DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
National Health Physics Program
2200 Fort Roots Drive
North Little Rock, AR 72114

In Reply Refer To: 598/115HP/NLR

FEB 25 2010

Cassandra F. Frazier
Division of Nuclear Materials Safety
Region III, Nuclear Regulatory Commission (NRC)
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

Re: NRC License 03-23853-01VA

Dear Ms Frazier:

Per your request for information regarding the prostate seed implant program, I am enclosing documents from the G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi.

Please contact Gary E. Williams at 501-257-1572, if you have any questions or comments.

Sincerely,

Lisa Maloy Offutt

Lisa Maloy Offutt
Administrative Officer, National Health Physics Program

Enclosure

RECEIVED MAR 0 1 2010

NRC Request for Information (February 16, 2010)
G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi

1. Provide copies of policies and procedures for prostate implants to include the following:

a. Copies of policies and procedures current at the time of the on-site NRC inspection for the prostate implant program with the effective date indicated.

b. Copies of policies and procedures that were revised after the on-site NRC inspection or in response to NHPP recommendations with the effective date indicated.

2. Provide copies of any training records for calendar years 2007 and 2008 for medical physicists, dosimetrists, physician authorized users, and radiation safety staff involved in prostate implants.

-----Original Message-----
From: Williams, Gary E
Sent: Tuesday, February 23, 2010 12:09 PM
To: Offutt, Lisa M
Cc: Leidholdt, Ed; Huston, Thomas E.
Subject: FW: additional information for NRC inspection

Gary E. Williams
National Health Physics Program
Veterans Health Administration
North Little Rock, Arkansas
W 501-257-1572; C 501-256-5331

-----Original Message-----
From: Smith, Mike (VHAJAC)
Sent: Tuesday, February 23, 2010 11:44 AM
To: Williams, Gary E
Subject: RE: additional information for NRC inspection

Attached is my response to the NRC request for information.

CHECKED FEB 2 3 2010

NRC Request for Information (February 16, 2010)
G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi

1. Provide copies of policies and procedures for prostate implants to include the following:

a. Copies of policies and procedures current at the time of the on-site NRC inspection for the prostate implant program with the effective date indicated.

See attached excerpt from JVAMC Radiation Safety Manual regarding brachytherapy program.

b. Copies of policies and procedures that were revised after the on-site NRC inspection or in response to NHPP recommendations with the effective date indicated.

The brachytherapy program at the Jackson VA Medical Center has been terminated and will not be restarted. Permission to terminate the program has been received from the VHA Central Office. Therefore procedures have not been revised since the joint NHPP/NRC inspection. The existing procedures prior to the joint inspection will be removed from the Radiation Safety Manual.

2. Provide copies of any training records for calendar years 2007 and 2008 for medical physicists, dosimetrists, physician authorized users, and radiation safety staff involved in prostate implants.

See attached scanned copies of in service training and spreadsheet summary of radiation therapy staff training contacts.

Reply to NHPP by email 02/23/10
Michael J. Smith, RSO
G.V. (Sonny) Montgomery VA Medical Center

G.V. (SONNY) MONTGOMERY VA MEDICAL CENTER
SHORT HALF LIFE IMPLANT SOURCE LOG

Authorized Users:_____**RSO:** Michael J. Smith
(PRINT NAMES)

_____

Storage Room No. _____

DATE RECEIVED	ISOTOPE	STORED # OF SEEDS	STORED ACTIVITY IN mCi	REMOVED DATE/TIME	REMOVED # OF SEEDS	REMOVED ACTIVTIY IN mCi	RETURN # AND ACTIVTIY # / mCi	PATIENT'S NAME (PRINT)	NAME OF PERSON REMOVING RETURNING	DATE RETURN TO VENDOR
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			
				/			/			

Note: Inventory received must be reported to the Radiation Safety Office. Packages containing radioactive material must be surveyed and the survey documented by the department, if not the by the Radiation Safety Office.

