

# RI - DNMS Licensee Event Report Disposition

Licensee: St Vincent's Healthcare licensee  
 Event Description: NRC Trash inadvertently shipped FROM  
 License No: 37-051250 Docket No: 03003045 MLER-RI: 2005-030  
 Event Date: \_\_\_\_\_ Report Date: \_\_\_\_\_ HQ Ops Event #: \_\_\_\_\_

**1. REPORTING REQUIREMENT**

<input type="checkbox"/>	10 CFR 20.1906 Package Contamination	<input type="checkbox"/>	10 CFR 30.50 Report
<input type="checkbox"/>	10 CFR 20.2201 Theft or Loss	<input type="checkbox"/>	10 CFR 35.3045 Medical Event
<input type="checkbox"/>	10 CFR 20.2203 30 Day Report	<input type="checkbox"/>	License Condition
<input checked="" type="checkbox"/>	Other <u>not reportable</u>		

**2. REGION I RESPONSE**

<input type="checkbox"/>	Immediate Site Inspection	Inspector/Date	_____
<input type="checkbox"/>	Special Inspection	Inspector/Date	_____
<input checked="" type="checkbox"/>	Telephone Inquiry	Inspector/Date	<u>5-26-05 S.Ku</u>
<input type="checkbox"/>	Preliminary Notification/Report	<input type="checkbox"/>	Daily Report
<input checked="" type="checkbox"/>	Information Entered in RI Log	<input checked="" type="checkbox"/>	Review at Next Inspection
<input type="checkbox"/>	Report Referred To:	_____	

**3. REPORT EVALUATION**

<input checked="" type="checkbox"/>	Description of Event	<input checked="" type="checkbox"/>	Corrective Actions
<input checked="" type="checkbox"/>	Levels of RAM Involved	<input checked="" type="checkbox"/>	Calculations Adequate
<input checked="" type="checkbox"/>	Cause of Event	<input checked="" type="checkbox"/>	Additional Information Requested from Licensee - <u>provided 5/26/05</u>

**4. MANAGEMENT DIRECTIVE 8.3 EVALUATION**

<input type="checkbox"/>	<u>NA</u> Release w/Exposure > Limits	<input type="checkbox"/>	<u>NA</u> Deliberate Misuse w/Exposure > Limits
<input type="checkbox"/>	Repeated Inadequate Control	<input type="checkbox"/>	Pkging Failure > 10 rads/hr or Contamination > 1000x Limits
<input type="checkbox"/>	Exposure 5x Limits	<input type="checkbox"/>	Large# Indivs w/Exp > Limits or Medical Deterministic Effects
<input type="checkbox"/>	Potential Fatality	<input type="checkbox"/>	Unique Circumstances or Safeguards Concerns
<input type="checkbox"/>	If any of the above are involved:	<input type="checkbox"/>	Considered Need for AIT
<input type="checkbox"/>	Considered Need for IIT		
	Decision/Made By/Date:	_____	

**5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)**

<input checked="" type="checkbox"/>	<u>NR</u> Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
<input type="checkbox"/>	Medical Consultant Used-Name of Consultant/Date of Report: _____
<input type="checkbox"/>	Medical Consultant Determined Event Directly Contributed to Fatality
<input type="checkbox"/>	Device Failure with Possible Adverse Generic Implications
<input checked="" type="checkbox"/>	HQ or Contractor Support Required to Evaluate Consequences

**6. SPECIAL INSTRUCTIONS OR COMMENTS**

State regulated Isotope In III.

Public Inspector Signature: [Signature] Date: 5/27/05  
 Non-Public Branch Chief Initials: [Signature] Date: 6/8/05

Location of File: G:\Reference\Blank Forms\2004 LER FORM.wpd

Rev. 02/01/05

SISP Review Completed [Signature]

NYS DEPARTMENT OF HEALTH



CENTER FOR ENVIRONMENTAL HEALTH

BUREAU OF ENVIRONMENTAL RADIATION PROTECTION

547 River Street - Room 530

Troy, NY 12180-2216

TEL: 518-402-7550: Bureau Director's Office  
518-402-7556: Environmental Radiation/Radon  
518-402-7580: Radiation Equipment  
518-402-7590: Radioactive Materials Section

FAX: 518-402-7554

TO: Duncan White  
US NRC

FAX: 610-337-5269

TEL: 610-337-5042

FROM: Mark Virgil *MV*

TEL: 518-402-7556 regarding problems or incomplete transmission

DATE: 5-20-05 TOTAL NO. PAGES = 3

COMMENTS:

DOT Exemption No. NY-PA-05-01 follows, which will allow Stericycle of Dunkirk, NY to return one reusable plastic tub of regulated medical waste to St. Vincent Healthcare, 232 W. 25<sup>th</sup> Street, Erie, PA, on May 20, 2005.

