

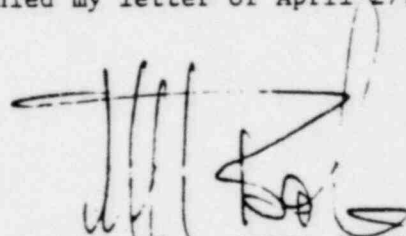
# MEMO

Marshall Baker

April 29, 1981

Dear Mr. Reichhold: Re: License No. 34-18731-01

The attached material was inadvertently omitted and should have accompanied my letter of April 27, 1981.



MARSHALL M. BAKER, FACMGA  
Executive Director  
Central Ohio Medical Group  
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MAY 4 1981

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## Minutes of the Radio Isotope Committee Meeting

October 28, 1980

The Meeting was called to order at 12:00 Noon. The following Members were present: Doctors Bradley, Kachenmeister, Dan Lewis, Mr. Baker, and Mrs. Tokar. Also attending was George Callendine, Ph.D.. Absent were Doctors DeMerit, Goldberg, and John Larrimer.

A critique of the recent inspection by the Nuclear Regulatory Commission was reviewed and discussed.

Corrective action has been taken as follows:

The deficiencies listed below are those mentioned by Mr. William P. Reichhold in the Exit Interview on October 16, 1980. A letter listing the deficiencies officially has not yet been received.

<u>DEFICIENCY</u>	<u>CORRECTIVE ACTION</u>	<u>DATE</u>
I		
Measure and record dose therapy prior to administration	All therapies and Uptakes suspended	10/16/80
Dose Meter not operational	Dose Meter Initial Calibration	11/15/80
	Calibration Standard sources ordered	10/29/80
	Instruction and procedure manuals per Dr. Callendine or Dr. Leininger	11/30/80
II		
Isotope must be in lead-lined container	Lead-lined container installed	10/24/80
III		
Decay cabinet not in locked area	Decay cabinet moved to lock and key room	10/16/80
IV		
Refrigerator containing isotopes must have label	Label placed on refrigerator	10/16/80
V		
Physicians giving therapies must have film badges	Film Badges ordered	10/20/80

Minutes of the Radio Isotope Committee Meeting  
October 26, 1980

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|------|--|---|----------|
| VI   | Radio Isotope Committee must meet quarterly and record minutes                     | Meeting held  | 10/28/80 |
|      |  | Meeting scheduled   | 12/02/80 |
| VII  | Procedure manuals and records for background monitoring, disposal must be complete | Record keeping system per design of Dr. Callendine instituted | 11/30/80 |
| VIII | Informational material for employees must be in treatment room                     | Signs and information placed in room                          | 10/16/80 |
| IX   | Isotope must be surveyed at 3' and surface and record                              | Procedure for measuring and recording instituted              | 11/30/80 |

It was agreed to consolidate the Radiation Film Badge program with the Department of Radiology with Mr. Fields responsible for the management and record keeping.

The subject of considerable waste with regard to diagnostic capsules for I-131 uptakes was discussed and it was agreed to order these as requested and to cancel the standing order.

The next meeting of the Radio Isotope Committee was scheduled for 12:00 Noon on Tuesday, December 2, 1980.

Respectfully submitted:

*Lois A. Kachenmeister, M.D.*

Lois A. Kachenmeister, M.D.  
Chairperson

GENERAL CONSIDERATIONS

- .1 Technologists trained in appropriate health-physics practices and radionuclide handling techniques are employed in the nuclear medicine division. Each newly employed technologist is trained in every area of responsibility by the senior technologist. Each newly employed technologist is trained in health-physics practices and radionuclide handling techniques by the consulting radiologic physicist and the senior technologist. Only following successful completion of the rotation and instruction is a newly employed technologist approved to work independently and/or to take call.
- .2 Each nuclear medicine technologist is provided with a personal copy of the Nuclear Medicine Procedure Manual for his/her reference, and is provided with updates as they become available. The manual is specific regarding radiation safety operating procedures, and use of radiation hazard control devices.
- .3 All nuclear medicine personnel shall wear both body and ring monitor devices. Monthly exposure reports are located in the work area and available for individual reference and review.
- .4 The investigational levels and procedures for nuclear medicine personnel exposures are as follows:
  - .1 Level I
    - .1 Whole body exposure less than 125-mRem per calendar quarter  
Hand exposures less than 1875-mRem per calendar quarter
    - .2 Exposure reports are reviewed monthly and quarterly by the radiological physicist and other radiation safety officer and appropriate action is taken where indicated.
  - .2 Level II
    - .1  $125\text{-mRem} \leq$  whole body exposure  $< 375\text{-mRem}$  per calendar quarter  
 $1875\text{-mRem} \leq$  hand exposure  $< 5625\text{-mRem}$  per calendar quarter
    - .2 Exposure reports are reviewed by the radiologic physicist and the radiation safety officer and review results are reported to the Radiation Control Committee at the next quarterly meeting. The Radiation Control Committee will consider the results and take appropriate action. Committee minutes will reflect the discussion and action taken.
  - .3 Level III
    - .1 Whole body exposure  $\geq 375\text{-mRem}$  per calendar quarter  
Hand exposure  $\geq 5625\text{-mRem}$  per calendar quarter
    - .2 Reports are reviewed by the radiologic physicist and the radiation safety officer and review results are reported to the Radiation Control Committee at the next quarterly meeting. The Radiation Control Committee will consider the results and take appropriate action. Committee minutes will reflect the discussion and action taken and are forwarded to administration.

