

2010 Rationale

Part G

Use of Radionuclides in the Healing Arts

Introduction

Unless specifically noted in the rationale, all changes in Part G were made for compatibility with 10 CFR Part 35, Medical Use of Byproduct Material. The changes also include language from the direct final rule amending 10 CFR Part 35, Medical Use of Byproduct Material – Authorized User Clarification that was published in the *Federal Register* on July 14, 2009 (74 FR 33901).

Specific Considerations

Periodic bold-faced headings throughout rule were deleted to be consistent with the other parts of the suggested state regulations.

G.2 -Definitions.

Nuclear Medicine Technologist – Revised to correspond to requirements in the new Part Z on credentialing.

Nuclear Medicine Technology – Deleted because it is no longer used in this part. G.28 has been revised to correspond to requirements in the new Part Z on credentialing.

Preceptor – Deletion of optional language [nuclear medicine technologist, radiation therapy technologist] to correspond to requirements in the new Part Z on credentialing.

Radiation Therapist - Revised to correspond to requirements in the new Part Z on credentialing.

Radiation Therapy Technology - Deleted because it is no longer used in this part. G.28 has been revised to correspond to requirements in the new Part Z on credentialing.

G.18b. --A licensee may appoint multiple RSOs to ensure that the licensee has an RSO that meets the requirements to be an RSO for each of the different types of uses of radioactive material permitted by the license.

New G.75, G.76, G.77 – Old Sec. G.75 - Safety Precautions for Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units. For clarification, the committee felt it was advantageous to separate the safety precautions for each of these modalities into separate sections.

G.75a.- Many facilities are operating their remote afterloaders in rooms that have been built with a maze configuration. The committee believed that such configuration may not render itself to the placement of a door. Instead, an electronic monitoring system is sufficient to prevent entry into the treatment room when the afterloader is in the “on” position.