On May 18, the tub read about 0.5 millirem/hr. The facility RSO, Dr. Raymond Halt (814-452-5411) has been notified of the return shipment.

The PA Department of Environmental Protection, Bureau of Radiation Protection has also been notified.

37-05125-01  
030-03045

Annex A

DOT-E 11406 SHIPMENT APPROVAL FORM

JUN 19 2002

Approval No NY PA 05 01 (Refer to E 11406, para. 6a)

This shipment of waste or recycle materials contains unidentified radioactive material causing low level radiation outside the vehicle. Shipment is under Exception DOT-E 11406 without a determination of materials meeting or not meeting the regulatory definition of radioactive material. The shipment is a minor radiological concern based on considerations of the U.S. Dept. of Transportation and the state official signing this shipment approval document.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name Stericycle, Inc. Type: Medical Waste Treatment (Autoclave)

Address: 3472 Progress Dr., Dunbar, NY 14048

① Contact person: Michael Fermier Ph. (716) 366-4444 x36 Fax. (716) 366-4484

Highway or  Rail Vehicle Type: Straight Truck Id.No.: 22249JU (NY)

Company: Stericycle, Inc Operator name: Aaron Wise

② Contact person: Michael Fermier Ph. (716) 366-4444 x36 Fax. (716) 366-4484

Description of waste and release risk factors: Low-level radioactive, untreated regulated medical waste

Radiation Measurement

Date/time performed: \_\_\_\_\_

micro R

μrem/h (max) 500+ location on vehicle N/A

Inst. Mfg./type/model Ludlum Model 19A Bkg. proc/d 8-10

Surveyor name: Barney Jaszczak Ph. (716) 366-4444 x39

Shipment Origin Company: St. Vincent Health Ctr Address: 232 W. 25<sup>th</sup> St.

Waste Origin:  Erie PA 16544 5411

③ Contact person: NANCY SIMPSON Ph. 814-452-5456 Fax. 814-452-5660

RADIATION CONTROL OFFICIALS (Detection, Origin, Destination States)

Detection State Official (receiving radiation detection info) Name: MARK VIRGIL

④ Organisation NYS DOH Ph. 518-402-7556 Fax 518-402-7554

Origin State Official (prior to detection)

Name: same

⑤ Organisation \_\_\_\_\_ Ph. \_\_\_\_\_ Fax. \_\_\_\_\_

Destination State Official (after detection)

Name: TERRY DERSTINE

⑥ Organisation PA DEP Ph. 610-832-6000 Fax. 610-832-6260

DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and/or DISPOSITION

IF carrier and shipper to this location are different than ③ and ⑥, show info in REMARKS

Company Name: St. Vincent Health Ctr Location: 232 W 25<sup>th</sup> St Erie PA 16544

⑦ Contact person: RAYMOND HOLT, M.D., RSO Ph. 814-452-5456 Fax. (814) 5660

OR NANCY SIMPSON, CNMT  
(814) 452-5660  
(814) 866-4850  
(814) 452-5411

APPROVAL OF SHIPMENT and SPECIAL CONDITIONS

Conditions: DIRECT ROUTE NO PICK-UPS ON FRIDAY, 5/20/05

Signature: Mark Vitagliano Ph. 518.402.7556 or 518.402.7554  
Title Assoc. R.H.S. Organization NYS DOH Date 5-19-05

IDENTIFICATION OF RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

RSO AND/OR HOSPITAL STAFF MUST HANDLE, IDENTIFY AND ARRANGE FOR PROPER DISPOSAL OF THE R.A.M.