<p>GEORGE W. CALLENDINE, JR., PH. D. CONSULTING RADIOLOGIC PHYSICIST 803 OXFORD STREET WORTHINGTON OHIO 43085</p>	<p>PERSONNEL EXPOSURE POLICY (ALARA) POLICIES &amp; PROCEDURES NUCLEAR MEDICINE</p>	<p>License No.: 34-18731-01</p>
	<p>CENTRAL OHIO MEDICAL CLINIC COLUMBUS, OHIO</p>	<p>Date:</p>

2. RADIATION CONTROL COMMITTEE

.1 General:

The Radiation Control Committee shall have overall responsibility for the radiation control program and shall review its operation regularly according to the following schedule.

.2 Quarterly

- .1 Review personnel exposure records and take appropriate action
- .2 Review other reports relating to the program

.3 Annually

- .1 Review and approve nuclear medicine procedure manual with special attention to dosage ranges and radiation hazard control.
- .2 Review procedures, patient doses, radiation protection, survey results and personnel exposure records.
- .3 Delegate operational and enforcement duties to the radiation safety officer and radiologic physicist.
- .4 Evaluate management's cooperation with the program and recommendations.

.4 As Required

- .1 Will assure itself that any application for additional use of byproduct material will include procedures to insure radiation exposure levels consistent with the policy.
- .2 Will insure that any new applicant for use of radionuclides demonstrate knowledge, ability and intent to function within the policy guidelines.
- .3 Will support the radiologic physicist and radiation safety officer to insure conformance with the guidelines, except in instances where the committee feels it must overrule the radiologic physicist and/or the radiation safety officer. Discussions of both types will be reflected in the committee minutes.
- .4 Investigational levels will be reviewed periodically and adjusted as necessary in keeping with the general policy.

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PERSONNEL EXPOSURE POLICY (ALARA)  
 POLICIES & PROCEDURES  
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CENTRAL OHIO MEDICAL CLINIC  
 COLUMBUS, OHIO

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 34-18731-01

Date:  
 1-1-81

3. RADIATION SAFETY OFFICER

.1 General Considerations

.1 The radiation safety officer will work closely with the consulting radiologic physicist in the roles of consultants to the Radiation Control Committee, the directors of the program, and the nuclear medicine and/or radiation therapy technologists in the formulation and implementation of radiation control procedures, including but not limited to the following.

.2 Quarterly

- .1 Review personnel exposure reports.
- .2 Review departmental radiation monitoring reports.
- .3 Attend Radiation Control Meetings and provide appropriate reports to the committee.

.3 Semi-annually

- .1 Review radiation safety surveys as conducted by the radiologic physicist with particular attention to the radiation control policy.
- .2 Will review the written report of radiation surveys with the radiologic physicist and the technologists.

.4 Annually

- .1 Will provide for inservice education for technologists, house-keeping, security, and nursing departments.
- .2 Will review all reports, including instrument control data and personnel control data.

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	<p>CENTRAL OHIO MEDICAL CLINIC          COLUMBUS, OHIO</p>	<p>Date:          1-1-81</p>

5. SIGNATURES

We hereby certify that this institution implemented the Personnel Exposure Policy (ALARA) Program as set forth in this section.

Administration

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Radiation Control  
Committee

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Radiation Safety  
Officer

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Radiologic  
Physicist

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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4. RADIOLOGIC PHYSICIST

.1 General Considerations

The radiologic physicist will work with the radiation safety officer and with all personnel to implement the policies and objectives of the Radiation Control Committee.

.1 Quarterly

- .1 Review the personnel exposure levels of personnel working with byproduct material radionuclides at least quarterly.
- .2 Review radiation monitoring reports.
- .3 Discuss any personnel exposure values or monitoring report deviations with the personnel and the radiation safety officer.
- .4 Attend all radiation control committee meetings.

.2 Semi-annually

- .1 Conduct departmental radiation surveys and inspections. File results of surveys and inspections and recommendations in the work area.
- .2 Discuss the results of surveys and inspections with the radiation safety officer and the departmental personnel.
- .3 Report on the radiation safety surveys and inspections to the Radiation Control Committee at its next meeting.
- .4 Conduct inservice education programs for departmental personnel, including radiation control procedures, and inform personnel about resources available if personnel feel the departmental policies are not being observed or promoted.

.3 Annually

- .1 Conduct inservice education programs for hospital personnel, including housekeeping, security, and nursing departments.
- .2 Calibrate survey instruments. Discuss the result of the calibration with departmental personnel and the radiation safety officer.
- .3 Report to the Radiation Control Committee at its next meeting on the results of the consultation program.

.4 As Required

- .1 Work with the department personnel, the qualified users, and the radiation safety officer in developing new procedures for use in the department or in revising current procedures. Insure that the philosophy of the Radiation Control Committee is being implemented.
- .2 Review the need for revising investigational levels and cooperate with the radiation safety officer in writing the justification for the need and in the presentation to the Radiation Control Committee.

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4. RADIOLOGIC PHYSICIST (Continued)

.4 As Required (Cont.)

- .3 Investigate thoroughly each instance of deviation from policies and procedures of the Radiation Control Committee and recommend changes so that the deviations will not continue, reporting results of investigation and recommendations to the Radiation Control Committee.

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