G.V. (Sonny) Montgomery VA Medical Center

RADIATION SAFETY SURVEY RECORD
FOR
PROSTATE IMPLANT BRACHYTHERAPY

PATIENT: _____

PATIENT IDENTIFICATION NO. OR SSN: _____

ISOTOPE: I-125 Pd-103 MANUFACTURER: _____

CARTRIDGE OR SEED IDENTIFICATION NO.: _____

NUMBER OF SEEDS: _____ **TOTAL ACTIVITY:** _____ **mCi**

LOCATION	DATE	TIME	BACKGROUND	READING	INSTRUMENT	NAME
Patient surface post procedure			_____ mR/hr	_____ mR/hr		
Patient at 1 meter post procedure*			_____ mR/hr	_____ mR/hr		
Procedure room post procedure: Floor, table, instruments, suction containers, drainage basins, fluid, trash, linen, needles, loading/needle storage boxes			_____ cpm			
Catheter/urine bag after removal			_____ cpm			
Recovery room post patient discharge: Linens, trash			_____ cpm			
Storage area following return on of radioactive sources.			_____ cpm			

Notes:

***Patient Release Limit = 1 mR/hr @ 1 meter.** If exposure rate reading exceeds 1.0 mR/hr at 1 meter DO NOT release patient--notify RSO immediately. If radiation exposure rate exceeds 0.2 mR/hr @ 1 meter, attach a copy of the patient written instructions, with the patient's signature documenting receipt, to this survey record.

***Room, equipment, linen and waste Release Limit < twice background reading** of meter used for survey. If exposure rate reading exceeds twice background DO NOT release the room or item--notify RSO immediately.

Survey meters:	Manufacturer	Model	Serial No.	Calibrated	BKG Reading	
1st Meter						
2nd Meter						

Surveyor Name: Date:

Attachment O

G.V. (SONNY) MONTGOMERY VA MEDICAL CENTER
BRACHYTHERAPY WRITTEN DIRECTIVE FOR AUTHORIZED USER ONLY

Patient Name _____ **S.S. #** _____

Date of Birth _____

I. PLANNED ACTIVITY

Isotope _____ **# of Sources** _____ **Total Source Strength** _____ **mCi**

Treatment Site: _____

Prescribed Total Dose: _____ **Rads**

Authorized User Physician Signature: _____ **Date:** _____

II. PATIENT IDENTIFICATION CONFIRMATION (Check two below.)

( ) A. Requesting and confirming name from patient.
( ) B. Requesting from patient and confirming DOB, SS#, address, or signature.
( ) C. Requesting from patient and confirming name with companion
( ) D. Confirming name using I.D. bracelet, hospital card, or medical insurance card.
( ) E. Confirming with photograph of patient's face with proper identification.

Confirmed by: (1)_____ **(2)** _____
(signature of two people)

III. ADMINISTERED ACTIVITY

Isotope _____ **# of Sources** _____ **Total Source Strength** _____ **mCi**

Treatment Site: _____

Exposure Time: ___**Permanent Implant**_____

This administration was performed in accordance with this written directive and its final plan along with related calculations. Prior to release, the patient was provided with radiation safety guidance or written instructions per NUREG 1556 Volume 9.

Authorized User Physician Signature: _____ **Date:** _____

Note: Maintain a copy of this document separate from the patient file for review.

BRACHYTHERAPY RADIATION SAFETY PROGRAM

Requirements: 10 CFR Part 35.40, 35.41, 35.400, 35.404, 35. 406, 35.410, 35.415, 35.2310, 35.2404, and 35.2406

The Radiation Therapy Service will maintain a written quality management program in order to provide a high level of confidence that brachytherapy will be administered in compliance with 10 CFR Part 35 and as directed by the Chief of Radiation Therapy. Policies and procedures covering the administration of the radioactive sources, the identity of the patients, the misadministration of any radioactive sources, and the course of action to be followed will be contained in the program and referred to as necessary.

Modifications to the quality management program will be made as necessary to increase the efficiency of the program but will not create a decrease in the effectiveness of the program.

Policy and Procedure:

Prescriptions for Treatment

1. **Written Directives** - Prior to any brachytherapy procedure, a written directive shall be prepared by the Radiation Oncologist and placed in the patient's chart. The written directive shall contain the following:

    a. Patient's name
    b. Date of the order
    c. Signature of the authorized user
    d. Radioisotope to be used
    e. Number of sources to be used
    f. Strength of sources to be used
    g. Documentation of source loading and spacing using drawings if necessary
    h. Total dose

2. The person treating the patient must ensure that such a written directive exists in the patient's treatment chart before proceeding with the radiation treatment.