Name: RAYMOND HALY, MD Title: RSO Date: 5-20-05  
Organization: ST. VINCENT HEALTHCARE 814.452.5411

RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)  
(Circumstances may influence distribution)

Shipment Approvals (Sent by  or ) to (Show date sent)  
OED CRCPD 5/20/05,  5/19/05,  5/19/05,  5/19/05  
 \_\_\_\_\_,  5/19/05,  5/19/05, OTHER \_\_\_\_\_

Record of Identification and Disposition (Sent by , , or other \_\_\_\_\_) to

OED CRCPD \_\_\_\_\_,  \_\_\_\_\_,  \_\_\_\_\_,  \_\_\_\_\_  
 or  \_\_\_\_\_, OTHER \_\_\_\_\_

REMARKS, OTHER INFORMATION

1 plastic reusable tub

In case of an emergency, notify the National Response Center ((800)424-9802) and the  authorizing official and give the Exemption No. E 11406 and Approval No.



SAINT VINCENT HEALTH CENTER

212 West 25 Street  
Erie, Pennsylvania 16544  
814/452-5000

FACSIMILE TRANSMITTALS

ALERT - THIS TRANSMISSION CONTAINS CONFIDENTIAL INFORMATION

This message and any attachments are intended only for the use of the individual(s) or entity(ies) to which it is addressed, and contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, copying or other use of this message and/or its attachment(s) are strictly prohibited. If you have received this message in error or believe it has been intercepted or amended, please do nothing further with it and notify the sender immediately or call (814) 452-7081 (collect). Thank you.

TO: Shirley Xu DATE/TIME: 5/26/05  
Name of Intended Recipient When Sent

LOCATION: NRC  
Intended Recipient's Department, Facility or Company

FAX#: 610-337 5269  
Facsimile Number of Intended Recipient

Sender: Nancy SIMPSON # OF PAGES: 3  
Including this Transmittal Sheet

Sender's Location: Nuclear Medicine

Sender's Phone #: 814 452 5411

Sender's FAX #: 814 452 5660

MESSAGE:

Shirley,  
The report I filed regarding the  
"hot trash"  
I will report this at our Radiation  
Committee meeting on June 8th  
Thanks!  
Nancy Simpson, Chair

Saint Vincent Health Center  
Erie, PA  
License No. 37-05125-01

#### Hot Trash Incident

May 19, 2005

I received a call from Mark Virgil from the NYS DOH regarding a container of biohazardous waste that contained radioactivity from our facility. He stated that the container was reading at a level  $> 500$  microRems/hour, which is very distinguishable from normal background readings of  $< 0.02$  mR/Hr. He stated that he must return the container to our facility and that he had to notify the Nuclear Regulatory Commission in our region regarding this incident. The container was to be delivered back to our facility either on May 20<sup>th</sup> or May 23<sup>rd</sup>.

May 24<sup>th</sup>

I received the returned container and measured the outside with our 19A microRem meter and got a reading of 300 uRem/Hr. I opened the container and proceeded to take out separate bags located inside, until I received a reading on the survey meter. After discovering the radioactive source, I removed the bag from the container and placed it in our hot lab. I measured the remaining items from the container and found no further readings on the survey meter. This container was returned to our facility's central distribution department for disposal.

The contents of the radioactive bag contained an adult diaper, a nasal cannula, cold ice packs and a card containing a patient name. The diaper was reading .3 mRem/Hr on the survey meter.

May 25<sup>th</sup>

I received a phone call from Shirley Xu from the NRC regarding this incident. I told her we were working on this and I would get back to her as soon as I found what isotope was involved and from where it came from.

May 26<sup>th</sup>

With the help of another technologist, Wendy, we isolated the isotope as Indium 111. A patient was injected with In-111 on Friday, May 13<sup>th</sup> and she was admitted through the ER on May 14<sup>th</sup>. The name that was found in the radioactive bag was not that of the In-111 patient, however, the patient that matched the name located in the radioactive bag was also admitted through the ER on the same date.

The radioactive bag will remain in our decay-in-storage area until it reaches background.

