TRANSHARE Program. Join the Ridefinders Network-see if you can participate in a vanpool!

Don't worry about occasional times when you will need to drive to work in your own car. If you share the commute to work, your group is eligible for up to 24 temporary parking permits each year.

Parking Office Hours are 7:30-4:30, weekdays.

Information: Gail Thorsen 2-RIDE

Radiation Safety: *handled with care*

Did you know that researchers who work with radioactive materials are not permitted to eat, drink coffee, or apply cosmetics in their labs? Did you know that they must survey their immediate workplace and themselves before they go to the cafeteria for lunch?

Radiation and potential contamination are taken very seriously at NIH. For as long as NIH scientists have been working with radioactive materials-as early as 1954- prudent practices have been in place to protect the employees, the public and the environment. The Nuclear Regulatory Commission (NRC) regulates and licenses the use of radioactive materials. It sets specific safety requirements which must be followed in order to maintain a license and continue working with radioactive materials. In addition, other regulations are established by the Environmental Protection Agency, and the Departments of Labor and Transportation. What is regulated? *Everything*...record keeping, use of lab coats, storage, shielding, warning postings, waste management, training...everything related to the use of radioactive materials.

The Radiation Safety Branch (RSB) of NIH's Division of Safety is responsible for ensuring compliance with a multitude of regulations. RSB has 22 health physicists, assisted by 50 support and contract staff. This staff assists NIH researchers in the safe use of radioactive materials, and advises on decontamination and any other related issue.

The RSB conducts training throughout the year in Building 21, with 2,000 people receiving basic instruction and over 4,000 attending refresher courses. A final exam must be passed before attendees can continue-or *begin*-to work with radioactive materials. In addition, specific training is provided for groups such as nurses, doctors, lab technicians, custodians, and police officers. Important information is available in eight languages.

Inspections are a fact of life for those working with radioactive materials. The NRC makes routine inspections; the most recent inspection gave high praise for NIH radiation safety efforts. The RSB staff also makes unannounced inspections of work areas.

Monitoring radiation exposure is a major component of the RSB safety mission. The potential level of exposure varies, with radiologists and cardiologists getting the most exposure in the course of their work-even though they usually wear lead aprons, and the xray machines have lead protection. Some radiochemists who make diagnostic materials are also likely to receive exposure. People who work with radioactive materials at NIH wear dosimeter badges which monitor and record cumulative radiation exposure. Some staff members wear specialized monitors that track exposure to parts of the body likely to receive higher exposures. For example, a finger ring dosimeter records exposure to the hand.

The 1994 exposure monitoring results indicate that of the monitored employees 82.4% received no measurable exposure, 16.5% received less than 1/50 of the allowable occupational limit, with the remaining 1.1% having exposures well below the annual acceptable occupational level of 5,000 millirems (mrem). The average amount of radiation to a monitored NIH employee in 1994 was only 4.96 mrem!

One source of workplace exposure stems from the use of radiation in medical treatment and diagnosis. NIH has cyclotrons that use nuclear particles to transform stable (non-reactive) material into radioactive material. This material is then moved from the cyclotron to a "hot cell" in which it is chemically synthesized into a diagnostic tool. One product is turned into a sugar which is injected into the body, where it accumulates in the brain and helps diagnose abnormal brain activity. Other products are used to diagnose tumors, brain dysfunctions, Alzheimer's Disease, and mental disorders.

What is *normal* exposure, just from daily life? Over the course of a year, U.S. citizens average about 300 mrem of exposure from sources as diverse as natural potassium in the body, natural soil components, and cosmic radiation.

The RSB not only monitors *employees* for exposure, but also checks other sites, such as air vents, which could potentially carry radioactivity into the environment. This ensures the safety of the campus and nearby neighborhoods. The goal of the Radiation Safety Program is to keep radiation exposure to the lowest reasonably achievable level, according to Radiation Safety Branch Chief Robert Zoon.

Information: Robert Zoon 6-2254

The Flu: no need to be under the weather

The word "flu" conjures up images of coughing, fever, a stuffy nose, head and muscle aches, and fatigue. Despite the misery, most people do not think of the flu as life-threatening-but it is. Twenty thousand Americans die from influenza and its complications each year. Therefore, **immunizations are extremely important.**

They are offered *free* to NIH employees and are administered by the Occupational Medical Service.

Contrary to popular opinion, flu vaccines cannot cause the flu! Perhaps this occurred a long time ago, however, research has improved vaccines and eliminated problems. The most frequent side effect is really nothing to fear: only a bit of soreness around the injection site. *Rare allergic reactions* have been reported in people who are hypersensitive to a component of the vaccine made from egg protein. If you are allergic to eggs, consult with your doctor before you make plans to get a vaccine.

The flu is caused by three types of viruses, which have mutated strains that make immunization necessary *each year* because of the new viruses that develop, and because vaccine protection only lasts about 3-6 months.

Flu Immunization Schedule: October 11 - November 17, 1995.

Get complete details, i.e., locations, dates, and times, on and

off campus from:

-The Record's September 26 issue

-Posters in the Clinical Center

-OMS Health Units

for very specific questions only

Information: Clinical Center Epidemiology 6-2209



Mr. Steve Ficca, the Associate Director for Research Services, would like to respond to your questions, comments and suggestions...or is there anything you would like to know about the Office of Research Services but were afraid to ask? Here is your chance!

[Click here for copy of form to fax to Mr.](#)

Ficca's office at 402-0604.

The purpose of this newsletter is to inform and communicate with the NIH community about ORS projects, policy changes and initiatives of immediate practical interest, along with some items that might be filed away for future use. The Office of Research Services directly affects you and the place where you spend your whole day-your office, your building, your entire organization. Your satisfaction is our utmost concern. We welcome all ideas, questions and comments.

Return to home page for:



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