3. Before completion of the procedure, the written directive must also include the treatment site (point or line), and the total dose or milligram hours (mg-hrs). The treatment plan must be reviewed for agreement with the written directive for all items specified in the written directive. The review must be performed by someone other than the individual who performed the calculations and computer treatment plan (when possible). The review must contain a manual calculation to a key point, which must agree to within 10 % of the value indicated by the computer treatment plan. This review shall be documented with the written directive and include the date and signature of the individual performing the review. **(Attachment O - Brachytherapy Written Directive)**.

4. Before the radioactive sealed sources are implanted in the patient for manual low dose rate (LDR) or High Dose Rate (HDR) brachytherapy, radiographs will be taken to verify the position of the source(s) and/or the applicator using "dummy" sources (i.e. non-

radioactive sources having the same physical dimensions as the actual radioactive sources), whenever applicable.

5. Dose calculations shall be checked by a qualified person before the completion of the brachytherapy procedure for manual brachytherapy procedures. For HDR brachytherapy implants, the dose calculations must be checked before the administration of the prescribed brachytherapy dose. The calculation should be checked by a qualified person, who whenever possible, did not perform the original calculations.

6. **Written revision –** A written revision to an existing written directive may be made provided the revision is made, dated and signed prior to the administration of the brachytherapy dose.

7. If writing a revision causes delay which jeopardizes the patient's health, an **oral revision** to an existing written directive may be used. However, the oral revision must be documented immediately in the patient's record and a revised written directive issued, dated and signed by the radiation oncology physician within 48 hours of the oral revision.

8. In cases of emergency nature, where a delay in order to provide a written directive would jeopardize the patient's health, an **oral directive** may be used. However, the information contained in the oral directive must be documented immediately in the patient's record and a written directive prepared within 24 hours of the oral directive.

Patient Identification:

1. Before the administration of each brachytherapy dose, the person administering the treatment shall identify the patient as the individual named in the physician's written directive by the following redundant methods:

   a. Comparing the photograph of the patient's face in the patient's treatment chart with the individual, **AND**

   b. Asking the individual his/her name and/or date of birth and comparing this information with that in the patient's treatment chart.

2. The above identification procedure shall be followed before the administration of each radiation dose for all patients undergoing treatment by Radiation Therapy Service.

Handling Brachytherapy Sources

1. Assay of the incoming shipments of radionuclides for verification of the activity will be performed as a part of the receipt process. This assay shall be performed by or under the supervision of the Medical Physicist. The radiation oncologist shall insure that the activity used for dosimetry is based on the best assay.

2. Only specifically authorized personnel are permitted to handle brachytherapy sources and load or unload applicators. Promptly after removing sources from storage, the authorized person completes a written record **(Attachment P – Implant Source Log)** which includes:

a. Radioisotope
b. Treatment site
c. Total number of sources
d. Strength of each source
e. Date and time they are removed

3. The authorized person returns the sources to storage promptly after removal from the patient for temporary implants, and completes the written record which includes:

   a. Total number of sources removed
   b. Date and time the sources were removed
   c. Inventory of all sources(to account for all sources implanted and removed)
   d. The signature of the individual as part of the written record.

4. For Cesium implants, the authorized user shall verify that the source loading, using the color-code, conforms to the written directive. For seed implants, verify the source strength and spacing (when applicable) with the written directive.

5. Verify the location of the sealed sources by obtaining radiographs after sources or applicators are implanted. When using an after loading technique, source locations will be verified by taking radiographs of LDR "dummy" sources.

6. Sources are administered to the patient by the authorized user who completes the written directive. After insertion, the authorized user also reviews the written directive and treatment plan **(Attachment O - Brachytherapy Written Directive)**. The authorized user also signs the patient's chart, instructs nursing personnel regarding the duration of the procedure, and attaches radiation protection precautions.
Note: No one is authorized to administer a dose without a written directive (when required). Also, no one shall administer a dose when the written directive is unclear or incomplete.

Medical Events [Misadministrations] and Reportable Events

1. Medical and reportable events may occur when any deviation from the written directive is identified, and includes:

   a. A missing, late or incomplete written directive,

   b. An administered dose that is not recorded , and

   c. Prescribed dose differs from the administered dose by more than 20%.