Submitted May 26, 2005

Nancy M. Simpson, CNMT

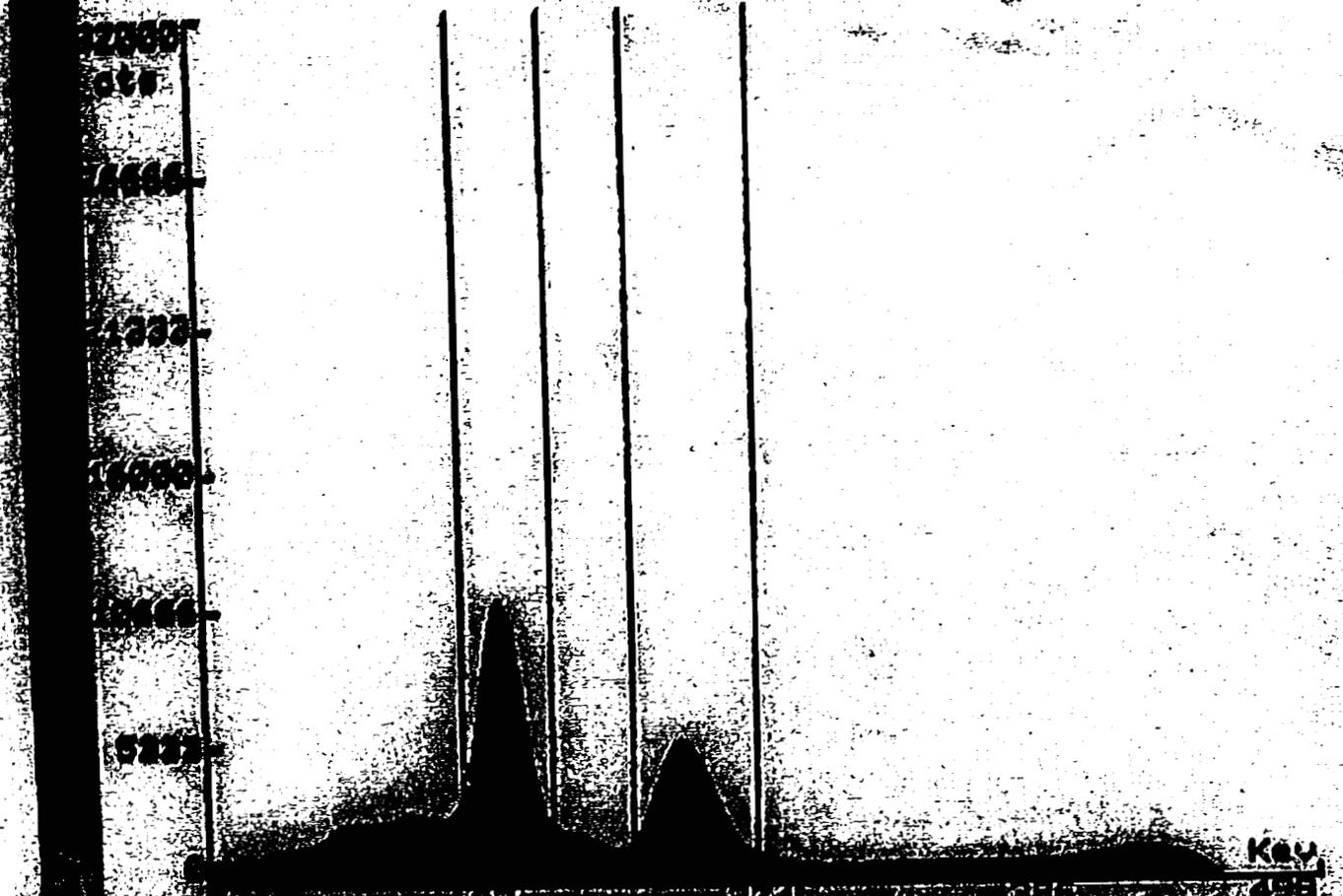
123456

TEST

SAINT VINCENT H C

CNTS

SECS



32225 Max Pixel

# ENERGY

TEST IN 1  
 256W STATIC  
 0P Zoom 1.00  
 Pan 512 512  
 ENERGY WINDOWS  
 Kc/s KeV Min Max  
 173 19 0  
 247 28 0

Window	Peak KeV	Offset	Width	Lower KeV	Upper KeV	Set	Count rate cps
-> 1	173	0 x	19 x	158	190	1	72
2	247	0 x	28 x	222	272	1	77

Use trackerball & Keys F08N, B1ZE & (to accept) END

REFRESH ON  
 Est time to end  
 0 min 0 sec  
 Current Function

TEST

26 May 2005 at 15:13