

# GLARIN 2012 Views and News

Fall 2012



## THE HORROR

BY LISA HARTMAN RN

I absolutely adore the Halloween Season! The fall colors, falling leaves that I don't have to rake (Condo living), cooler weather and the craft pumpkins! THE CRAFTS!!!! These are my favorite things about the fall! I remember Trick or Treating when I was a kid. My mom crafted every costume for us 4 kids. My best child costume was the year I was "I Dream of Jeanie". My mom made the harem pants, the little hat with my pony tail hanging out, a veil under my chin and the little, velvet, midriff-exposing, half top with the attached little vest! I thought for sure I would win the neighborhood Best Costume trophy at the Halloween Parade! I KNEW I would win for sure! I looked just like Jeanie! I even perfected the arm-cross-blink! When the evening came, I was so excited! My hair in a perfectly curled pony, my cute little harem pants with my pointy felt shoe covers! I was ready for my trophy! THEN my mom stopped me as I started out the door. My mother, the creator of this soon-to-be archival-worthy, victorious memory wanted me to put on a COAT!!!!!! My beautiful costume cannot be COVERED by my big, puffy, pink, winter parka! No one will see who I am! "It's cold out Lisa!" I did NOT WIN, not even an honorable mention! Believe me; I know it's all because of that damn coat!

I also remember the "candy scares". There were rumors of apples and candy having poisons, drugs, needles and razor blades in them. How could parent know what evil lies in the candy your children pilfered from complete strangers? (At six, I reasoned, no one actually EATS the apple dropped into your pillowcase! Apples were thrown out with all the non-bubble gum, non-chocolaty, non-nutty goodness that some health-conscious people dropped in your treat bag! Halloween Scrooges!)

## ANNUAL SYMPOSIUM

As this past year's educational chair I have been honored to work with so many talented and engaging people. It was very nice to see so many faces at our Annual Symposium held in Chicago. I am sure you are aware it is difficult at times to find continuing education that is pertinent to the area of radiology.... But rejoice..... Now you have an amazing resource in GLARIN!

A membership in GLARIN offers unique educational opportunities via webinars as well as live presentations covering a wide variety of topics! At the symposium held on September 29, 2012, eight contact hours were awarded for attendance. Lecturers' ranged from hospital to private practices throughout the country.

Topics included:

- Intracranial Aneurysm Treatment
- Interventional oncology
- Nanotechnology
- Venous Insufficiency
- Spine Fracture Intervention
- Enterocutaneous Fistula Repair
- Non-Invasive Vascular Imaging
- Concepts in IR Product Development

Past offerings have included:

- Challenging procedures in IR: An RN & RT Perspective
- Chapter Development/ Webinar Leadership
- Inferior Vena Cava Filter
- Cerebral Aneurysm Coiling
- Carotid stenting
- Managing/ Intervention for CVA
- GFR in Radiology
- Conscious sedation
- Perceptions of Interventional Radiology
- Managing Patients with Uterine Fibroids

Radiology is such an exciting field and I am pleased to be able to promote this organization. GLARIN is a valuable tool and resource. Your membership and your help in spreading the word about GLARIN are as vital to the organization as the work you do in the field. If you are a member, thank you. If you are not yet a member,



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Soooooo, along comes Imaging Departments in hospitals around the country offering to x-ray your child's candy bag! FOR FREE! When did that start? Does it do anything to the treats? What role does radiation play in our foods today? These are the burning questions in my mind as I shop Walmart for bags of single portion Peanut M&M's and fun size Snickers.

Medical Imaging Departments around the country probably started to open their doors for Halloween candy after the 1974 murder of Timothy Marc O'Bryan. He was poisoned with cyanide laced Pixie Sticks given out at Halloween. I remember my parents taking the Pixie Sticks out of our treat bags, but I thought my mom was against the messiness of the Pixie dust. The urban legends of sadistic, maniacal, adults lacing Halloween candy with cyanide, arsenic, and rat poison are documented in newspapers around the country dating from 1958. A story in the *Los Angeles Times* reported finding 78 stories and 2 deaths relating to Halloween candy trickery. According to the article printed November 9, 1989, after further checking, almost all 78 stories were found to be false. Unfortunately, the deaths were real. Timothy Marc O'Bryan was deliberately poisoned by his father who laced a Pixie Stick with cyanide making it a lethal (albeit messy) murder weapon. Another child, Kevin Tosten lapsed into a coma after trick or treating. His coma was not caused by sugar intoxication, but by finding his uncles heroin stash. The man's family put heroin in the child's candy afterward to protect him.