2. In each case, the RSO will be notified in writing, with complete information concerning the event. If a medical event occurs, The RSO shall notify the NHPP and the NRC by the next calendar day following the event. A written report will be submitted within 15 days after the discover.

3. These events must be evaluated, and documentation must include the cause, relevant facts, and the corrective action to prevent future reoccurrence. This documentation must be retained for three years. **A copy will be forwarded to the RSO.**

Periodic Review

1. The Quality Management Program will be **reviewed** by the Medical Physicist on a quarterly basis. The review will include:

   a. A representative sample of patient administrations including the written directive (prescription):
      1. All patients if less than 20 are performed,
      2. 20 patients if between 20 and 100 cases are performed, or
      3. 20% of patient administrations if over 100 are performed.

   b. All reportable events, and

   c. All medical events.

2. If a medical or reportable event is discovered, additional cases will be **audited**.

3. This **audit review** will also include an evaluation of all procedures, commitments, and regulations regarding the quality management program.

4. All reportable and recordable events will be promptly reported to the Radiation Safety Officer.

5. Events will be investigated to identify the root causes and to institute corrective actions to assure that these events do not recur.

6. Results of **audits** will be presented to the Radiation Safety Committee, documented in the minutes, and retained for three years.

7. These quarterly **audits** are designed to meet or exceed the annual review required by 10 CFR Part 35.

8. Prior to use with brachytherapy treatment, the treatment planning computer will be tested by comparing computer calculated doses over a range of clinically relevant distances with those, which are published or measured for the type sources in use.

Patient Release-Temporary Implants

1. Immediately after the removal of the last temporary implant source from the patient, a radiation survey shall be made of the patient with a radiation detection survey instrument to assure that all sources, which were implanted, have been removed from the patient.

2. The patient will be surveyed at 1 meter from the front of the lower abdomen, close to the surface of the front of the lower abdomen, and from the side at the level of the lower abdomen.

3. No patient may be released from confinement for implant therapy until verification is documented that all sources have been removed.

4. All survey readings shall be recorded **(Attachment Q – Implant Record)**, and the record maintained for a period of three years.

5. Each record shall contain the following data:
   a. Patient Name,
   b. Patient Social Security Number,
   c. Date,
   d. Time,
   e. Dose rate from the patient expressed as millirem per hour at one meter from the patient,
   f. Survey instrument used, and
   g. Initials of the individual who made the survey

6. A duplicate copy of survey reading will be placed in the patient's medical record and the original will be maintained in the patient record in Radiation Therapy Service.

Patient Release - Permanent Implant

1. Prior to the release of any patient who has received a permanent implant, the patient will be surveyed at 1 meter from the site of the implantation and will not be released until the reading at this point is at or below the readings specified in Table 2,

2. Written instructions will be provided as specified in Regulatory Guide 8.39 for the appropriate isotope used.

3. The survey will be done using a radiation detection survey instrument.

4. A survey will also be done of the holding/operating room to assure no implanted seeds have become dislodged and been expelled.

5. The record of the survey will include the following:
   a. Patient name,
   b. Patient Social Security Number
   c. Date
   d. Time,
   e. Radionuclide used,
   f. Dose rate from the patient expressed in millirem per hour when measured at one meter from the patient,
   g. Survey instrument used, and
   h. Initials of the individual who made the survey.

Inventory of Sources

1. To assure a complete accounting is constantly carried out for all radioactive sources, a log will be maintained for sources used in either short-lived or temporary implants **(Attachment P – Implant Source Log)**.

2. Immediately after removal of implant sources from any patient with a temporary. implant, the licensee designee will return the brachytherapy sources to the storage area and count the number returned to ensure that all sources taken from the storage area have been returned.

3. The record of brachytherapy use will include the following information:
   a. Patient name,
   b. Patient Social Security number,
   c. Patient room number,
   d. Date in/out,
   e. Time in/out,
   f. Radionuclide source used,
   g. Activity of source,
   h. Number of sources in/out, and
   i. Initials of person removing/returning the sources from storage

4. Immediately after implantation of sources, a survey shall be made of the patient and the area of use by a licensee designee to confirm that no sources have been misplaced.

