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RECORD #30

TITLE: Burial of Patients With Permanent Implants

FICHE: 02602-295



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

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~~IRCVLATE~~ - COPY TO CRANKS (POLICY)

Adm

T.S.O.

MEMORANDUM FOR: A. B. Davis, Chief, FFMS Branch, Region III
FROM: Leo B. Higginbotham, Assistant Director, Division of
Fuel Facility and Materials Safety Inspection, IECS
SUBJECT: BURIAL OF PATIENTS WITH PERMANENT IMPLANTS (AITS F03018880)

Your memorandum of February 25, 1980, concerned a recent case at a medical institution where a patient, with a permanent implant of 20 mCi of I-125 seeds, died in the hospital. According to your memo, the hospital requested guidance from you about what to do with the deceased. You then were advised by IE:HQ that, since there were no regulatory requirements, the conservative approach would be to remove the implants, if practicable. You requested that a policy on this issue be developed.

As a general rule, any licensee who requests guidance should be told that he is only obligated to adhere to all regulatory requirements and further, where no regulatory requirements exist, he should be told that he may take any action he deems appropriate. Regional offices may inform licensees where to obtain guidance, by suggesting generally accepted documents such as NCRP reports, ICRP committee reports, regulatory guides and ANSI standards.

If the licensee requests more specificity and doesn't have certain reports and time is essential, regional personnel may summarize applicable guidance sections (if available in the region) to the licensee, making it clear that the licensee is not obligated to use regional suggestions in order to prevent the licensee from believing that NRC is imposing new requirements on him.

In your particular case, the implants would not have had to be removed, since permanent implants are not intended to be removed. The guidance in NCRP Report 37, which deals with management of patients with therapeutic amounts of radionuclides, establishes levels of radioactivity below which no precautions are necessary. In the case in your February 25 memo, the deceased patient contained material below precautionary measures. NCRP reports are generally accepted as appropriate guidance to be used in the absence of regulatory requirements.

For patients who die, there are precautions in NCRP No. 37 to be taken for physicians performing autopsies and precautions for handling the deceased where no autopsies are performed. There are also precautions for cremating, including

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total millicurie amounts per year that can be handled safely by a single crematorium, with some exceptions for tantalum-182 and iridium-192 which have been known to significantly contaminate crematoriums. There appears to be no restrictions or precautions on burial except in preparing the deceased for burial.

With regard to your request that a policy be established for handling deceased patients with permanent implants, the guidance in NCRP Reports is considered to cover the situation adequately. We do not believe a policy statement is needed on this issue. By copy of this memo, we are asking Vandy Miller to review the need for additional Regulatory Requirements in this area.

George Bedinger
for Leo B. Higginbotham
Assistant Director
Division of Fuel Facility and
Materials Safety Inspection, IE

cc: V. Miller, NMSS
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