So maybe like me you're wondering how does x-ray detect poisons in Halloween candy? Well, you are right; it doesn't. But Radiation has been utilized by the FDA and USEPA for years. "Food irradiation is a technology for controlling spoilage and eliminating food-borne pathogens, such as salmonella. The result is similar to conventional pasteurization and is often called "cold pasteurization" or "irradiation pasteurization." Like pasteurization, irradiation kills bacteria and pathogens that could otherwise result in spoilage or food poisoning. The fundamental difference between the two methods is the source of the energy they rely on to destroy the microbes. While conventional pasteurization relies on heat, irradiation relies on the energy of ionizing radiation." (USEPA website) Bulk or packaged food on a conveyor belt passes through a radiation chamber. The food does not come into contact with radioactive materials. Instead the foods pass through a radiation beam, like a large flashlight. The type of food and the specific purpose of the irradiation determine the dose of radiation necessary to process a particular product.

please join us as we continue to build a profound professional organization. Together, through GLARIN we can make a difference. We currently have brochures available for distribution.

GLARIN is proud to provide educational opportunities to its members as one of the benefits of membership. We are hopeful that we can offer many interesting topics this year. Please notify anyone on the leadership team if you have areas of interest for learning or are willing to provide a lecture in the upcoming year.

Thank you!!!

Jessica Kapustin RN

## THOUGHTS FROM OUR LEADERSHIP TEAM

**By Pam Roth** I was unfortunately not able to attend the symposium this year. The Monday following the symposium 3 of my staff nurses that had attended raved about the valuable presentations, the location, the food and how the leadership worked so well together and seemed like such a great group of people. This made me proud to be part of the leadership and this organization. Pam Roth

**By Jean Pulte:** "The symposium was a great avenue for networking and allowed opportunities for the professional development of radiology nurses and technologists that attended. I was very proud of the teamwork and great leadership that helped coordinate the symposium coming into fruition. Many attendees to the symposium verbalized how much they liked the venue and amenities and thought "all speakers were great."



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The speed of the belt helps control the radiation dose delivered to the food by controlling the exposure time. The actual dose is measured by dosimeters within the food containers! “Cobalt-60 is the most commonly used radionuclide for food irradiation. However, there are also large cesium-137 irradiators and the Army has also used spent fuel rods for irradiation.” When ionizing radiation hits bacteria and other microbes, its high energy breaks chemical bonds in molecules that are vital for cell growth and integrity. As a result, the microbes die, or can no longer multiply causing illness or spoilage. Sound familiar? We apply the same theory to cancer cells. There are dose limits for different types of food, but basically food has a dose limit of about 10 mGY.

Taking your child’s candy to the Medical Imaging department in your local hospital is a way to find foreign objects hidden in candy. According to the Washington Post, knives, razor blades, and needles in Halloween candy may just part of Halloween Lore. In 1988, the only case of a foreign object found in a Halloween candy was documented by Maryland Hospital. During a Halloween Candy X-ray, a needle was imaged inside a candy bar, but no arrests or resolution was made. (*The Washington Post October 31, 1993.*) The *fear of finding* tainted candy is sharply disproportionate to *actually* finding tainted candy in a child’s treat bag. X-rayed candy can give parents a sense control and peace of mind on a night that can feel pretty out of control, what with neighborhoods strewn with unrecognizable little goblins running through the streets, posing an actual danger of Halloween—car/pedestrian accidents. The National Confectioners Association Halloween Hotline has yet to verify any candy tampering of any kind since its inception.

Most likely, the Medical Imaging departments who open their doors on Halloween night for free candy x-rays do it for community and public relations. (“Safety” is almost becoming one of those catchy phrases in healthcare like, “good hand -washing”, “Best Practice” and “Cher” –I digress....) It is an easy and fun way for the evening staff to make community contacts, see cute little goblins, and maybe score a little candy for the drawer. You don’t have a candy drawer???? Now THAT’S HORROR!!!!

Ref:  
<http://www.epa.gov/rpdweb00/understand/gamma.html>  
[www.washingtonpost.com](http://www.washingtonpost.com)

## LEADERSHIP THOUGHTS CONTINUED

**By Kim Shapiro:** “This years symposium was a real eye opener as to what’s involved behind the scene to make it the success that it was, I learned a lot and had great mentors to help me and guide me through the entire process. Not only was a growth experience for me personally but also for me professionally. The ability to network and learn in a relaxed atmosphere is why I will continue to be on the Leadership Board of this fast growing GLARIN program.

**By Beth Anderson** – “My involvement with GLARIN as the media chair has been and continues to be a rewarding experience. I’ve listened to and shared ideas about what was needed in a website with nurses and technologists across the great lakes region. I’ve tried to translated some of these ideas into our website [www.glarin.org](http://www.glarin.org). When I began the website for GLARIN a little over 2 years ago, I had limited to no experience in multimedia design; but with the encouragement, support, and patience of the leadership team I was able to create the website for our organization as it stands today. The website continues to grow and kinks worked out as I learn new ways to present information. I’m always looking for new ideas to make the site easier to navigate through – If you can think of anything, please share.”

## ELECTIONS

Open positions are available for the 2013 term. Please visit [glarin.org](http://glarin.org) for a list of open positions.

Nomination forms can be found at [www.glarin.org](http://www.glarin.org). The nomination process will begin in mid October. Please forward nominations to [executive@glarin.org](mailto:executive@glarin.org)