5. A record of each survey shall be made **(Attachment Q – Implant Record)** and retained as part of the permanent patient record in Radiation Therapy Service, and a copy will be entered into the medical record of the patient and kept for at least three years.

Implant Patient Radiation Safety Precautions

1. Patients who are receiving implant therapy will be quartered in a room either with another individual who is receiving radiation therapy or in a private room.

2. The door to the room in which the patient is lodging will be posted with a "Caution Radioactive Materials" sign, a "Caution High Radiation Area" sign, and "Nursing Instructions for Patients Treated with Implants" **(Attachment R)**.

3. The ""Nursing Instructions for Patients Treated with Implants" will include notations indicating where in the room a visitor may stay and how long they may stay in the patient's room.

4. The patient's chart will contain warning of the presence of radioactive materials in the patient's room, nursing procedures to be followed, emergency telephone number(s) in the event of an emergency, dosage patient is scheduled to receive, and time of removal of implant.

5. Visits for individuals under age 18 are prohibited except in situations which are presented on a case- by-case basis for the approval of the authorized user after consultation and with the agreement of the Radiation Safety Officer.

6. Promptly after implanting the radioactive material, a survey of the dose rate will be made in contiguous restricted and unrestricted areas using a radiation survey instrument:

7. The survey will demonstrate the extent of the radiation levels at various locations in order to assure that the total effective dose equivalent to individual members of the general public does not exceed 2 millirems/hr in unrestricted areas.

8. A record of the survey will be made and kept for a period of at least three years and will contain the following information:
   a. Date,
   b. Time,
   c. List of points surveyed,
   d. Measured dose rate at several points expressed in millirems per hour,
   e. Instrument used to make the survey, and
   f. Initials of the individual who made the survey.

9. When the patient has had a permanent implant, guidance in radiation safety procedures will be given to the patient to keep radiation dose to household members as low as reasonable achievable and to ensure that radiation exposures received are below the 500 mrems specified in NUREG 1556 Volumen 9.

10. The Radiation Safety Officer will be immediately notified in the event of a medical emergency or in the event of death of the patient.

11. The Radiation Safety Officer will give guidance to appropriate personnel for the care of the patient, or the patient's body, in such situations.

Safety Education

1. Radiation safety education will be provided by the licensee designee to all personnel caring for the patient who is undergoing implant therapy.

2. Instructions will include, but are not limited to the following:
   a. Size and appearance of brachytherapy sources,
   b. Safe handling and shielding instructions to be followed in case of a dislodged source,
   c. Procedures set for patient control,
   d. Procedures set for visitor control, and
   e. Procedures for notification of Radiation Safety Officer in an emergency

3. Records of instruction given to individuals shall be kept for at least three years and shall include the following:

   a. Date of instruction ,
   b. Name of instructor,
   c. Name of person instructed,
   d. Social Security Number of person instructed, and
   e. Signature of person instructed.

Survey Instrumentation

1. A radiation survey instrument that is capable of detecting dose rates over the range of 0.1 millirem per hour to 100 millirem per hour will be used.

2. In addition, portable radiation survey instruments capable of measuring dose rates over the range of 1 millirem to 1,000 millirems per hour will also be used

Leak Testing of Brachytherapy Sources

Leak testing of brachytherapy sources will be as previously described in the leak test procedures.

RELEASE OF AND INSTRUCTIONS TO PATIENTS ADMINISTERED RADIOACTIVE MATERIALS

Requirements: 10 CFR Part 35.75 and NUREG 1556 Volume 9

A. The Nuclear Regulatory Commission (NRC) recently revised their regulations with regard to the criteria for releasing and instructing patients following both diagnostic and therapeutic procedures. Criteria for instructing nursing mothers have also been developed. This document will summarize the new requirements. If you have any questions or want to review the actual NRC regulations or NUREG 1556 Volume 9, please contact the Radiation Safety Office. NUREG 1556 Volume 9 will be used as the basis for patient releases.

B. **Release of and instructions given to patients following radionuclide administration**

The table below summarizes the patient release and instruction criteria. Note especially that written instructions must be given to patients administered more than 7 millicuries of Iodine-131. This is **below** the level requiring a bioassay.

Radio-nuclide	COLUMN 1 Activity at or below which patients may be released (mCi)	COLUMN 2 Activity above which instructions are required (mCi)
Cr-51	130	26
Ga-67	390	47
I-123	160	33
I-125implant	9	2
I-131	**33**	**7**

In-111	64	13
Ir-192implant	2	0.3
Sr-89	N/A	N/A
Sm-153	700	140
Tc-99m	760	150
Tl-201	430	85

Table 2.

The activities in Column 1 are designed to keep the total effective dose equivalent (TEDE) to any person exposed to the patient below 500 millirem (mrem). In some special cases (e.g., the patient lives alone or has received only slightly above 33 mCi), patients may be released at higher activities. Since special records must be kept, please consult Radiation Safety before doing this.

Instructions are required (Column 2) when the TEDE to any person exposed to the patient could exceed 100 mrem. Oral instructions must be supplemented with written ones describing actions the patient should take to maintain doses to other individuals as low as reasonably achievable. Sample instructions are in Appendix A. Recommendations for filling out the form are also included. The Society of Nuclear Medicine pamphlet, issued in 1987, *Guidelines for Patients Receiving Radioiodine* Treatment may also be provided to patients.

For administering radionuclides not listed in Table 1, please consult Radiation Safety.

C. **Instructions for release of patients who are breast-feeding**

Each female patient of childbearing age should be asked whether or not they are breast-feeding. If so, and they will be administered a dosage exceeding the ones listed in Appendix B, they must be given instructions concerning minimizing the dose to their child. (These instructions are in addition to any required in any previous section.) The activities listed in Appendix B give the breast-feeding child approximately 100 mrem TEDE. Note that unlike the activities listed in Table 1, many of these are commonly administered diagnostic activities.

Suggested instructions to nursing mothers are included in Appendices C and D. Appendix C is for administrations of all radiopharmaceuticals except I-131 sodium iodide and Appendix D is for administrations of I-131 sodium iodide. Any instructions given must include guidance on the interruption or discontinuation of breast-feeding as well as information on the consequences of failure to follow the guidance.

Recommended durations for the interruption of breast-feeding are included in Appendix B. If there is no entry for a particular radiopharmaceutical, no interruption is necessary. These durations are very conservative and designed to ensure the nursing child receives less than 100 mrem TEDE from breast-feeding (500 mrem is the regulatory limit). The physician may use discretion in the recommendation, increasing or decreasing the duration of interruption.

For radiopharmaceuticals not listed in Appendix B, please consult Radiation Safety.

Records that instructions were given to nursing mothers are required for activities that would give the child a TEDE >500 mrem (5 times the activities listed in Appendix B). However, since nursing mothers are seen only infrequently at this facility it is recommended that a record of instruction be made in every case. A copy of the instructions provided will suffice.

SUMMARY OF TRAINING & INFORMATION PROVIDED TO RADIATION THERAPY STAFF 2007-2008
G.V. (SONNY) MONTGOMERY VA MEDICAL CENTER JACKSON , MS

DATE	TYPE OF INSTRUCTION	DESCRIPTION	PARTICIPANTS
1/22/07	Email Notification	NHPP Therapy Newsletter	physicians, chief therapist, medical physicist, dosimetrist, therapists
10/10/07	Email Notification	NHPP Therapy Newsletter	physicians, chief therapist, medical physicist, dosimetrist
11/13/07	Email Notification	NHPP Varian Notification	physicians, chief therapist, medical physicist, dosimetrist
4/22/08	Email Notification	Use of KI as Blocking Agent	physicians, chief therapist, medical physicist, dosimetrist
7/1/08	Email Notification	10 CFR Part 35.3045 Reporting Medical Events	physicians, chief therapist, medical physicist, dosimetrist
7/7/08	Email Notification	Feeley Brachytherapy Memo	physicians, chief therapist, medical physicist, dosimetrist
9/9/08	Email Notification	NRC Special Notice -Brachy	physicians, chief therapist, medical physicist, dosimetrist
9/17/08	Email Notification	Reliance on University Staff	physicians, chief therapist, medical physicist, dosimetrist
9/24/08	In Service	Radiation Monitoring, Exposure Limits, Incident Reporting, Patient Care, Receiving/Shipping	physicians, chief therapist, medical physicist, dosimetrist, therapists, Recovery Room Nursing Staff, Nursing Staff. Warehouse/Receiving Staff
11/18/08	In Service	NHPP FAQ Medical Event	physicians, chief therapist, medical physicist, dosimetrist, therapists

Attendance Report

VAMC - Jackson

Course Name: Radiation Safety - In Service - RSO
Class Title: Radiation Safety - In Service - RSO

Start Date	End Date	Start Time	End Time	Instructor Name
9/24/2008	9/24/2008	11:00 AM	12:00 PM	Smith, Michael J. RSO

Attendee Name	Organization Name
Barton, Jennifer	RECOVERY ROOM
Bennett, Kendric A	RECOVERY ROOM
Boykin, Robin E	RAD THERAPY SERVICE
Bryant, H Keith	ACQUIS AND MATERIEL MGT SERVICE
Cato, Jim O	ACQUIS AND MATERIEL MGT SERVICE
Chan, Wayne F	RAD THERAPY SERVICE
Grantham, Sharon	RECOVERY ROOM
Jaiwatana, Jaisin	RAD THERAPY SERVICE
Mayweather, Malachi	ACQUIS AND MATERIEL MGT SERVICE
Parker, Debra G	NURSING
Porter, Deborah O	NURSING
Price, Thomas M Sr	ACQUIS AND MATERIEL MGT SERVICE
Richey, Dovonia A	RAD THERAPY SERVICE
Sampson, Sheila D	NURSING
Sims, Alva J	NURSING
Chacko, Koruth	RAD THERAPY SERVICE

Brachytherapy In Service

Radiation exposures so far determined by monitoring

Radiation levels measured around patients

Radiation exposure limits for staff

Report of incidents to RSO

Patient care

Receiving and Shipping

This needs to be read and the second page signed by all physicians, medical physicist, dosimetrist and [redacted] Therapy Radiation Therapy

Michael J. Smith RSO/CO
11/18/08

NHPP Frequently Asked Question 05-03

April 28, 2005

Question:

The National Health Physics Program has initiated voluntary reporting of medical events for therapy machine sources.

What are the definitions for a medical event to report? What is the information to report for a medical event?

Answer:

The basic definitions for a medical event to report are noted below.

- Involves the wrong patient, wrong treatment modality, or wrong treatment site,
- Consists of three or fewer fractions and the calculated total administered dose differs from the total prescribed dose by more than 10 percent of the total prescribed dose,
- Calculated weekly administered dose differs from the weekly prescribed dose by more than 30 percent, or
- Calculated total administered dose differs from the total prescribed dose by more than 20 percent of the total prescribed dose.

The information to report for a medical event is as follows.

- Permittee and prescribing physician name,
- Brief description of the medical event,
- Why the medical event occurred,
- The effect, if any, on the patient involved in the medical event,
- Actions, if any, taken or planned to prevent the recurrence, and

- Certification the permittee notified the patient or responsible relative or guardian.

I have read this:

Names	Signatures
Koruth Chacko, MS	
John Lowe, MS	
Debra Nieburg, RTT	
Page Thompson, RTT	
D.A. Richey, RTT	
Robin Boykin, Dos.	
Betty Hall, Chief RTT	
Darren Travis, RTT	
Wayne Chan, M.D.	
J. Jaiwatana, M.D.	

From: Origin ID: LITA (501) 257-1571
Kelly Mayo
VHA National Health Physics Pr
2200 FORT ROOTS DR
B101 R208D
NORTH LITTLE ROCK, AR 72114

FedEx Express

J1010100205022 4

Ship Date: 25FEB10
ActWgt: 0.2 LB
CAD: 5250401/INET3010

Delivery Address Bar Code

Ref #
Invoice #
PO #
Dept #

SHIP TO: (501) 257-1571 **BILL SENDER**

Cassandra Frazier
Nuclear Regulatory Commission
2443 Warrenville Road
Suite 210
Lisle, IL 60532

TRK# 0201 7984 2521 6707

FRI - 26 FEB A1
STANDARD OVERNIGHT

60532
IL-US
ORD

XH ENLA

505G2/C733/5FE8

After printing this label:
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic valueof the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is $500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.